

FOOD PREMISES INSPECTION FORM

Name of Premises: Frederickton Community Services Assoc. Licence #: 03-01719 Type: Class 3 Class 4 Class 5
 Operator: FL Category: Routine Re-Inspection New Licence Complaint CD Follow-up Inspection
 Address: 8610 Riverside Drive Frederickton Water Supply: Private Municipal



Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U
1.0	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS		
1.1		<input checked="" type="checkbox"/>		3.4				7.1		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5				7.2		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6				7.3		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0				7.4		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1				7.5		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2				8.0	CLEANING AND SANITIZING		
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1				8.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2				9.0	SANITARY FACILITIES		
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1	PERSONNEL			9.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILING		
3.1		<input checked="" type="checkbox"/>		6.3				10.1		<input checked="" type="checkbox"/>	
3.2		<input checked="" type="checkbox"/>									

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Item No.	MI	MA	CR	Remarks	Date for Correction
				<i>Kitchen not in operation at time of inspection.</i>	
				<i>No violations observed during inspection.</i>	

Green Dark Yellow
 Light Yellow Red
 Striped Red

Date of Inspection: Nov. 28, 20
 Re-inspection Required: Yes No
 If Yes, Date: _____
 received by: _____
 Inspector Signature: _____