

## FOOD PREMISES INSPECTION FORM



Name of Premises: Your Independent Grocer #622  
 Operator: \_\_\_\_\_  
 Address: 454 Acad St. Hampton

Licence #: 02-02 771  
 Type:  Class 3  Class 4  Class 5  
 Category:  Routine  Re-inspection  New Licence  Other  
 Water Supply:  Private  Municipal

Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U
1.0				3.3		<input checked="" type="checkbox"/>		7.0				10.2			<input checked="" type="checkbox"/>
<b>FOOD</b>				Holding Methods				<b>FOOD EQUIPMENT AND UTENSILS</b>				Walls (Construction and Maintenance)			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1			<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>	
Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0			
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces				<b>WATER SUPPLY AND WASTE DISPOSAL</b>			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3	<input checked="" type="checkbox"/>			11.1			<input checked="" type="checkbox"/>
Acceptable Containers and Labeling				Handling Methods				Mechanical Dishwashing				Water (Quality and Quantity)			
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
<b>FOOD STORAGE</b>				<b>FOOD DISPLAY AND SERVICE</b>				Manual Dishwashing				Sewage Disposal			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
Storage of Potentially Hazardous Foods				Display Methods				Eating Utensils and Dishes				Solid Waste Handling			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0				12.0			
Frozen Storage				Advance Preparation				<b>CLEANING AND SANITIZING</b>				<b>LIGHTING AND VENTILATION</b>			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
Refrigerated Storage (Temperature)				<b>RECORD KEEPING AND RECALLS</b>				Cleaning and Sanitizing				Lighting			
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
Refrigerated Storage (Methods)				Record Keeping				Detergents and Chemical Use and Storage				Ventilation			
2.5		<input checked="" type="checkbox"/>		5.2				9.0				13.0			
Refrigerated Storage (Space)				Recall of Food				<b>SANITARY FACILITIES</b>				<b>GENERAL</b>			
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
Dry Storage				<b>PERSONNEL</b>				Washroom(s)				Licence			
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
Storage of Food for Staff				Demonstrating Knowledge				Hand Washing Station(s)				Rodent and Insect Control			
3.0				6.2		<input checked="" type="checkbox"/>		10.0				13.3		<input checked="" type="checkbox"/>	
<b>FOOD PREPARATION AND HANDLING</b>				Employee Health				<b>FLOORS, WALLS AND CEILINGS</b>				Other Infractions/Hazards			
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
Thawing Methods				Personal Hygiene Practices				Floors (Construction and Maintenance)							
3.2		<input checked="" type="checkbox"/>		N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction											
Cooking Methods															

Item No.	MI	MA	CR	Remarks	Date for Correction
11.1	<input checked="" type="checkbox"/>			Hot water quantity and pressure is too low for proper use. - Increase Pressure. (Bakery)	Next Inspection
7.1	<input checked="" type="checkbox"/>			Repair the leaking pipe from the oven to the drain. (Deli)	Next Inspection
10.2	<input checked="" type="checkbox"/>			Repaint the walls in the meat room. (Paint is flaking)	Next Inspection
7.1	<input checked="" type="checkbox"/>			Defrost back area walk in freezer - Ice has built up. - Mentioned on previous inspection	Next Inspection

Green  
 Light Yellow     Dark Yellow  
 Striped Red     Red

Re-inspection Required:  Yes  No  
 Date of Inspection: March 5, 2020  
 If Yes, Date: \_\_\_\_\_

White - Office; Yellow - Operator; Blue - Copy for Posting