

FOOD PREMISES INSPECTION FORM



Name of Premises: Tim Hortons
 Operator: 750 St-George Blvd
 Address: _____

Licence #: 01-00569
 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	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1				3.4				7.1				10.3			
1.2				3.5				7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3				3.6				7.3				11.1			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2			
2.1				4.1				7.5				11.3			
2.2				4.2				8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3				5.0	RECORD KEEPING AND RECALLS			8.1				12.1			
2.4				5.1				8.2				12.2			
2.5				5.2				9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		✓		6.0	PERSONNEL			9.1				13.1			
2.7				6.1				9.2				13.2		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				10.1							
3.2				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
2.6				Shelves are cleaned on a daily basis	OK
8.1 9.1 9.2				Bathrooms are cleaner and are cleaned twice a day. Hand wash sinks are being cleaned daily.	OK
13.2				There is evidence of the presence of mice. Areas are being cleaned daily and pest control comes once a month.	OK

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>Jan 14, 2022</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Date: _____	Received by: _____	Inspector Signature: _____
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White - Office; Yellow - Operator; Blue - Copy for Posting