

FOOD PREMISES INSPECTION FORM



Name of Premises: Laura Secord
 Operator: _____
 Address: 519 Westmorland Rd

Licence #: 02-02782
 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
				* Please provide info on sanitizer 1) What is the active ingredient 2) What concentration is it to be mixed to?	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: April 23/19
 If Yes, Date: _____

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