

FOOD PREMISES INSPECTION FORM

Name of Premises: 274E Homestead
 Operator: Winnifred
 Address: 1568 Canada Street

Licence #: 03-018071 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 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		<input checked="" type="checkbox"/>						7.1		<input checked="" type="checkbox"/>		10.3			
1.2		<input checked="" type="checkbox"/>						7.2		<input checked="" type="checkbox"/>		11.0			
1.3		<input checked="" type="checkbox"/>						7.3		<input checked="" type="checkbox"/>		11.1			
2.0	FOOD STORAGE			4.0				7.4		<input checked="" type="checkbox"/>		11.2			
2.1		<input checked="" type="checkbox"/>						7.5		<input checked="" type="checkbox"/>		11.3			
2.2		<input checked="" type="checkbox"/>						8.0	CLEANING AND SANITIZING			12.0			
2.3		<input checked="" type="checkbox"/>						8.1				12.1			
2.4		<input checked="" type="checkbox"/>						8.2				12.2			
2.5		<input checked="" type="checkbox"/>						9.0	SANITARY FACILITIES			13.0			
2.6		<input checked="" type="checkbox"/>						9.1				13.1			
2.7		<input checked="" type="checkbox"/>						9.2				13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1		<input checked="" type="checkbox"/>						10.1							
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
				Not in operation at time of inspection.	

Green Light Yellow Striped Red Dark Yellow Red
 Date of Inspection: Sept 16, 2020
 Re-inspection Required: Yes No
 If Yes, Date: _____
 Inspector Signature: _____
 Receiver: _____