

# FOOD PREMISES INSPECTION FORM

Name of Premises: DD Grill + Chill  
 Operator: \_\_\_\_\_  
 Address: 282 Main St. Sussex

Licence #: 02-03163 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				3.3		✓		7.0				10.2			
	<b>FOOD</b>							<b>FOOD EQUIPMENT AND UTENSILS</b>							
1.1			✓	3.4		✓		7.1		✓		10.3			
1.2		✓		3.5		✓		7.2		✓		11.0			
1.3		✓		3.6		✓		7.3		✓		11.1			
								7.4		✓		11.2			
2.0	<b>FOOD STORAGE</b>			4.0	<b>FOOD DISPLAY AND SERVICE</b>			7.5		✓		11.3			
2.1		✓		4.1		✓		8.0				12.0			
2.2			✓	4.2		✓		8.1		✓		12.1			
2.3		✓		5.0	<b>RECORD KEEPING AND RECALLS</b>			8.2		✓		12.2			
2.4		✓		5.1		✓		9.0	<b>SANITARY FACILITIES</b>			13.0	<b>GENERAL</b>		
2.5		✓		5.2		✓		9.1			✓	13.1			
2.6		✓		6.0	<b>PERSONNEL</b>			9.2				13.2			
2.7			✓	6.1		✓		10.0	<b>FLOORS, WALLS AND CEILINGS</b>			13.3			
3.0	<b>FOOD PREPARATION AND HANDLING</b>			6.2		✓		10.1							
3.1		✓		6.3		✓									
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
1.1			X	Farm eggs are not from an approved source and must be removed from fridge.	Immediately corrected
2.2	X			Freezer fans need to be cleaned out front.	Immediately
2.7	X			All personal water bottles / food must be kept separate from all other foods.	Immediately
7.5	X			All utensils must be stored handles up to avoid contact with hands <del>person</del>	Immediately
7.5	X			utensils must be washed / rinsed / sanitized after each use or changed out every 2 hrs	Immediately
9.1	X			Toilet seat needs to be replaced in staff washroom / fans need to be cleaned.	Next inspection

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of Inspection: <u>Jan. 23/20</u> If Yes, Date: _____
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