

## FOOD PREMISES INSPECTION FORM

Name of Establishment: Createria Lih Waukeus  
 Operator: \_\_\_\_\_  
 Address: 205 main St. Keston

Licence #: 01-00501 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	
<b>1.0</b>	<b>FOOD</b>			<b>3.3</b>				Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>		10.2				Walls (Construction and Maintenance)
1.1				3.4				Cooling Methods	7.1			10.3				Ceiling (Constructions and Maintenance)
1.2				3.5				Re-heating Methods	7.2			<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>			
1.3				3.6				Handling Methods	7.3			11.1		<input checked="" type="checkbox"/>		Water (Quality and Quantity)
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>				7.4			11.2				Sewage Disposal
2.1				4.1				Display Methods	7.5			11.3				Solid Waste Handling
2.2				4.2				Advance Preparation	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>		<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>			
2.3				<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>				8.1			12.1				Lighting
2.4				5.1				Record Keeping	8.2			12.2				Ventilation
2.5				5.2				Recall of Food	<b>9.0</b>	<b>SANITARY FACILITIES</b>		<b>13.0</b>	<b>GENERAL</b>			
2.6				<b>6.0</b>	<b>PERSONNEL</b>				9.1			13.1				Licence
2.7				6.1				Demonstrating Knowledge	9.2			13.2				Rodent and Insect Control
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2				Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>		13.3				Other Infractions/Hazards
3.1				6.3				Personal Hygiene Practices	10.1							
3.2								Cooking Methods								

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
				<i>Item 11.1 has been corrected</i>	

Green  
 Light Yellow    Dark Yellow  
 Striped Red    Red

Date of Inspection: March 27/22

Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_