

FOOD PREMISES INSPECTION FORM

Name of Premises: TARA MANOR INN
 Operator: _____
 Address: 559 MOWAT
ST. ANDREWS

Licence #: 02-02934 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		✓	
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	Notes	Date for Correction

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: June 16 - 2017 If Yes, Date: _____