

FOOD PREMISES INSPECTION FORM

Name of Premises: Forest Hill Residence **License #:** 03-00736 **Type:** Class 3 Class 4 Class 5
Operator: 3108 Forest Hill Rd., F. For. **Category:** Routine Re-inspection New Licence Complaint CD Follow-up Inspection
Address: 3108 Forest Hill Rd., F. For. **Water Supply:** Private Municipal



Item No.	N.O.		Item No.	N.O.		Item No.	N.O.		Item No.	N.O.	
	S	U		S	U		S	U		S	U
1.0	FOOD		3.3	Holding Methods		7.0	FOOD EQUIPMENT AND UTENSILS		10.2	Walls (Construction and Maintenance)	
1.1	<input checked="" type="checkbox"/>		3.4	Cooling Methods		7.1	<input checked="" type="checkbox"/>		10.3	Ceilings (Construction and Maintenance)	
1.2	<input checked="" type="checkbox"/>		3.5	Re-heating Methods		7.2	<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL	
1.3	<input checked="" type="checkbox"/>		3.6	Handling Methods		7.3	<input checked="" type="checkbox"/>		11.1	<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE		4.0	FOOD DISPLAY AND SERVICE		7.4	<input checked="" type="checkbox"/>		11.2	<input checked="" type="checkbox"/>	
2.1	<input checked="" type="checkbox"/>		4.1	Display Methods		7.5	<input checked="" type="checkbox"/>		11.3	<input checked="" type="checkbox"/>	
2.2	<input checked="" type="checkbox"/>		4.2	Advance Preparation		8.0	CLEANING AND SANITIZING		12.0	LIGHTING AND VENTILATION	
2.3	<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS		8.1	<input checked="" type="checkbox"/>		12.1	<input checked="" type="checkbox"/>	
2.4	<input checked="" type="checkbox"/>		5.1	Record Keeping		8.2	<input checked="" type="checkbox"/>		12.2	Ventilation	
2.5	<input checked="" type="checkbox"/>		5.2	Recall of Food		9.0	SANITARY FACILITIES		13.0	GENERAL	
2.6	<input checked="" type="checkbox"/>		6.0	PERSONNEL		9.1	<input checked="" type="checkbox"/>		13.1	<input checked="" type="checkbox"/>	
2.7	<input checked="" type="checkbox"/>		6.1	Demonstrating Knowledge		9.2	<input checked="" type="checkbox"/>		13.2	<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING		6.2	Employee Health		10.0	FLOORS, WALLS AND CEILINGS		13.3	<input checked="" type="checkbox"/>	
3.1	<input checked="" type="checkbox"/>		6.3	Personal Hygiene Practices		10.1	<input checked="" type="checkbox"/>				
3.2	<input checked="" type="checkbox"/>			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
				No requirements at time of inspection.	
				*COVID Assessment completed & compliant.	

Green Dark Yellow Red
 Light Yellow Red
 Striped Red

Date of Inspection: 2020-10-01 **Re-inspection Required:** Yes No
If Yes, Date: _____

Received by: _____ **Inspector Signa:** _____