

### FOOD PREMISES INSPECTION FORM

Name of Premises: Siga Herbaris Ste Andrew's  
 Operator: \_\_\_\_\_  
 Address: 203 Mount Dr. Ste Andrew's

Licence #: 02-01979 Type:  Class 3  Class 4  Class 5  
 Category:  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection  
 Water Supply:  Private  Municipal



Item No.	H	D	S	U	Item No.	H	D	S	U	Item No.	H	D	S	U	Item No.	H	D	S	U																						
<b>1.0 FOOD</b>					<b>6.0 FOOD DISPLAY AND SERVICE</b>					<b>7.0 FOOD EQUIPMENT AND UTENSILS</b>					<b>10.0 WALLS (Construction and Maintenance)</b>																										
1.1	/				6.1	/				7.1	/				10.1	/				10.1	/				10.2	/				10.2	/				10.3	/					
					6.2	/				7.2	/				10.3	/				11.0	/				<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>																
					6.3	/				7.3	/				11.1	/				11.1	/				11.1	/															
					6.4	/				7.4	/				11.2	/				11.2	/				11.2	/															
					6.5	/				7.5	/				11.3	/				11.3	/				11.3	/															
					6.6	/				8.0	/				12.0	/				8.0	/				12.0	/															
					6.7	/				8.1	/				12.1	/				8.1	/				12.1	/															
					6.8	/				8.2	/				12.2	/				8.2	/				12.2	/															
					6.9	/				9.0	/				13.0	/				9.0	/				13.0	/															
					6.10	/				9.1	/				13.1	/				9.1	/				13.1	/															
					6.11	/				9.2	/				13.2	/				9.2	/				13.2	/															
					6.12	/				10.0	/				13.3	/				10.0	/				13.3	/															
					6.13	/				10.1	/				13.3	/				10.1	/				13.3	/															

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Item No.	NI	MA	CR	Remarks	Date for Correction
2.2	x			Ensure all food products stored in the freezer are date so to prevent cross contamination, cover food in freezer	Immediate
2.2	x			Clean freezer floor	Immediate

<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>10 Oct 18</u> If Yes, Date: _____
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Signature: \_\_\_\_\_

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 HEALTH PH INSPECTION  
 10/12/2018 14:18  
 506-466-7908