

FOOD PREMISES INSPECTION FORM



Name of Premises: GRICO PIZZA

Licence #: 01-03069

Operator: _____

Type: Class 3 Class 4 Class 5

Address: 359 COVERDALE ROAD
RIVERVIEW

Category: Routine Re-inspection New Licence Other

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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>MAY 4 2022</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Received by: _____	Inspector Signature: _____
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