

### FOOD PREMISES INSPECTION FORM

Name of Premises: Lincoln Elementary Community School

Licence #: 03-011679

Type:  Class 3  Class 4  Class 5

Operator: \_\_\_\_\_

Category:  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection

Address: 2475 Route 102, Lincoln.

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>			<b>10.2</b>			
1.1				3.4				Cooling Methods	7.1			10.3				
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					
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			<b>7.4</b>				11.2				
2.1				4.1				Display Methods	7.5			11.3				
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>			<b>8.1</b>			✓					
2.4				5.1				Record Keeping	8.2			12.1				
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>			<b>9.1</b>				13.1				
2.7				6.1				Demonstrating Knowledge	9.2			13.2				
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			<b>6.2</b>				Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			<b>13.3</b>			
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
				Previously noted items have been corrected.	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>2019-11-22</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Received by: _____
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White – Office; Yellow – Operator; Blue – Copy for Posting