

FOOD PREMISES INSPECTION FORM

 Name of Premises: Hammond River Valley Elem. School

 Licence #: 02-00076

 Type: Class 3 Class 4 Class 5

Operator: _____

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

 Address: 1759 Rt 860, Titusville

 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		<input checked="" type="checkbox"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1	<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>		
1.2		<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>			Re-heating Methods	7.2	<input checked="" type="checkbox"/>			11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		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	<input checked="" type="checkbox"/>			Display Methods	7.5	<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>		
2.2		<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			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	<input checked="" type="checkbox"/>			Record Keeping	8.2	<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>		
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			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		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2	<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>		
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	
3.1	<input checked="" type="checkbox"/>			6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1	<input checked="" type="checkbox"/>						
3.2		<input checked="" type="checkbox"/>		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 violations at time of inspection	

<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>Jan. 17/20</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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