

# FOOD PREMISES INSPECTION FORM

Name of Establishment: CIVIC CENTRE CATERING  
 Operator: CAMPBELLTON CIVIC CENTER  
 Address: SALMONA BOULEVARD, CAMPBELLTON

Licence #: 05-00026 Type:  Class 3  Class 4  Class 5  
 Category:  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection  
 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				3.3				7.0				10.2			
	<b>FOOD</b>								<b>FOOD EQUIPMENT AND UTENSILS</b>						
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	11.2		<input checked="" type="checkbox"/>	
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>		
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			12.1		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			8.1		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		<b>13.0</b>	<b>GENERAL</b>		
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		<b>9.0</b>	<b>SANITARY FACILITIES</b>			13.1		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		<b>6.0</b>	<b>PERSONNEL</b>			9.1		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2		<input checked="" type="checkbox"/>		<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>						
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		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

<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>20 March 2019</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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Inspected by: _____	Inspector Signature: _____
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