

**FOOD PREMISES INSPECTION FORM**

Name of Premises: Westphalia Bakery Delicacies  
 Operator: \_\_\_\_\_  
 Address: 2306 Route 3

License #: 03-01811 Type:  Class 3  Class 4  Class 5  
 Category:  Routine  Re-inspection  New License  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
1.0	FOOD			7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3			
1.2		<input checked="" type="checkbox"/>		7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1			
2.0	FOOD STORAGE			7.4				11.2			
2.1		<input checked="" type="checkbox"/>		7.5				11.3			
2.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		12.1			
2.4		<input checked="" type="checkbox"/>		8.2				12.2			
2.5		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		9.1				13.1			
2.7		<input checked="" type="checkbox"/>		9.2				13.2			
3.0	FOOD PREPARATION AND HANDLING			10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1		<input checked="" type="checkbox"/>		10.1							
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
7.1	<input checked="" type="checkbox"/>			NON-FOOD CONTACT EQUIPMENT SHALL BE LOCATED AND MAINTAINED SUCH THAT IT FUNCTIONS IN THE MANNER INTENDED AND CAN BE EASILY REVERSED AND SANITIZED - MICROWAVES, BAKING MIXER, REFRIGERATED UNITS, DOOR HANDLES WERE SOILED. <del>REFRIGERATED MECHANICAL DISHWASHER</del> TEMPERATURES SHALL BE RECORDED DAILY. FLOORS, WALLS, AND CEILINGS SHALL BE KEPT CLEAN AND SANITARY.	Next Inspection
7.2	<input checked="" type="checkbox"/>				Next Inspection
8.1	<input checked="" type="checkbox"/>				Next Inspection

Green  
 Light Yellow  
 Striped Red  
 Dark Yellow  
 Red

Re-inspection Required: Yes  
 No

Date of Inspection: FEB 26 2021  
 If Yes, Date: \_\_\_\_\_