

Abattoir Inspection Report – Class 5 Premise

Name of Premise: Ferme Gilbert S. Ouellette

Species Slaughtered: Beef  Hog  Poultry  Lamb  Goat  Rabbit  Other   
 Category: Routine  Re-inspection  Complaint  New Facility   
 Number of Employees: 2  
 Water Supply: Private  Municipal

Address: 289 chemin Desjardins, DSD de Drummondville, QC J2P 1T8

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Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item
1.0				Receiving	3.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Handling Methods	7.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hand Washing Stations	11.0				General
1.1	<input checked="" type="checkbox"/>			Holding pens and barn	3.3	<input checked="" type="checkbox"/>			Transportation	7.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment Washing Sinks	11.1			<input checked="" type="checkbox"/>	License
1.2		<input checked="" type="checkbox"/>		Animal Health	4.0				Personnel	7.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Staff Rooms	11.2			<input checked="" type="checkbox"/>	Rodent and Insect Control
1.3			<input checked="" type="checkbox"/>	Approved Source	4.1		<input checked="" type="checkbox"/>		Demonstrates knowledge	8.0				Floors, Walls, Ceilings	11.3				Other Infractions/Hazards
1.4	<input checked="" type="checkbox"/>			Purchasing and Receiving	4.2		<input checked="" type="checkbox"/>		Employee Health	8.1			<input checked="" type="checkbox"/>	Floors – construction, maintenance	12.0				Recall and Record Keeping
2.0				Food Storage	4.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	8.2			<input checked="" type="checkbox"/>	Walls – construction, maintenance	12.1			<input checked="" type="checkbox"/>	Record Keeping
2.1	<input checked="" type="checkbox"/>			Frozen Storage	5.0				Food Equipment and Utensils	8.3			<input checked="" type="checkbox"/>	Ceilings– construction, maintenance	12.2			<input checked="" type="checkbox"/>	Recall of Food
2.2		<input checked="" type="checkbox"/>		Refrigeration Storage/Temperature	5.1			<input checked="" type="checkbox"/>	Non-food Contact	9.0				Water Supply – Waste Disposal					
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage/Methods	5.2			<input checked="" type="checkbox"/>	Food Contact	9.1			<input checked="" type="checkbox"/>	Water – Quality Quantity					
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage/Space	6.0				Cleaning and Sanitizing	9.2			<input checked="" type="checkbox"/>	Sewage Disposal					
2.5		<input checked="" type="checkbox"/>		Dry Storage	6.1			<input checked="" type="checkbox"/>	Sanitation Procedures/Chemical Use/Storage	9.3			<input checked="" type="checkbox"/>	Solid Waste Handling					
2.6		<input checked="" type="checkbox"/>		Labeling and Acceptable Containers	6.2			<input checked="" type="checkbox"/>	Sanitation	10.0				Lighting and Ventilation					
3.0				Food Preparation and Handling	7.0				Sanitary Facilities	10.1			<input checked="" type="checkbox"/>	Lighting					
3.1	<input checked="" type="checkbox"/>			Thawing Methods	7.1	<input checked="" type="checkbox"/>			Staff Washrooms	10.2			<input checked="" type="checkbox"/>	Ventilation					

N.O-Not Observed S - Satisfactory, U- Unacceptable, MI-Minor infraction, MA- Major Infraction, CR- Critical Infraction

Item No.	MI	MA	CR	REMARKS	Date for Correction
				test strip pour Chlor (100ppm)	

Green  Light Yellow:  Dark yellow:   
 Striped Red:  Red:   
 White – Office Yellow – Operator Blue – copy for Posting  
 Date: 26/2021 Re-Inspection Required: yes  no  Date: