

# FOOD PREMISES INSPECTION FORM

Name of Premises: Sobeys #602

Licence #: 01-00446

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

Type:  Class 3  Class 3 WH  Class 4  Class 5

Address: 477 Paul St, Chandler Mill, Pictou NS

Additional Info:  PM  TE  Catering

Category:  Routine  Re-inspection  New Licence  Other

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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.4				7.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10.3			
1.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.5				7.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.6				7.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.1			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.2			
2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.1				7.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.3			
2.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.2				8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12.1			
2.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.1				8.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12.2			
2.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.2				9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13.1			
2.7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.1				9.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILING			13.3			
3.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.3				10.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
3.2		<input checked="" type="checkbox"/>	<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
7.2	<input checked="" type="checkbox"/>			Countertop in HMR requires repair at handsink	next routine inspect
8.1	<input checked="" type="checkbox"/>			Cleaning required under self cooking center in HMR	June 14, 21
9.1	<input checked="" type="checkbox"/>			Cleaning required under racks in walk in freezer (battery)	
13.2		<input checked="" type="checkbox"/>		Droppings observed: below front counter HMR	
				Under Salad cooler (HMR)	
				Under Deli counter	
				Battery under temp tap T6-2	
				Behind Deli counter station	

Green  
 Light Yellow  Dark Yellow  
 Striped Red  Red

Date of Inspection: June 7, 21  
 Re-inspection Required:  Yes  No  
 If Yes, Date: June 14, 21

White - Office; Yellow - Operator; Blue - Copy for Posting WH - With Handling; PM - Public Market; TE - Temporary Event