

12/18/2019 17:40 #118 P.001/002
 To: SUSSEX
 From:

FOOD PREMISES INSPECTION FORM

Name of Premises: Circle K #2135
 Operator: _____
 Address: 5 Route 170 St. Stepha

Licence #: 02-02759 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			
1.1		✓		3.4		✓		7.1		✓		10.3		✓	
1.2		✓		3.5		✓		7.2		✓		11.0		✓	
1.3		✓		3.6		✓		7.3		✓		11.1		✓	
2.0		✓		4.0		✓		7.4		✓		11.2		✓	
2.1		✓		4.1		✓		7.5		✓		11.3		✓	
2.2		✓		4.2		✓		8.0		✓		12.0		✓	
2.3		✓		5.0		✓		8.1		✓		12.1		✓	
2.4		✓		5.1		✓		8.2		✓		12.2		✓	
2.5		✓		5.2		✓		9.0		✓		13.0		✓	
2.6		✓		6.0		✓		9.1		✓		13.1		✓	
2.7		✓		6.1		✓		9.2		✓		13.2		✓	
3.0		✓		6.2		✓		10.0		✓		13.3		✓	
3.1		✓		8.3		✓		10.1		✓					
3.2		✓													

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Item No.	MI	MS	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>Dec 18/19</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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