

## FOOD PREMISES INSPECTION FORM



Name of Premises: And W Salisbury  
 Operator: A E W Salisbury  
 Address: 15 Shadowove Dr, Unit 1, Salisbury

Licence #: 01-02725  
 Type:  Class 3  Class 4  Class 5  
 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		/	/	3.4			/	7.1		/	/	10.3			/
1.2		/	/	3.5			/	7.2		/	/	11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		/	/	3.6			/	7.3		/	/	11.1			/
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		/	/	11.2			/
2.1		/	/	4.1			/	7.5		/	/	11.3			/
2.2		/	/	4.2			/	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		/	/	5.0	RECORD KEEPING AND RECALLS			8.1		/	/	12.1			/
2.4		/	/	5.1			/	8.2		/	/	12.2			/
2.5		/	/	5.2			/	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		/	/	6.0	PERSONNEL			9.1		/	/	13.1			/
2.7		/	/	6.1			/	9.2		/	/	13.2			/
3.0	FOOD PREPARATION AND HANDLING			6.2			/	10.0	FLOORS, WALLS AND CEILINGS			13.3			/
3.1		/	/	6.3			/	10.1		/	/				/
3.2		/	/	N.O. – Not Observed; S – Satisfactory; U – Unsatisfactory; MI – Minor Infraction; MA – Major Infraction; CR – Critical Infraction											

Item No.	MI	MA	CR	Remarks	Date for Correction
3.6	✓			Knife rack requires cleaning. Clean on a more regular basis	immediately
6.3	✓			Personal drinks must not be kept in prep area. Only in designated staff area.	immediately
8.1	✓			Cleaning required under fryers.	immediately
				* Water Sample due by end of April, 22	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>March 10, 22</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	Received by: _____	Inspector Signature: _____
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White – Office; Yellow – Operator; Blue – Copy for Posting