

FOOD PREMISES INSPECTION FORM



Name of Premises: Savin's Special Care Home
 Operator: 448 White Rd, Auverdale
 Address: _____
 License #: 31-00317 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	FOOD	/	/	3.3		/	/	7.0	FOOD-EQUIPMENT AND UTENSILS	/	/	10.2		/	/
		/	/	3.4	Approved Source	/	/	7.1	Holding Methods			10.3		/	/
1.2		/	/	3.5	Purchasing and Receiving	/	/	7.2	Cooling Methods			11.0	WATER SUPPLY AND WASTE DISPOSAL	/	/
1.3		/	/	3.6	Acceptable Containers and Labeling	/	/	7.3	Re-heating Methods			11.1		/	/
2.0	FOOD STORAGE	/	/	4.0		/	/	7.4	Food Contact Surfaces			11.2		/	/
2.1		/	/	4.1	Storage of Potentially Hazardous Foods	/	/	7.5	Mechanical Dishwashing			11.3		/	/
2.2		/	/	4.2	Frozen Storage	/	/	8.0	Manual Dishwashing			12.0	LIGHTING AND VENTILATION	/	/
2.3		/	/	5.0	Refrigerated Storage (Temperature)	/	/	8.1	Eating Utensils and Dishes			12.1		/	/
2.4		/	/	5.1	Refrigerated Storage (Methods)	/	/	8.2	Cleaning and Sanitizing			12.2		/	/
2.5		/	/	5.2	Refrigerated Storage (Space)	/	/	9.0	Detergents and Chemical Use and Storage			13.0	GENERAL	/	/
2.6		/	/	6.0	Dry Storage	/	/	9.1	Sanitary Facilities			13.1		/	/
2.7		/	/	6.1	Storage of Food for Staff	/	/	9.2	Washroom(s)			13.2		/	/
3.0	FOOD PREPARATION AND HANDLING	/	/	6.2		/	/	10.0	Hand Washing Station(s)			13.3		/	/
3.1		/	/	6.3	Thawing Methods	/	/	10.1	FLOORS, WALLS AND CEILINGS						
3.2		/	/		Cooking Methods	/	/		Floors (Construction and Maintenance)						

Item No.	MI	MA	CR	Remarks	Date for Correction	
				<u>No infractions observed during inspection</u>		

Green
 Light Yellow
 Striped Red

Re-inspection Required: Yes No
 If Yes, Date: _____

Date of Inspection: October 5/90

Received by: _____
 Inspector Signature: _____