

**FOOD PREMISES INSPECTION FORM**



Name of Premises: Nana + Papa's Fish + Chips  
 Operator: \_\_\_\_\_  
 Address: 216 Main St. Norton

Licence #: 02-03264  
 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		
<b>1.0</b>	<b>FOOD</b>				3.3				Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>				10.2					Walls (Construction and Maintenance)
1.1				Approved Source	3.4				Cooling Methods	7.1				Food Equipment (Design, Construction, Installation and Maintenance)	10.3					Ceilings (Constructions and Maintenance)
1.2				Purchasing and Receiving	3.5				Re-heating Methods	7.2				Food Contact Surfaces	<b>11.0</b>	<b>WATER SUPPLY AND WASTE DISPOSAL</b>				
1.3				Acceptable Containers and Labeling	3.6				Handling Methods	7.3				Mechanical Dishwashing	11.1					Water (Quality and Quantity)
<b>2.0</b>	<b>FOOD STORAGE</b>				<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>				7.4				Manual Dishwashing	11.2					Sewage Disposal
2.1				Storage of Potentially Hazardous Foods	4.1				Display Methods	7.5				Eating Utensils and Dishes	11.3					Solid Waste Handling
2.2				Frozen Storage	4.2				Advance Preparation	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>				<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>				
2.3				Refrigerated Storage (Temperature)	<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>				8.1				Cleaning and Sanitizing	12.1					Lighting
2.4				Refrigerated Storage (Methods)	5.1				Record Keeping	8.2				Detergents and Chemical Use and Storage	12.2					Ventilation
2.5				Refrigerated Storage (Space)	5.2				Recall of Food	<b>9.0</b>	<b>SANITARY FACILITIES</b>				<b>13.0</b>	<b>GENERAL</b>				
2.6				Dry Storage	<b>6.0</b>	<b>PERSONNEL</b>				9.1				Washroom(s)	13.1					Licence
2.7				Storage of Food for Staff	6.1				Demonstrating Knowledge	9.2				Hand Washing Station(s)	13.2					Rodent and Insect Control
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>				6.2				Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>				13.3					Other Infractions/Hazards
3.1				Thawing Methods	6.3				Personal Hygiene Practices	10.1				Floors (Construction and Maintenance)						
3.2				Cooking Methods	<i>N.O. – Not Observed; S – Satisfactory; U – Unsatisfactory; MI – Minor Infraction; MA – Major Infraction; CR – Critical Infraction</i>															

Item No.	MI	MA	CR	Remarks	Date for Correction
				All non-compliances have been corrected.	

<input checked="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>Sept. 16 / 20</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No If Yes, Date: _____
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