

FOOD PREMISES INSPECTION FORM

Name of Premises: Peggy's Canteen
Operator: _____
Address: 5090 RTE 114, Shepody

Licence #: 01-02460 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 | | <input checked="" type="checkbox"/> | | Holding Methods | 7.0 | | | | FOOD EQUIPMENT AND UTENSILS | 10.2 | | | | Walls (Construction and Maintenance) |
| 1.1 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Approved Source | 3.4 | | <input checked="" type="checkbox"/> | | Cooling Methods | 7.1 | | <input checked="" type="checkbox"/> | | Food Equipment (Design, Construction, Installation and Maintenance) | 10.3 | | | | Ceilings (Constructions and Maintenance) |
| 1.2 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Purchasing and Receiving | 3.5 | | <input checked="" type="checkbox"/> | | Re-heating Methods | 7.2 | | <input checked="" type="checkbox"/> | | Food Contact Surfaces | 11.0 | | | | WATER SUPPLY AND WASTE DISPOSAL |
| 1.3 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Acceptable Containers and Labeling | 3.6 | | <input checked="" type="checkbox"/> | | Handling Methods | 7.3 | | <input checked="" type="checkbox"/> | | Mechanical Dishwashing | 11.1 | | | | Water (Quality and Quantity) |
| 2.0 | | | | FOOD STORAGE | 4.0 | | | | FOOD DISPLAY AND SERVICE | 7.4 | | <input checked="" type="checkbox"/> | | Manual Dishwashing | 11.2 | | | | Sewage Disposal |
| 2.1 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Storage of Potentially Hazardous Foods | 4.1 | | <input checked="" type="checkbox"/> | | Display Methods | 7.5 | | <input checked="" type="checkbox"/> | | Eating Utensils and Dishes | 11.3 | | | | Solid Waste Handling |
| 2.2 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Frozen Storage | 4.2 | | <input checked="" type="checkbox"/> | | Advance Preparation | 8.0 | | | | CLEANING AND SANITIZING | 12.0 | | | | LIGHTING AND VENTILATION |
| 2.3 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Refrigerated Storage (Temperature) | 5.0 | | | | RECORD KEEPING AND RECALLS | 8.1 | | <input checked="" type="checkbox"/> | | Cleaning and Sanitizing | 12.1 | | | | Lighting |
| 2.4 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Refrigerated Storage (Methods) | 5.1 | | <input checked="" type="checkbox"/> | | Record Keeping | 8.2 | | <input checked="" type="checkbox"/> | | Detergents and Chemical Use and Storage | 12.2 | | | | Ventilation |
| 2.5 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Refrigerated Storage (Space) | 5.2 | | <input checked="" type="checkbox"/> | | Recall of Food | 9.0 | | | | SANITARY FACILITIES | 13.0 | | | | GENERAL |
| 2.6 | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Dry Storage | 6.0 | | | | PERSONNEL | 9.1 | | <input checked="" type="checkbox"/> | | Washroom(s) | 13.1 | | | | Licence |
| 2.7 | <input checked="" type="checkbox"/> | | | Storage of Food for Staff | 6.1 | | <input checked="" type="checkbox"/> | | Demonstrating Knowledge | 9.2 | | <input checked="" type="checkbox"/> | | Hand Washing Station(s) | 13.2 | | | | Rodent and Insect Control |
| 3.0 | | | | FOOD PREPARATION AND HANDLING | 6.2 | | <input checked="" type="checkbox"/> | | Employee Health | 10.0 | | | | FLOORS, WALLS AND CEILINGS | 13.3 | | | | Other Infractions/Hazards |
| 3.1 | | <input checked="" type="checkbox"/> | | Thawing Methods | 6.3 | | <input checked="" type="checkbox"/> | | Personal Hygiene Practices | 10.1 | | <input checked="" type="checkbox"/> | | Floors (Construction and Maintenance) | | | | | |
| 3.2 | | <input checked="" type="checkbox"/> | | Cooking Methods | | | | | | | | | | | | | | | |

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 |
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Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: April 30, 2018

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