

FOOD PREMISES INSPECTION FORM

Name of Premises: McDonald's
 Operator: _____
 Address: 110 Main St. Sussex

Licence #: _____
 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		<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			7.1	Food Equipment (Design, Construction, Installation and Maintenance)			10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>			7.2	Food Contact Surfaces			11.0		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6	<input checked="" type="checkbox"/>			7.3	Mechanical Dishwashing			11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0				7.4	Manual Dishwashing			11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			7.5	Eating Utensils and Dishes			11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			8.0	CLEANING AND SANITIZING			12.0		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0				8.1	Cleaning and Sanitizing			12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			8.2	Detergents and Chemical Use and Storage			12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			9.0	SANITARY FACILITIES			13.0		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0				9.1	Washroom(s)			13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1				9.2	Hand Washing Station(s)			13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			8.2				10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3	<input checked="" type="checkbox"/>			10.1	Floors (Construction and Maintenance)						
3.2		<input checked="" type="checkbox"/>													

No violations at time of inspection.

Item No. MI MA CR Remarks Date for Correction

Write - Office; Yellow - Operator; Blue - Copy for Posting

Re-inspection Required: Yes No

Date of Inspection: Apr 23/21 If Yes, Date: