

FOOD PREMISES INSPECTION FORM

Name of Premises: Splash Thai To Go

Licence #: _____

Type: Class 3 Class 4 Class 5

Operator: _____

Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection

Address: 34-A Lacey Drive, Arthesay
2 VB

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				Walls (Construction and Maintenance)
1.1			Approved Source	3.4				7.1				10.3				Ceilings (Constructions and Maintenance)
1.2			Purchasing and Receiving	3.5				7.2				11.0 WATER SUPPLY AND WASTE DISPOSAL				
1.3			Acceptable Containers and Labeling	3.6				7.3				11.1				Water (Quality and Quantity)
2.0 FOOD STORAGE				4.0 FOOD DISPLAY AND SERVICE				8.0 CLEANING AND SANITIZING				12.0 LIGHTING AND VENTILATION				
2.1			Storage of Potentially Hazardous Foods	4.1				7.4				11.2				Sewage Disposal
2.2			Frozen Storage	4.2				7.5				11.3				Solid Waste Handling
2.3			Refrigerated Storage (Temperature)	5.0 RECORD KEEPING AND RECALLS				8.1				12.0 LIGHTING AND VENTILATION				
2.4			Refrigerated Storage (Methods)	5.1				8.2				12.1				Lighting
2.5			Refrigerated Storage (Space)	5.2				8.2				12.2				Ventilation
2.6			Dry Storage	6.0 PERSONNEL				9.0 SANITARY FACILITIES				13.0 GENERAL				
2.7			Storage of Food for Staff	6.1				9.1				13.1				Licence
3.0 FOOD PREPARATION AND HANDLING				6.2				10.0 FLOORS, WALLS AND CEILINGS				13.3				
3.1			Thawing Methods	6.3				10.1				Floors (Construction and Maintenance)				
3.2			Cooking Methods									Other Infractions/Hazards				

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
				<p style="font-size: 1.2em; color: blue;">Splash to Go was inspected and it is recommended for licensing</p>	

<input 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>Mar 6/2020</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------	--------------------------------------------------------------------------------------------------------------------