

FOOD PREMISES INSPECTION FORM



Name of Premises: Creative Lil' Waffles

Licence #: 01-00501

Operator: _____

Type: Class 3 Class 4 Class 5

Address: 205 main st. Reston

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	<input checked="" type="checkbox"/>			7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>			7.2		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		<input checked="" type="checkbox"/>		3.6	<input checked="" type="checkbox"/>			7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			7.5		<input checked="" type="checkbox"/>		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	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		5.0				8.1			<input checked="" type="checkbox"/>	12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1				8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2				9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		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		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>													

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
5.1		<input checked="" type="checkbox"/>		Sanitizer concentration below 200ppm.	corrected

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>Nov 19/19</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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