

FOOD PREMISES INSPECTION FORM

Lic Plate # TRV-917

Name of Premise: Tobacco Smoker
 Operator: _____
 Address: Mobile

Licence #: 32-00396 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					3.3					7.0					10.2				
1.1					3.4					7.1					10.3				
1.2					3.5					7.2					11.0				
1.3					3.6					7.3					11.1				
2.0					4.0					7.4					11.2				
2.1					4.1					7.5					11.3				
2.2					4.2					8.0					12.0				
2.3					5.0					8.1					12.1				
2.4					5.1					8.2					12.2				
2.5					6.2					9.0					13.0				
2.6					6.3					9.1					13.1				
2.7					6.1					9.2					13.2				
3.0					6.2					10.0					13.3				
3.1					6.3					10.1									
3.2																			

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
				No violations found -	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: May 29/19
 If Yes, Date: _____