

FOOD PREMISES INSPECTION FORM

Name of Premises: Tipsy Canoe
 Operator: Tipsy Canoe
 Address: 6496 Route 8 Boiestown

Licence #: 03-01763 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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7.0				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			
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				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				12.0			
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		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0				13.0			
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				6.2		<input checked="" type="checkbox"/>		10.0				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
2.3	<input checked="" type="checkbox"/>			Record the temperature of all refrigerators at least TWO times per day	Dec 06 2018
3.3	<input checked="" type="checkbox"/>			Record the temperature of hot held food every 4 hours. (Gray)	Dec 06 2018
3.4		<input checked="" type="checkbox"/>		Cool hot foods rapidly using quick chill method. Cool from 60°C to 20°C 20°C or colder within two hours and from 20°C to 4°C or colder within four hours.	Corrected at time of inspection
8.1	<input checked="" type="checkbox"/>			Floor requires cleaning under fryer.	Dec 06 2018
8.1	<input checked="" type="checkbox"/>			Clean and Sanitize inside surfaces of Refrigerator #2 and #6 (Basement)	Dec 06 2018
8.1		<input checked="" type="checkbox"/>		Clean and Sanitize the french Fry slicer.	Corrected at time of inspection

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Dec 6 2018 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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