

**FOOD PREMISES INSPECTION FORM**

Name of Premises: Delish Gourmet Rolled Ice Cream  
 Operator: Bob Pine William Street, Unit A  
 Address: Bob Pine William Street, Unit A

Licence #: 02-03332  
 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
1.0	FOOD			3.3		<input checked="" type="checkbox"/>		7.0	FOOD EQUIPMENT AND UTENSILS		
1.1	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			7.1	Food Equipment (Design, Construction, Installation and Maintenance)		<input checked="" type="checkbox"/>
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			7.2	Food Contact Surfaces		<input checked="" type="checkbox"/>
1.3	<input checked="" type="checkbox"/>			3.6	<input checked="" type="checkbox"/>			7.3	Mechanical Dishwashing		<input checked="" type="checkbox"/>
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	Manual Dishwashing		<input checked="" type="checkbox"/>
2.1	<input checked="" type="checkbox"/>			4.1	<input checked="" type="checkbox"/>			7.5	Eating Utensils and Dishes		<input checked="" type="checkbox"/>
2.2	<input checked="" type="checkbox"/>			4.2	<input checked="" type="checkbox"/>			8.0	CLEANING AND SANITIZING		
2.3	<input checked="" type="checkbox"/>			5.0	RECORD KEEPING AND RECORDS			8.1	Cleaning and Sanitizing		<input checked="" type="checkbox"/>
2.4	<input checked="" type="checkbox"/>			5.1	<input checked="" type="checkbox"/>			8.2	Detergents and Chemical Use and Storage		<input checked="" type="checkbox"/>
2.5	<input checked="" type="checkbox"/>			5.2	<input checked="" type="checkbox"/>			9.0	SANITARY FACILITIES		<input checked="" type="checkbox"/>
2.6	<input checked="" type="checkbox"/>			6.0	PERSONNEL			9.1	Washroom(s)		<input checked="" type="checkbox"/>
2.7	<input checked="" type="checkbox"/>			6.1	<input checked="" type="checkbox"/>			9.2	Hand Washing Station(s)		<input checked="" type="checkbox"/>
3.0	FOOD PREPARATION AND HANDLING			6.2	<input checked="" type="checkbox"/>			10.0	FLOORS, WALLS AND CEILINGS		<input checked="" type="checkbox"/>
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			10.1	Floors (Construction and Maintenance)		<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

Green  
 Light Yellow  
 Striped Red  
 Dark Yellow  
 Red  
 Re-inspection Required:  Yes  No  
 Date of Inspection: June 11 2021  
 If Yes, Date:

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