

FOOD PREMISES INSPECTION FORM

Name of Premises: Kingsbrar Arms
 Operator: 219 King of St Andrews
 Address: _____

License #: _____
 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 | Item No. | N.O. | S | U |
|----------|-------------------------------|---|---|----------|-----------|---|---|----------|---|---|---|----------|------|---|---|
| 1.0 | FOOD | | | 3.3 | | | | 7.0 | FOOD EQUIPMENT AND UTENSILS | | | 10.2 | | | |
| 1.1 | | | | 3.4 | | | | 7.1 | Food Equipment (Design, Construction, Installation and Maintenance) | | | 10.3 | | | |
| 1.2 | | | | 3.5 | | | | 7.2 | Food Contact Surfaces | | | 11.0 | | | |
| 1.3 | | | | 3.6 | | | | 7.3 | Mechanical Dishwashing | | | 11.2 | | | |
| 2.0 | FOOD STORAGE | | | 4.0 | | | | 7.4 | Manual Dishwashing | | | 11.3 | | | |
| 2.1 | | | | 4.1 | | | | 7.5 | Eating Utensils and Dishes | | | 12.0 | | | |
| 2.2 | | | | 4.2 | | | | 8.0 | CLEANING AND SANITIZING | | | 12.1 | | | |
| 2.3 | | | | 5.0 | | | | 8.1 | Cleaning and Sanitizing | | | 12.2 | | | |
| 2.4 | | | | 5.1 | | | | 8.2 | Patenters and Chemical Use and Storage | | | 13.0 | | | |
| 2.5 | | | | 5.2 | | | | 9.0 | SANITARY FACILITIES | | | 13.1 | | | |
| 2.6 | | | | 6.0 | PERSONNEL | | | 9.1 | Washroom(s) | | | 13.2 | | | |
| 2.7 | | | | 6.1 | | | | 9.2 | Hand Washing Station(s) | | | 13.3 | | | |
| 3.0 | FOOD PREPARATION AND HANDLING | | | 8.2 | | | | 10.0 | FLOORS, WALLS AND CEILINGS | | | | | | |
| 3.1 | | | | 8.3 | | | | 10.1 | Floors (Construction and Maintenance) | | | | | | |
| 3.2 | | | | | | | | | | | | | | | |

Recommended for Licenses

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

Green
 Light Yellow
 Striped Red

Dark Yellow
 Red

Date of Inspection: June 11/21

Re-inspection Required: Yes No

If Yes, Date: _____

Food Premises Standard Operational P: _____

Date for Correction: _____

Signature: _____

01/2019