

Name of Premises: Ginger Reef Mobile ^{IND} ^{TSR 561}
 Operator: _____
 Address: 1082 McLeod Hill Rd.

FOOD PREMISES INSPECTION FORM
 Licence #: 03-02420 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		✓	MI	12.1		✓	
2.4		✓		5.1	✓	✓		8.2			X	12.2		✓	
2.5		✓		5.2	✓			9.0				13.0			
2.6	✓	✓		6.0				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
8.2			X	Only sanitizers suitable for use on food contact surfaces shall be used. Bleach available and shall be used as the sanitizer for all surfaces, not other chemical cleaners not approved for use.	Corrected.

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: 2020-06-13
 Re-inspection Required: Yes No
 If Yes, Date: _____ Received by: _____ Inspector Signature: [Signature]