

FOOD PREMISES INSPECTION FORM

Name of Premises: Big City Chips
 Operator: _____
 Address: Mobilee canteen

Licence #: 01-02115 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	FOOD			3.3		✓		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		✓	
1.1	✓			3.4	✓			7.1	✓			10.3		✓	
1.2	✓			3.5	✓			7.2			✓	11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		✓		3.6		✓		7.3	✓			11.1		✓	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4			✓	11.2		✓	
2.1		✓		4.1	✓			7.5			✓	11.3		✓	
2.2		✓		4.2	✓			8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		✓		5.0	RECORD KEEPING AND RECALLS			8.1			✓	12.1		✓	
2.4		✓		5.1	✓			8.2			✓	12.2		✓	
2.5		✓		5.2	✓			9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		✓		6.0	PERSONNEL			9.1			✓	13.1		✓	
2.7	✓			6.1		✓		9.2			✓	13.2		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2		✓		10.0	FLOORS, WALLS AND CEILINGS			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
1.3	X			Fries must be kept in containers with lids.	Immediately corrected
2.1			X	Cheese was 17°C at time of inspection. It must be 4°C or less	corrected
2.3		X		Temperatures of fridge must be monitored/recorded twice daily	corrected
3.3		X	X	Temperatures of hot holding must be recorded every 4 hrs.	corrected
7.2	X			Surfaces need to be cleaned	Immediately corrected
7.5		X		Utensils must be changed out every 2hrs then properly washed/sanitized at night.	corrected
10.1	X			Floors need to be cleaned	Immediately
11.3	X			Garbage can is required inside.	↓
12.2	X			Fume hoods (filters) need to be cleaned	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>Aug. 17/18</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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