

FOOD PREMISES INSPECTION FORM

Name of Premises: 540 NORTH
 Operator: PRZ CWIN SI KAPRITON
 Address: _____

Licence #: 03-02333 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
1.0	FOOD				3.3					7.0				
1.1		<input checked="" type="checkbox"/>			3.4					7.1		<input checked="" type="checkbox"/>		
1.2		<input checked="" type="checkbox"/>			3.5					7.2		<input checked="" type="checkbox"/>		
1.3		<input checked="" type="checkbox"/>			3.6					7.3		<input checked="" type="checkbox"/>		
2.0	FOOD STORAGE				4.0					7.4		<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>			4.1					7.5		<input checked="" type="checkbox"/>		
2.2		<input checked="" type="checkbox"/>			4.2					8.0		<input checked="" type="checkbox"/>		
2.3		<input checked="" type="checkbox"/>			5.0					8.1		<input checked="" type="checkbox"/>		
2.4		<input checked="" type="checkbox"/>			5.1					8.2		<input checked="" type="checkbox"/>		
2.5		<input checked="" type="checkbox"/>			5.2					9.0		<input checked="" type="checkbox"/>		
2.6		<input checked="" type="checkbox"/>			6.0					9.1		<input checked="" type="checkbox"/>		
2.7		<input checked="" type="checkbox"/>			6.1					9.2		<input checked="" type="checkbox"/>		
3.0	FOOD PREPARATION AND HANDLING				6.2					10.0		<input checked="" type="checkbox"/>		
3.1		<input checked="" type="checkbox"/>			6.3					10.1		<input checked="" type="checkbox"/>		
3.2		<input checked="" type="checkbox"/>										<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
				<i>No deficiencies observed during inspection</i>	

Green
 Light Yellow
 Striped Red

Dark Yellow
 Red

Date of Inspection: Feb 25 2012

Re-inspection Required: Yes No
 If Yes, Date: _____