

**FOOD PREMISES INSPECTION FORM**

Name of Premises: Jim Horton Donut (Water St.)  
 Operator: \_\_\_\_\_  
 Address: 157 Water St. Campbellton

Licence #: 05-00602 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		<input checked="" type="checkbox"/>		3.3		<input checked="" type="checkbox"/>		7.0	FOOD EQUIPMENT AND UTENSILS		
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		10.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.4		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL		
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.0	CLEANING AND SANITIZING			11.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1				8.1		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2				8.2		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.0	SANITARY FACILITIES			12.0	LIGHTING AND VENTILATION		
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.0	GENERAL		
3.2		<input checked="" type="checkbox"/>						10.1				13.1		<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
				9.2 and 2.3 were corrected.	

Green  
 Light Yellow    Dark Yellow  
 Striped Red    Red

Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_

Date of Inspection: 15 Jul 2017  
 Received by: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_