

FOOD PREMISES INSPECTION FORM

Name of Premises: DELISH GOURMET ROLLED ICE CREAM Licence #: 03-02144 Type: Class 3 Class 4 Class 5
 Operator: _____ Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Address: 349 KING ST., UNIT D Water Supply: Private Municipal

ENTERED



| 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 | | | |
| FOOD | | | | Holding Methods | | | | FOOD EQUIPMENT AND UTENSILS | | | | Walls (Construction and Maintenance) | | | |
| 1.1 | | | | 3.4 | | | | 7.1 | | | | 10.3 | | | |
| Approved Source | | | | Cooling Methods | | | | Food Equipment (Design, Construction, Installation and Maintenance) | | | | Ceilings (Constructions and Maintenance) | | | |
| 1.2 | | | | 3.5 | | | | 7.2 | | | | 11.0 | | | |
| Purchasing and Receiving | | | | Re-heating Methods | | | | Food Contact Surfaces | | | | WATER SUPPLY AND WASTE DISPOSAL | | | |
| 1.3 | | | | 3.6 | | | | 7.3 | | | | 11.1 | | | |
| Acceptable Containers and Labeling | | | | Handling Methods | | | | Mechanical Dishwashing | | | | Water (Quality and Quantity) | | | |
| 2.0 | | | | 4.0 | | | | 7.4 | | | | 11.2 | | | |
| FOOD STORAGE | | | | FOOD DISPLAY AND SERVICE | | | | Manual Dishwashing | | | | Sewage Disposal | | | |
| 2.1 | | | | 4.1 | | | | 7.5 | | | | 11.3 | | | |
| Storage of Potentially Hazardous Foods | | | | Display Methods | | | | Eating Utensils and Dishes | | | | Solid Waste Handling | | | |
| 2.2 | | | | 4.2 | | | | 8.0 | | | | 12.0 | | | |
| Frozen Storage | | | | Advance Preparation | | | | CLEANING AND SANITIZING | | | | LIGHTING AND VENTILATION | | | |
| 2.3 | | | | 5.0 | | | | 8.1 | | | | 12.1 | | | |
| Refrigerated Storage (Temperature) | | | | RECORD KEEPING AND RECALLS | | | | Cleaning and Sanitizing | | | | Lighting | | | |
| 2.4 | | | | 5.1 | | | | 8.2 | | | | 12.2 | | | |
| Refrigerated Storage (Methods) | | | | Record Keeping | | | | Detergents and Chemical Use and Storage | | | | Ventilation | | | |
| 2.5 | | | | 5.2 | | | | 9.0 | | | | 13.0 | | | |
| Refrigerated Storage (Space) | | | | Recall of Food | | | | SANITARY FACILITIES | | | | GENERAL | | | |
| 2.6 | | | | 6.0 | | | | 9.1 | | | | 13.1 | | | |
| Dry Storage | | | | PERSONNEL | | | | Washroom(s) | | | | Licence | | | |
| 2.7 | | | | 6.1 | | | | 9.2 | | | | 13.2 | | | |
| Storage of Food for Staff | | | | Demonstrating Knowledge | | | | Hand Washing Station(s) | | | | Rodent and Insect Control | | | |
| 3.0 | | | | 6.2 | | | | 10.0 | | | | 13.3 | | | |
| FOOD PREPARATION AND HANDLING | | | | Employee Health | | | | FLOORS, WALLS AND CEILINGS | | | | Other Infractions/Hazards | | | |
| 3.1 | | | | 6.3 | | | | 10.1 | | | | | | | |
| Thawing Methods | | | | Personal Hygiene Practices | | | | Floors (Construction and Maintenance) | | | | | | | |
| 3.2 | | | | | | | | | | | | | | | |
| Cooking Methods | | | | | | | | | | | | | | | |

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 |
|----------|----|----|----|-------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 8.1 | | | | Ensure chlorine sanitizer is maintained at 100ppm at all times. Sanitizer was 25-50ppm at time of inspection. | Corrected |
| 9.2 | | | | Handwashing station must be used for handwashing only and always easily accessible. Hands in hand sink at time of inspection. | Corrected |
| 10.2 | | | | Walls must be maintained so they are easily cleaned + sanitized. Wall below work table is damaged and must be resurfaced. | Next routine inspection |
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Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: February 29, 2020
 If Yes, Date: _____