

# FOOD PREMISES INSPECTION FORM

Name of Premises: Amsterdam Inn & Suites  
 Operator: \_\_\_\_\_  
 Address: 1413 Main Street, Sussex

Licence #: 02-02900 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				<b>FOOD</b>	3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0				<b>FOOD EQUIPMENT AND UTENSILS</b>	10.2		<input checked="" type="checkbox"/>		Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment (Design, Construction, Installation and Maintenance)	10.3		<input checked="" type="checkbox"/>		Ceilings (Constructions and Maintenance)
1.2	<input checked="" type="checkbox"/>			Purchasing and Receiving	3.5	<input checked="" type="checkbox"/>			Re-heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	<b>11.0</b>				<b>WATER SUPPLY AND WASTE DISPOSAL</b>
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing	11.1		<input checked="" type="checkbox"/>		Water (Quality and Quantity)
2.0				<b>FOOD STORAGE</b>	4.0				<b>FOOD DISPLAY AND SERVICE</b>	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	11.2		<input checked="" type="checkbox"/>		Sewage Disposal
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		Eating Utensils and Dishes	11.3		<input checked="" type="checkbox"/>		Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	<b>8.0</b>				<b>CLEANING AND SANITIZING</b>	<b>12.0</b>				<b>LIGHTING AND VENTILATION</b>
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0				<b>RECORD KEEPING AND RECALLS</b>	8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	12.1		<input checked="" type="checkbox"/>		Lighting
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1	<input checked="" type="checkbox"/>			Record Keeping	8.2			<input checked="" type="checkbox"/>	Detergents and Chemical Use and Storage	12.2		<input checked="" type="checkbox"/>		Ventilation
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2	<input checked="" type="checkbox"/>			Recall of Food	<b>9.0</b>				<b>SANITARY FACILITIES</b>	<b>13.0</b>				<b>GENERAL</b>
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0				<b>PERSONNEL</b>	9.1		<input checked="" type="checkbox"/>		Washroom(s)	13.1		<input checked="" type="checkbox"/>		Licence
2.7	<input checked="" type="checkbox"/>			Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		Hand Washing Station(s)	13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
3.0				<b>FOOD PREPARATION AND HANDLING</b>	6.2		<input checked="" type="checkbox"/>		Employee Health	<b>10.0</b>				<b>FLOORS, WALLS AND CEILINGS</b>	13.3		<input checked="" type="checkbox"/>		Other Infractions/Hazards
3.1	<input checked="" type="checkbox"/>			Thawing Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>		Floors (Construction and Maintenance)					
3.2		<input checked="" type="checkbox"/>		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
8.2		<input checked="" type="checkbox"/>		Quat sanitizer solution concentration in spray bottle too strong (more than 400ppm), it shall be 200ppm for quat solution.	Corrected

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<p style="font-size: 1.2em;">July 19/2018</p> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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