

FOOD PREMISES INSPECTION FORM

Name of Premises: Amsterdam Inn + Suites

Licence #: 02-02900

Type: Class 3 Class 4 Class 5

Address: 143 Main St. Sussex

Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection

Water Supply: Private Municipal



Item No.	Code	U	Item Description	Item No.	Code	U	Item Description	Item No.	Code	U	Item Description
1.0	FOOD			7.0			FOOD EQUIPMENT AND UTENSILS	10.2			Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>	Approved Source	7.1		<input checked="" type="checkbox"/>	Food Equipment (Design, Construction, Installation and Maintenance)	10.3		<input checked="" type="checkbox"/>	Ceilings (Construction and Maintenance)
1.2		<input checked="" type="checkbox"/>	Purchasing and Receiving	7.2		<input checked="" type="checkbox"/>	Food Contact Surfaces	11.0			Water (Quality and Quantity)
1.3		<input checked="" type="checkbox"/>	Acceptable Containers and Labeling	7.3		<input checked="" type="checkbox"/>	Mechanical Dishwashing	11.1		<input checked="" type="checkbox"/>	Sewage Disposal
2.0	FOOD STORAGE			7.4		<input checked="" type="checkbox"/>	Manual Dishwashing	11.2		<input checked="" type="checkbox"/>	Solid Waste Handling
2.1		<input checked="" type="checkbox"/>	Storage of Potentially Hazardous Foods	7.5		<input checked="" type="checkbox"/>	Eating Utensils and Dishes	11.3			
2.2		<input checked="" type="checkbox"/>	Frozen Storage	8.0		<input checked="" type="checkbox"/>	CLEANING AND SANITIZING	12.0			LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>	Refrigerated Storage (Temperature)	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)	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)	9.0			SANITARY FACILITIES	13.0			GENERAL
2.6		<input checked="" type="checkbox"/>	Dry Storage	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	9.2		<input checked="" type="checkbox"/>	Hand Washing Station(s)	13.2		<input checked="" type="checkbox"/>	Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			10.0		<input checked="" type="checkbox"/>	FLOORS, WALLS AND CEILINGS	13.3		<input checked="" type="checkbox"/>	Other Infractions/Hazards
3.1		<input checked="" type="checkbox"/>	Demonstrating Knowledge	10.1		<input checked="" type="checkbox"/>	Floors (Construction and Maintenance)				
3.2		<input checked="" type="checkbox"/>	Employee Health								
3.3		<input checked="" type="checkbox"/>	Personal Hygiene Practices								

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Item No.	MI	MA	CR	Remarks	Date of Correction
8.1		X		Sanitizer was 100ppm. It must be 200ppm.	
9.2	X			Paper towel dispenser at handsink is not working and needs to be fixed	Corrected Immediately

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	June 26/19 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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PAGE 01/02
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