

FOOD PREMISES INSPECTION FORM



Name of Premises: Club house - Algonquin Resort
 Operator: _____
 Address: 465 Bandy Cove Road

Licence #: 02-0145
 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Other
 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				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				Cooking Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Construction 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
				non-compliance 8.1, 7.3, 8.2 & 10.2 have been corrected.	
9.1192				Paper towel dispensers do not fit the paper towel rolls on-site.	ASAP.

Green
 Light Yellow Dark Yellow
 Striped Red Red

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

Date of Inspection: Aug 19 2019

White - Office; Yellow - Operator; Blue - Copy for Posting

FROM: 10: SUSSEX 08/20/2019 13:56 #036 P.004/004