

FOOD PREMISES INSPECTION FORM

Name of Premises: Hompson Inn & Suites 1 License # 03-01834 Type: Class 3 Class 4 Class 5
 Operator: 470 Bishop Drive, Frederick Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Address: 470 Bishop Drive, Frederick Water Supply: Private Municipal



Item No.	N.O.	S	U	Item Description	Item No.	N.O.	S	U	Item Description	Item No.	N.O.	S	U	Item Description
1.0	FOOD				3.3				Holding Methods	7.0				Walls (Construction and Maintenance)
1.1				Approved Source	3.4				Cooling Methods	7.1				Ceilings (Construction and Maintenance)
1.2				Purchasing and Receiving	3.5				Re-heating Methods	7.2				Food Equipment (Design, Construction, Installation and Maintenance)
1.3				Acceptable Containers and Labeling	3.6				Handling Methods	7.3				Food Contact Surfaces
2.0	FOOD STORAGE				4.0				FOOD DISPLAY AND SERVICE	7.4				Mechanical Dishwashing
2.1				Storage of Potentially Hazardous Foods	4.1				Display Methods	7.5				Manual Dishwashing
2.2				Frozen Storage	4.2				Advance Preparation	8.0				Eating Utensils and Dishes
2.3				Refrigerated Storage (Temperature)	5.0				RECORD KEEPING AND RECALLS	8.1				Cleaning and Sanitizing
2.4				Refrigerated Storage (Methods)	5.1				Record Keeping	8.2				Detergents and Chemical Use and Storage
2.5				Refrigerated Storage (Space)	5.2				Recall of Food	9.0				SANITARY FACILITIES
2.6				Dry Storage	6.0				PERSONNEL	9.1				Washroom(s)
2.7				Storage of Food for Staff	6.1				Demonstrating Knowledge	9.2				Hand Washing Station(s)
3.0	FOOD PREPARATION AND HANDLING				6.2				Employee Health	10.0				FLOORS, WALLS AND CEILINGS
3.1				Thawing Methods	6.3				Personal Hygiene Practices	10.1				Floors (Construction and Maintenance)
3.2				Cooking Methods										GENERAL
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
				No infractions at time of inspection 2:30 pm.	

Light Yellow Green
 Striped Red Dark Yellow Red
 Date of Inspection: Aug 26 / 2000

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

Received by: _____ Inspector Signature: _____