

FOOD PREMISES INSPECTION FORM

Name of Premises: JORDAN LIFECARE CENTER
 Operator: _____
 Address: 747 SANITARIUM ROAD
THE GLADES

Licence #: 0-01981 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	FOOD			3.3		✓		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		✓	
1.1		✓		3.4		✓		Cooling Methods	7.1		✓		10.3		✓	
1.2		✓		3.5		✓		Re-heating Methods	7.2		✓		11.0 WATER SUPPLY AND WASTE DISPOSAL			
1.3		✓		3.6		✓		Handling Methods	7.3		✓		11.1		✓	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4			✓		11.2		✓	
2.1		✓		4.1		✓		Display Methods	7.5			✓	11.3		✓	
2.2		✓		4.2		✓		Advance Preparation	8.0	CLEANING AND SANITIZING			12.0 LIGHTING AND VENTILATION			
2.3		✓		5.0	RECORD KEEPING AND RECALLS			8.1			✓		12.1		✓	
2.4		✓		5.1		✓		Record Keeping	8.2			✓	12.2		✓	
2.5		✓		5.2		✓		Recall of Food	9.0	SANITARY FACILITIES			13.0 GENERAL			
2.6		✓		6.0	PERSONNEL			9.1			✓		13.1		✓	
2.7		✓		6.1			✓	Demonstrating Knowledge	9.2			✓	13.2		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2		✓		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		✓	
3.1		✓		6.3		✓		Personal Hygiene Practices	10.1			✓				
3.2		✓		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
7.4	X			manual sanitizing of food surfaces; update your test strips. utensils to be stored in a clean and sanitary manner; plastic spoons discarded. sanitizer bottles and containers to be labeled as sanitizer-blue pail to be labeled.	verify at the next routing inspection.
7.5	X				
8.2	X				

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>MAY 21, 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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