

FOOD PREMISES INSPECTION FORM

Name of Premises: Cub's Pizza + Donair Inc
 Operator: Cub's Pizza + Donair Inc
 Address: 840 Main St. Chipman

Licence #: 0301872 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		X	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	✓							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				Chlorine Sanitizer, below 100ppm - Corrected before leaving.	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	Date of Inspection: <u>Aug 20, 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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