

FOOD PREMISES INSPECTION FORM

Name of Establishment: Rising Tide Takeout
 Operator: _____
 Address: 1500 PORT BELLO

Licence #: 02-02790 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Water Supply: Private Municipal



Item No.	MI	MA	CR	Item Description	Code	MI	MA	CR	Item Description	Code	MI	MA	CR	Item Description		
1.0 FOOD					3.3		/		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2	/	Walls (Construction and Maintenance)
1.1		/		Approved Source	3.4	/			Cooling Methods	7.1		/		10.3	/	Ceiling (Constructions and Maintenance)
1.2	/			Purchasing and Receiving	3.5			/	Re-heating Methods	7.2		/		11.0	WATER SUPPLY AND WASTE DISPOSAL	
1.3		/		Acceptable Containers and Labeling	3.6			/	Handling Methods	7.3	/			11.1	/	Water (Quality and Quantity)
2.0 FOOD STORAGE					4.0	FOOD DISPLAY AND SERVICE			7.4		/		11.2	/	Sewage Disposal	
2.1		/		Storage of Potentially Hazardous Foods	4.1		/		Display Methods	7.5		/		11.3	/	Solid Waste Handling
2.2		/		Frozen Storage	4.2		/		Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION	
2.3		/		Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS			8.1		/		12.1	/	Lighting	
2.4		/		Refrigerated Storage (Methods)	5.1			/	Record Keeping	8.2		/		12.2	/	Ventilation
2.5		/		Refrigerated Storage (Space)	5.2			/	Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL	
2.6	/	/		Dry Storage	6.0	PERSONNEL			9.1		/		13.1	/	Licence	
2.7	/			Storage of Food for Staff	6.1			/	Demonstrating Knowledge	9.2		/		13.2	/	Rodent and Insect Control
3.0 FOOD PREPARATION AND HANDLING					6.2			/	Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3	/	Other Infractions/Hazards
3.1	/			Thawing Methods	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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>Aug 2 - 2016</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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