

FOOD PREMISES INSPECTION FORM

Name of Premises: Archie's Bake Shop
 Operator: _____
 Address: 407 Main St. Sussex

Licence #: 02-02807 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				Walls (Construction and Maintenance)
1.1				3.4				Cooling Methods	7.1				10.3				Ceilings (Constructions and Maintenance)
1.2				3.5				Purchasing and Receiving	7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3				3.6				Acceptable Containers and Labeling	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				4.1				Storage of Potentially Hazardous Foods	7.5				11.3				Solid Waste Handling
2.2				4.2				Frozen Storage	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION			
2.3				5.0	RECORD KEEPING AND RECALLS			8.1					12.1				Lighting
2.4				5.1				Refrigerated Storage (Temperature)	8.2				12.2				Ventilation
2.5				5.2				Refrigerated Storage (Methods)	9.0	SANITARY FACILITIES			13.0	GENERAL			
2.6				6.0	PERSONNEL			9.1					13.1				Licence
2.7				6.1				Dry Storage	9.2				13.2				Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2				Storage of Food for Staff	10.0	FLOORS, WALLS AND CEILINGS			13.3				Other Infractions/Hazards
3.1				6.3				Thawing Methods	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
				All non-compliances have been 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>May 11/18</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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