

FOOD PREMISES INSPECTION FORM

Name of Premises: Golden Dragon
 Operator: _____
 Address: 620 Main St. Sussex

Licence #: _____ 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		✓						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
1.3	X			Sauces must be labeled	Immediately
2.1	X			Rice / egg rolls egg rolls were 15°C at time of inspection. They must be 4°C or less	Corrected Immediately
2.3		X		Temperatures of fridges must be recorded twice daily	Corrected Immediately
8.1	X			One bottle of sanitizer was 0ppm. It must be 200ppm.	Corrected
9.1	X			Toilet paper must be kept in dispenser in washrooms.	Immediately
13.3	X			Cleaning rags must be single use or must be kept in bucket of sanitizer at 200ppm.	Immediately

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Jan. 16/20 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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