

FOOD PREMISES INSPECTION FORM

Name of Premises: Sussex Pizzas Stop
 Operator: _____
 Address: 625 Main St. Sussex

Licence #: 02-01195 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				3.3				7.0				10.2			
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1		<input checked="" type="checkbox"/>		3.4				7.1			<input checked="" type="checkbox"/>	10.3			<input checked="" type="checkbox"/>
				Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)			
1.2		<input checked="" type="checkbox"/>		3.5				7.2		<input checked="" type="checkbox"/>		11.0			
				Purchasing and Receiving				Re-heating Methods				WATER SUPPLY AND WASTE DISPOSAL			
1.3			<input checked="" type="checkbox"/>	3.6				7.3	<input checked="" type="checkbox"/>			11.1			<input checked="" type="checkbox"/>
				Acceptable Containers and Labeling				Handling Methods				Water (Quality and Quantity)			
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2			<input checked="" type="checkbox"/>
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Sewage Disposal			
2.1		<input checked="" type="checkbox"/>		4.1				7.5		<input checked="" type="checkbox"/>		11.3			<input checked="" type="checkbox"/>
				Storage of Potentially Hazardous Foods				Display Methods				Solid Waste Handling			
2.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.2				8.0		<input checked="" type="checkbox"/>		12.0			
				Frozen Storage				Advance Preparation				LIGHTING AND VENTILATION			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1			<input checked="" type="checkbox"/>
				Refrigerated Storage (Temperature)				RECORD KEEPING AND RECALLS				Lighting			
2.4		<input checked="" type="checkbox"/>		5.1				8.2		<input checked="" type="checkbox"/>		12.2			<input checked="" type="checkbox"/>
				Refrigerated Storage (Methods)				Record Keeping				Ventilation			
2.5			<input checked="" type="checkbox"/>	5.2				9.0		<input checked="" type="checkbox"/>		13.0			
				Refrigerated Storage (Space)				Recall of Food				GENERAL			
2.6				6.0				9.1		<input checked="" type="checkbox"/>		13.1			<input checked="" type="checkbox"/>
				PERSONNEL				Washroom(s)				Licence			
2.7				6.1				9.2		<input checked="" type="checkbox"/>		13.2			<input checked="" type="checkbox"/>
				Storage of Food for Staff				Demonstrating Knowledge				Rodent and Insect Control			
3.0				6.2				10.0		<input checked="" type="checkbox"/>		13.3			<input checked="" type="checkbox"/>
FOOD PREPARATION AND HANDLING				EMPLOYEE HEALTH				FLOORS, WALLS AND CEILINGS				Other Infractions/Hazards			
3.1				6.3				10.1		<input checked="" type="checkbox"/>					
				Thawing Methods				Personal Hygiene Practices				Floors (Construction and Maintenance)			
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
2.4	X			Scoops cannot be stored in dough sauce. Discontinue practice	Corrected
1.3	X			All foods must be labeled with date of prep.	Immediately
2.5	X			Fridges, shelves, gaskets, fans need to be cleaned	↓ Corrected
2.2	X			Freezer needs to be cleaned.	
7.1	X			Fryers, sides of equipment, ^{grill} need to be cleaned	
7.5	X			Utensils must be washed, rinsed + sanitized after each use. (Pizza saw cutter, knives, etc..)	Corrected
10.1	X			Floors need to be cleaned in hard to reach areas	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	Nov. 21 19 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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Signature: _____