

FOOD PREMISES INSPECTION FORM

Name of Establishment: 45th Parallel Restaurant
 Operator: _____
 Address: Diane I Ken Bustin

Licence #: 02-00494 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															
1.1		✓		3.3		✓		Holding Methods	7.0			10.0 FOOD EQUIPMENT AND UTENSILS			
1.2		✓		3.4		✓		Cooling Methods	7.1		✓	10.2			✓
1.3		✓		3.5	✓			Purchasing and Receiving	7.2		✓	10.3			✓
				3.6	✓			Acceptable Containers and Labeling	7.3		✓	11.0 WATER SUPPLY AND WASTE DISPOSAL			
2.0 FOOD STORAGE															
2.1		✓		4.0				Storage of Potentially Hazardous Foods	7.4		✓	11.1			✓
2.2		✓		4.1	✓			Frozen Storage	7.5		✓	11.2			✓
2.3		✓		4.2	✓			Refrigerated Storage (Temperature)	8.0		✓	11.3			✓
2.4		✓		5.0				Refrigerated Storage (Methods)	8.0 CLEANING AND SANITIZING						
2.5		✓		5.1	✓			Refrigerated Storage (Space)	8.1		✓	12.0			✓
2.6		✓		5.2				Dry Storage	8.2		✓	12.1			✓
2.7		✓		6.0				Storage of Food for Staff	9.0		✓	12.2			✓
3.0 FOOD PREPARATION AND HANDLING															
3.1		✓		6.1				Thawing Methods	9.1		✓	13.0 GENERAL			
3.2		✓		6.2	✓			Cooking Methods	9.2		✓	13.1			✓
				6.3	✓			Acceptable Containers and Labeling	10.0		✓	13.2			✓
								Hand Washing Station(s)	10.1		✓	13.3			✓

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
				non-compliances 7.1, 7.4 & 5.1 have been corrected.	
5.2	✓			Provide updated copy of production log + PH calibration logs. logs must be kept on-site.	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: July 15/18

Re-inspection Required: Yes No
 If Yes, Date: _____

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 HEALTH PH INSPECTION
 07/18/2018 16:18
 506-466-7908