

FOOD PREMISES INSPECTION FORM



Name of Premises: Subway
 Operator: _____
 Address: 486 Main St Hantsport

Licence #: 02-01187
 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Other
 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		<input checked="" type="checkbox"/>		3.3		<input checked="" type="checkbox"/>		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>		10.2		<input checked="" type="checkbox"/>		Walls (Construction and Maintenance)				
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		Food Equipment (Design, Construction, Installation and Maintenance)				
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces				
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing				
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		7.4		<input checked="" type="checkbox"/>		7.4		<input checked="" type="checkbox"/>		Manual Dishwashing				
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		Eating Utensils and Dishes				
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			8.0		<input checked="" type="checkbox"/>		8.0		<input checked="" type="checkbox"/>		12.0	LIGHTING AND VENTILATION			
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		Lighting
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>		Ventilation
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			9.0		<input checked="" type="checkbox"/>		9.0		<input checked="" type="checkbox"/>		13.0	GENERAL			
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		Licence
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			10.0		<input checked="" type="checkbox"/>		10.0		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>		Other Infractions/Hazards
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>						
3.2		<input checked="" type="checkbox"/>																										

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
6.3	<input checked="" type="checkbox"/>			Do not store personal hygiene products such as razors in the staff washroom.	Immediate

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Inspection: <u>Feb 24/2020</u> If Yes, Date: _____
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White - Office; Yellow - Operator; Blue - Copy for Posting