

FOOD PREMISES INSPECTION FORM

Name of Premises: Maxwell's

Licence #: 07-60321

Operator: _____

Type: Class 3 Class 3 WH Class 4 Class 5

Additional Info: PM TE Catering

Address: 54 Cl. Powell, Box St. Anne

Category: Routine Re-inspection New Licence Other

Water Supply: N.B.

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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			7.1	<input checked="" type="checkbox"/>			10.3	<input checked="" type="checkbox"/>		
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			7.2	<input checked="" type="checkbox"/>			11.0	<input checked="" type="checkbox"/>		
1.3	<input checked="" type="checkbox"/>			3.6	<input checked="" type="checkbox"/>			7.3	<input checked="" type="checkbox"/>			11.1	<input checked="" type="checkbox"/>		
2.0	FOOD STORAGE			4.0				7.4	<input checked="" type="checkbox"/>			11.2	<input checked="" type="checkbox"/>		
2.1	<input checked="" type="checkbox"/>			4.1	<input checked="" type="checkbox"/>			7.5	<input checked="" type="checkbox"/>			11.3	<input checked="" type="checkbox"/>		
2.2	<input checked="" type="checkbox"/>			4.2	<input checked="" type="checkbox"/>			8.0	CLEANING AND SANITIZING			12.0	<input checked="" type="checkbox"/>		
2.3	<input checked="" type="checkbox"/>			5.0	<input checked="" type="checkbox"/>			8.1	<input checked="" type="checkbox"/>			12.1	<input checked="" type="checkbox"/>		
2.4	<input checked="" type="checkbox"/>			5.1	<input checked="" type="checkbox"/>			8.2	<input checked="" type="checkbox"/>			12.2	<input checked="" type="checkbox"/>		
2.5	<input checked="" type="checkbox"/>			5.2	<input checked="" type="checkbox"/>			9.0	SANITARY FACILITIES			13.0	<input checked="" type="checkbox"/>		
2.6	<input checked="" type="checkbox"/>			6.0	<input checked="" type="checkbox"/>			9.1	<input checked="" type="checkbox"/>			13.1	<input checked="" type="checkbox"/>		
2.7	<input checked="" type="checkbox"/>			6.1	<input checked="" type="checkbox"/>			9.2	<input checked="" type="checkbox"/>			13.2	<input checked="" type="checkbox"/>		
3.0	FOOD PREPARATION AND HANDLING			6.2	<input checked="" type="checkbox"/>			10.0	FLOORS, WALLS AND CEILING			13.3	<input checked="" type="checkbox"/>		
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			10.1	<input checked="" type="checkbox"/>						
3.2	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>										
Item No.	MI	MA	CR	Remarks	N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction										

Green Light Yellow Dark Yellow Red Striped Red

Date of Inspection: 25/01/2022

Re-inspection Required: Yes No

If Yes, Date: _____

White - Office; Yellow - Operator; Blue - Copy for Posting; WH - With Handling; PM - Public Market; TE - Temporary Event

Date for Correction: _____