

FOOD PREMISES INSPECTION FORM

Name of Premises: Hampton High School # 81109

Licence #: 02-00081

Type: Class 3 Class 4 Class 5

Operat _____

Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection

Address: Hampton, Kings County

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"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		10.3			
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>					
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		11.1				
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		11.2			
2.2			<input checked="" type="checkbox"/>	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0	CLEANING AND SANITIZING			11.3			
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1			<input checked="" type="checkbox"/>		12.0	LIGHTING AND VENTILATION		
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>		12.1			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6			<input checked="" type="checkbox"/>	6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1				
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1	<input checked="" type="checkbox"/>			6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>						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
2.2	x			Freezer needs to be defrosted.	Immediately
2.4	x			Shelves need to be cleaned. Drawers need to be made smooth + easily cleanable.	Next inspection
8.1			x	Sanitizer bottles were 0 ppm. They must be 200ppm.	Corrected
10.1	x			Floors in dry storage need to be cleaned	Immediately
10.1	x			Duct tape must be removed from floor drain. Smell from drains must be fixed.	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	<p><u>Jan. 17/20</u></p> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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