

FOOD PREMISES INSPECTION FORM



Name of Premises: Connections
 Operator: _____
 Address: 4180 Tech Boulevard

Licence #: 02-02612
 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"/>			7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
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	WATER SUPPLY AND WASTE DISPOSAL		
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	FOOD DISPLAY AND SERVICE			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	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			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"/>	<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	GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1				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 CEILINGS			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"/>		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
13.3	<input checked="" type="checkbox"/>			Remove any unused or unnecessary equipment. Remove any clutter.	Next Inspection
8.1	<input checked="" type="checkbox"/>			Clean and organize the area around the 2 compartment sink and 3 compartment sink. Clutter and food debris is building up.	Next Inspection
8.2		<input checked="" type="checkbox"/>		Keep insecticides stored separate from the kitchen	Corrected

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: Jan 29/2020
 If Yes, Date: _____

White – Office; Yellow – Operator; Blue – Copy for Posting