

## FOOD PREMISES INSPECTION FORM

Name of Premises: Smiling Elders  
 Operator: R. Wilford Ate  
 Address: \_\_\_\_\_

License #: 03-013918 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	
1.0	FOOD					7.0	FOOD EQUIPMENT AND UTENSILS					10.2					Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>				7.1		<input checked="" type="checkbox"/>				10.3		<input checked="" type="checkbox"/>			Ceilings (Construction and Maintenance)
1.2		<input checked="" type="checkbox"/>				7.2		<input checked="" type="checkbox"/>				11.0		<input checked="" type="checkbox"/>			Water (Quality and Quantity)
1.3		<input checked="" type="checkbox"/>				7.3		<input checked="" type="checkbox"/>				11.1		<input checked="" type="checkbox"/>			Sewage Disposal
2.0	FOOD STORAGE					7.4		<input checked="" type="checkbox"/>				11.2		<input checked="" type="checkbox"/>			Solid Waste Handling
2.1		<input checked="" type="checkbox"/>				7.5		<input checked="" type="checkbox"/>				11.3		<input checked="" type="checkbox"/>			Lighting
2.2		<input checked="" type="checkbox"/>				8.0	CLEANING AND SANITIZING	<input checked="" type="checkbox"/>				12.0		<input checked="" type="checkbox"/>			Ventilation
2.3		<input checked="" type="checkbox"/>				8.1		<input checked="" type="checkbox"/>				12.1		<input checked="" type="checkbox"/>			
2.4		<input checked="" type="checkbox"/>				8.2		<input checked="" type="checkbox"/>				12.2		<input checked="" type="checkbox"/>			
2.5		<input checked="" type="checkbox"/>				9.0	SANITARY FACILITIES	<input checked="" type="checkbox"/>				13.0		<input checked="" type="checkbox"/>			License
2.6		<input checked="" type="checkbox"/>				9.1		<input checked="" type="checkbox"/>				13.1		<input checked="" type="checkbox"/>			Rodent and Insect Control
2.7		<input checked="" type="checkbox"/>				9.2		<input checked="" type="checkbox"/>				13.2		<input checked="" type="checkbox"/>			Other Infractions/Hazards
3.0	FOOD PREPARATION AND HANDLING					10.0	FLOORS, WALLS AND CEILINGS	<input checked="" type="checkbox"/>				13.3		<input checked="" type="checkbox"/>			
3.1		<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
				No requirements at time of inspection.	
				NOTE: Not currently offering snacks.	

Green  
 Light Yellow  Dark Yellow  
 Striped Red  Red

Date of Inspection: 2020-09-23

Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_