

**FOOD PREMISES INSPECTION FORM**



Name of Premises: EAST COAST DON & GELLET INC  
 Operator: \_\_\_\_\_  
 Address: 60 Russel Street Sault-Ste-Ph

Licence #: 02-62581  
 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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			7.1	Food Equipment (Design, Construction, Installation and Maintenance)	<input checked="" type="checkbox"/>		10.3			
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			7.2	Food Contact Surfaces	<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	Mechanical Dishwashing	<input checked="" type="checkbox"/>		11.1	Water (Quality and Quantity)		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	Manual Dishwashing	<input checked="" type="checkbox"/>		11.2	Sewage Disposal		
2.1	<input checked="" type="checkbox"/>			4.1	<input checked="" type="checkbox"/>			7.5	Eating Utensils and Dishes	<input checked="" type="checkbox"/>		11.3	Solid Waste Handling		
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	Cleaning and Sanitizing	<input checked="" type="checkbox"/>		12.1	Lighting		
2.4	<input checked="" type="checkbox"/>			5.1	<input checked="" type="checkbox"/>			8.2	Detergents and Chemical Use and Storage	<input checked="" type="checkbox"/>		12.2	Ventilation		
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	Washroom(s)	<input checked="" type="checkbox"/>		13.1	Licence		
2.7	<input checked="" type="checkbox"/>			6.1	<input checked="" type="checkbox"/>			9.2	Hand Washing Station(s)	<input checked="" type="checkbox"/>		13.2	Rodent and Insect Control		
3.0	FOOD PREPARATION AND HANDLING			6.2	<input checked="" type="checkbox"/>			10.0	FLOORS, WALLS AND CEILINGS	<input checked="" type="checkbox"/>		13.3	Other Infractions/Hazards		
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			10.1	Floors (Construction and Maintenance)	<input checked="" type="checkbox"/>					
3.2	<input checked="" type="checkbox"/>														
Item No.	MI	MA	GR	Remarks	N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; GR - Critical Infraction	Date for Correction									
7-1	<input checked="" type="checkbox"/>			Broken lid on floor container was observed. All the food materials must be stored in containers that is easy to clean & sanitize		Next Routine Inspection									
				2-4, 2-6, 7-2, 13-2 All delinencies are corrected											

Green  Dark Yellow  Re-inspection Required:  Yes  No  
 Light Yellow  Red  Striped Red  
 Date of Inspection: May 15, 2021 If Yes, Date: \_\_\_\_\_