

FOOD PREMISES INSPECTION FORM

Name of Premises: Curtis Special Care Home Licence #: 03-01547 Type: Class 3 Class 4 Class 5
 Operator: Michelle Curtis Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Address: 173 Carlisle Road, Douglas 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"/>			3.3	<input checked="" type="checkbox"/>			7.0	FOOD EQUIPMENT AND UTENSILS		
1.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			7.1		<input checked="" type="checkbox"/>		10.2		<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>			7.2		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.6	<input checked="" type="checkbox"/>			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"/>	<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			7.5		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			8.0	CLEANING AND SANITIZING			11.3		<input checked="" type="checkbox"/>	
2.3	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			8.2				12.1		<input checked="" type="checkbox"/>	
2.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			9.0	SANITARY FACILITIES			12.2		<input checked="" type="checkbox"/>	
2.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1				13.0	GENERAL		
2.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.2		<input checked="" type="checkbox"/>	
3.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>											

Item No.	MI	MA	CR	Remarks	Date for Correction
<p style="font-size: 2em; font-family: cursive;">No infractions at time of inspection</p>					

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: Feb 12, 2019 Re-inspection Required: Yes No
 Received by: Tricia Stewart Inspector Signature: [Signature]