

### FOOD PREMISES INSPECTION FORM

Name of Establishment: Tall Tom's Lemonade  
 Operator: \_\_\_\_\_  
 Address: mobile

Licence #: 02-03063 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 | Item No. | N.O. | S | U |  |
|----------|------|---|---|----------|------|---|---|--|------|---|---|----------|------|---|---|--|
| 1.0      |      |   |   | 3.3      |      |   |   | Holding Methods                        | 7.0  |   |   | 10.2     |      |   |   | Walls (Construction and Maintenance)   |
| 1.1      |      |   |   | 3.4      |      |   |   | Cooling Methods                        | 7.1  |   |   | 10.3     |      |   |   | Ceiling (Construction and Maintenance) |
| 1.2      |      |   |   | 3.5      |      |   |   | Re-heating Methods                     | 7.2  |   |   | 11.0     |      |   |   | WATER SUPPLY AND WASTE DISPOSAL        |
| 1.3      |      |   |   | 3.6      |      |   |   | Acceptable Containers and Labeling     | 7.3  |   |   | 11.1     |      |   |   | Water (Quality and Quantity)           |
| 2.0      |      |   |   | 4.0      |      |   |   | FOOD STORAGE                           | 7.4  |   |   | 11.2     |      |   |   | Sewage Disposal                        |
| 2.1      |      |   |   | 4.1      |      |   |   | Storage of Potentially Hazardous Foods | 7.5  |   |   | 11.3     |      |   |   | Solid Waste Handling                   |
| 2.2      |      |   |   | 4.2      |      |   |   | Frozen Storage                         | 8.0  |   |   | 12.0     |      |   |   | LIGHTING AND VENTILATION               |
| 2.3      |      |   |   | 5.0      |      |   |   | Refrigerated Storage (Temperature)     | 8.1  |   |   | 12.1     |      |   |   | Lighting                               |
| 2.4      |      |   |   | 5.1      |      |   |   | Refrigerated Storage (Methods)         | 8.2  |   |   | 12.2     |      |   |   | Ventilation                            |
| 2.5      |      |   |   | 5.2      |      |   |   | Refrigerated Storage (Space)           | 9.0  |   |   | 13.0     |      |   |   | GENERAL                                |
| 2.6      |      |   |   | 6.0      |      |   |   | Dry Storage                            | 9.1  |   |   | 13.1     |      |   |   | Licence                                |
| 2.7      |      |   |   | 6.1      |      |   |   | Storage of Food for Staff              | 9.2  |   |   | 13.2     |      |   |   | Rodent and Insect Control              |
| 3.0      |      |   |   | 6.2      |      |   |   | FOOD PREPARATION AND HANDLING          | 10.0 |   |   | 13.3     |      |   |   | Other Infractions/Hazards              |
| 3.1      |      |   |   | 6.3      |      |   |   | Thawing Methods                        | 10.1 |   |   |          |      |   |   |  |
| 3.2      |      |   |   |          |      |   |   | Cooking Methods                        | 10.4 |   |   |          |      |   |   |  |

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 Completion |
|----------|----|----|----|---|---------------------|
| 8.4      |    |    |    | Thermometer required for small refrigerator fridge. Temperatures must be recorded 2x/day at acceptable intervals. | 2 weeks.            |
|          |    |    |    |   |                     |
|          |    |    |    |   |                     |
|          |    |    |    |   |                     |
|          |    |    |    |   |                     |

|  |   |                           |
|--|---|---------------------------|
| <input checked="" type="checkbox"/> Green<br><input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow<br><input type="checkbox"/> Striped Red <input type="checkbox"/> Red | Re-inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, Date: _____ | Date of Inspection: _____ |
|--|---|---------------------------|

Inspector Signature: \_\_\_\_\_

PAGE 03/04  
HEALTH PH INSPECTION  
506-466-7908  
07/20/2018 17:48