

## FOOD PREMISES INSPECTION FORM

Name of Premises: Daquili's Resto-Bar  
 Operator: Liam Timari  
 Address: 3 Rue Acadie, Rouetup.

Licence #: 11-00575  
 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				Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2				Walls (Construction and Maintenance)
1.1				3.4				Cooling Methods	7.1				10.3				Ceilings (Constructions and Maintenance)
1.2				3.5				Re-heating Methods	7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3				3.6				Handling Methods	7.3				11.1				Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2				Sewage Disposal	
2.1				4.1				Display Methods	7.5				11.3				Solid Waste Handling
2.2				4.2				Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION			
2.3				5.0	RECORD KEEPING AND RECALLS			8.1				12.1					Lighting
2.4				5.1				Record Keeping	8.2				12.2				Ventilation
2.5				5.2				Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL			
2.6				6.0	PERSONNEL			9.1				13.1					Licence
2.7				6.1				Demonstrating Knowledge	9.2				13.2				Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2				Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3				Other Infractions/Hazards
3.1				6.3				Personal Hygiene Practices	10.1								
3.2								Cooking Methods									

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
				MI Fractions have been corrected.	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>July 23, 2021</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	Received by: _____ Inspector Signature: _____
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