FOOD PREMISES INSPECTION FORM Name of Premises: Lakewood Heights Home: Schoo/Licence #: O2-O276 | Type: Class 3 | Class 4 | Class 5

Operator: Category: Routine | Re-inspection | New Licence | Complaint | CD Follow-up Inspection

Mater Supply: Private | Municipal U N.O. N.O. N.O. S S N.O. No. No. FOOD EQUIPMENT AND UTENSILS Walls (Construction and Maintenance) 1.0 FOOD 3.3 10.2 Holding Methods 7.0 Ceilings (Constructions and Food Equipment (Design, Construction, 10.3 1.1 Approved Source 3.4 Cooling Methods 7.1 Installation and Maintenance) Maintenance) Food Contact Surfaces 11.0 WATER SUPPLY AND WASTE DISPOSAL 1.2 Purchasing and Receiving 3.5 Re-heating Methods 7.2 1.3 Acceptable Containers and Labeling 3.6 Handling Methods Mechanical Dishwashing 11.1 Water (Quality and Quantity) 7.3 Manual Dishwashing 11.2 Sewage Disposal 2.0 FOOD STORAGE 4.0 FOOD DISPLAY AND SERVICE 7.4 Solid Waste Handling Eating Utensils and Dishes 11.3 2.1 Storage of Potentially Hazardous Foods 4.1 Display Methods 7.5 2.2 CLEANING AND SANITIZING 12.0 LIGHTING AND VENTILATION Frozen Storage 42 Advance Preparation 8.0 RECORD KEEPING AND RECALLS 2.3 Refrigerated Storage (Temperature) 5.0 8.1 Cleaning and Sanitizing 12.1 Lighting Detergents and Chemical Use and 2.4 Refrigerated Storage (Methods) 5.1 Record Keeping 8.2 12.2 Ventilation Storage 2.5 Refrigerated Storage (Space) 5.2 Recall of Food SANITARY FACILITIES 13.0 GENERAL 9.0 13.1 2.6 Dry Storage 6.0 PERSONNEL 9.1 Washroom(s) Licence 2.7 Hand Washing Station(s) 13.2 Rodent and Insect Control Storage of Food for Staff Demonstrating Knowledge 6.1 9.2 Other Infractions/Hazards 3.0 FOOD PREPARATION AND HANDLING 6.2 Employee Health 10.0 FLOORS, WALKS AND CEILINGS 13.3 3.1 Thawing Methods 10.1 Floors (Construction and Maintenance) 6.3 Personal Hygiene Practices 3.2 Cooking Methods N.O. - Not Observed: S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction MI MA CR Date for Correction Item No. Remarks Green Re-inspection Yes Required: Light Yellow Dark Yellow Striped Red If Yes, Date: