

FOOD PREMISES INSPECTION FORM

Name of Premises: Yummy Samosas
 Operator: Jag3 Windsor st
 Address: _____

License #: 03-01198 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	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			X
1.1				3.4				7.1	Food Equipment (Design, Construction, Installation and Maintenance)			10.3			
1.2				3.5				7.2	Food Contact Surfaces						
1.3				3.6				7.3	Mechanical Dishwashing			11.0			1
2.0	FOOD STORAGE			4.0				7.4	Manual Dishwashing			11.1			
2.1				4.1				7.5	Eating Utensils and Dishes			11.2			
2.2				4.2				8.0	CLEANING AND SANITIZING			11.3			
2.3				5.0				8.1	Cleaning and Sanitizing			12.0			
2.4				5.1				8.2	Detergents and Chemical Use and Storage			12.1			1
2.5				5.2				9.0	SANITARY FACILITIES			13.0			
2.6				6.0				9.1	Washroom(s)			13.1			
2.7				6.1				9.2	Hand Washing Station(s)			13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				10.1	Floors (Construction and Maintenance)						
3.2															

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
10.1	X			Flooring requires repair as previously noted.	
10.2	X			Walls require repair as previously noted.	
				All other previously noted items have been corrected.	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>2020-10-06</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Received by: _____
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