

FOOD PREMISES INSPECTION FORM

Name of Premises: Hong Kong
 Operator: _____
 Address: Wach' honorel Rob Smith John

Licence #: 02-00092 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	<input checked="" type="checkbox"/>			7.0 FOOD EQUIPMENT AND UTENSILS				10.2	<input checked="" type="checkbox"/>		
1.1	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			7.1	<input checked="" type="checkbox"/>			10.3	<input checked="" type="checkbox"/>		
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			7.2	<input checked="" type="checkbox"/>			11.0 WATER SUPPLY AND WASTE DISPOSAL			
1.3				3.6	<input checked="" type="checkbox"/>			7.3	<input checked="" type="checkbox"/>			11.1	<input checked="" type="checkbox"/>		
2.0 FOOD STORAGE				4.0 FOOD DISPLAY AND SERVICE				8.0 CLEANING AND SANITIZING				12.0 LIGHTING AND VENTILATION			
2.1	<input checked="" type="checkbox"/>			4.1	<input checked="" type="checkbox"/>			8.1		<input checked="" type="checkbox"/>		12.1	<input checked="" type="checkbox"/>		
2.2	<input checked="" type="checkbox"/>			4.2	<input checked="" type="checkbox"/>			8.2	<input checked="" type="checkbox"/>			12.2	<input checked="" type="checkbox"/>		
2.3		<input checked="" type="checkbox"/>		5.0 RECORD KEEPING AND RECALLS				9.0 SANITARY FACILITIES				13.0 GENERAL			
2.4	<input checked="" type="checkbox"/>			5.1	<input checked="" type="checkbox"/>			9.1	<input checked="" type="checkbox"/>			13.1	<input checked="" type="checkbox"/>		
2.5	<input checked="" type="checkbox"/>			5.2	<input checked="" type="checkbox"/>			9.2	<input checked="" type="checkbox"/>			13.2		<input checked="" type="checkbox"/>	
2.6	<input checked="" type="checkbox"/>			6.0 PERSONNEL				10.0 FLOORS, WALLS AND CEILINGS				13.3			
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		10.1	<input checked="" type="checkbox"/>			Other Infractions/Hazards			
3.0 FOOD PREPARATION AND HANDLING				6.2	<input checked="" type="checkbox"/>										
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>										
3.2	<input checked="" type="checkbox"/>														

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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
Date of Inspection: <u>Dec 5/17</u>	