

FOOD PREMISES INSPECTION FORM

Name of Premises: The PIZZA Mill
 Operator: _____
 Address: 3160 MAID STREET
SALISBURY

Licence #: 01-01161 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				7.0				10.2			
	FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)		
1.1				3.4				7.1				10.3			
					Approved Source				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)		
1.2				3.5				7.2				11.0			
					Purchasing and Receiving				Food Contact Surfaces			WATER SUPPLY AND WASTE DISPOSAL			
1.3				3.6				7.3				11.1			
					Acceptable Containers and Labeling				Mechanical Dishwashing				Water (Quality and Quantity)		
2.0				4.0				7.4				11.2			
	FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Sewage Disposal		
2.1				4.1				7.5				11.3			
					Storage of Potentially Hazardous Foods				Eating Utensils and Dishes				Solid Waste Handling		
2.2				4.2				8.0				12.0			
					Frozen Storage				CLEANING AND SANITIZING			LIGHTING AND VENTILATION			
2.3				5.0				8.1				12.1			
					Refrigerated Storage (Temperature)				Cleaning and Sanitizing				Lighting		
2.4				5.1				8.2				12.2			
					Refrigerated Storage (Methods)				Detergents and Chemical Use and Storage				Ventilation		
2.5				5.2				9.0				13.0			
					Refrigerated Storage (Space)				SANITARY FACILITIES			GENERAL			
2.6				6.0				9.1				13.1			
					Dry Storage				Washroom(s)				Licence		
2.7				6.1				9.2				13.2			
					Storage of Food for Staff				Hand Washing Station(s)				Rodent and Insect Control		
3.0				6.2				10.0				13.3			
	FOOD PREPARATION AND HANDLING				PERSONNEL				FLOORS, WALLS AND CEILINGS			Other Infractions/Hazards			
3.1				6.3				10.1							
					Thawing Methods				Floors (Construction and Maintenance)						
3.2															
					Cooking Methods				Personal Hygiene Practices						

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Item No.	MI	MA	CR	Remarks

<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>SEPT. 13, 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Received by: _____	Inspector Signature: _____
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