

**FOOD PREMISES INSPECTION FORM**

Name of Premises: NBC Woodstock # 87104

License #: 31-00387

Type:  Class 3  Class 4  Class 5

Operator:

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

Address: 100 Broadway Street Woodstock

Water Supply:  Private  Municipal



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					Walls (Construction and Maintenance) Ceilings (Construction and Maintenance)
1.1				3.4				7.1				10.3					
1.2				3.5				7.2	Food Equipment (Design, Construction, Installation and Maintenance)			11.0	WATER SUPPLY AND WASTE DISPOSAL.				Water (Quality and Quantity)
1.3				3.6				7.3	Food Contact Surfaces			11.1					Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0				7.4	Mechanical Dishwashing			11.2					Sewage Disposal
2.1				4.1				7.5	Manual Dishwashing			11.3					Solid Waste Handling
2.2				4.2				8.0	Eating Utensils and Dishes			12.0	LIGHTING AND VENTILATION				Solid Waste Handling
2.3				5.0				8.1	Cleaning and Sanitizing			12.1					Lighting
2.4				5.1				8.2	Detergents and Chemical Use and Storage			12.2					Ventilation
2.5				5.2				9.0	Recall of Food			13.0	GENERAL				License
2.6				6.0	PERSONNEL			9.1				13.1					Rodent and Insect Control
2.7				6.1				9.2	Demonstrating Knowledge			13.2					Other Infractions/Hazards
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	Employee Health			13.3					
3.1				6.3				10.1	Personal Hygiene Practices								
3.2									Floors (Construction and Maintenance)								

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
				<u>Food premises not operating at time of inspection</u>	

<input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Green <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	<u>October 19/90</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, Date:	Inspector Signature:
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