

FOOD PREMISES INSPECTION FORM

Name of Premises: Yoland Home's Bed & Breakfast
 Operator: _____
 Address: 22 Wood 776, Grand Marais

License #: _____
 Category: Routine Re-inspection New License 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	Remarks
1.0	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2				Walls (Construction and Maintenance)
1.1				3.4				7.1				10.3				Ceilings (Construction and Maintenance)
1.2				3.5				7.2				11.0				Water Supply and Waste Disposal
1.3				3.6				7.3				11.1				Water (Quality and Quantity)
2.0	FOOD STORAGE			4.0				7.4				11.2				Sewage Disposal
2.1				4.1				7.5				11.3				Solid Waste Handling
2.2				4.2				8.0	CLEANING AND SANITIZING			12.0				Lighting and Ventilation
2.3				4.3				8.1				12.1				
2.4				5.1				8.2				12.2				
2.5				5.2				9.0	SANITARY FACILITIES			13.0				GENERAL
2.6				6.0				9.1				13.1				License
2.7				6.1				9.2				13.2				Food and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS			13.3				Other Infractions/Hazards
3.1				6.3				10.1								
3.2																

Yoland Home's Bed & Breakfast was inspected and it is recommended for licensing.

Item No. MI MA CR

Re-inspection Required: Yes No

Date of Inspection: May 20/2021 If Yes, Date: _____

Date for Correction: _____

White - Office, Yellow - Operator, Blue - Copy for Posting