

FOOD PREMISES INSPECTION FORM

Name of Establishment: Subway Mainmast invest.
 Operator: _____
 Address: 730 rue principale
Beresford,

Licence #: 60-00294 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		<input checked="" type="checkbox"/>		7.0				10.2		<input checked="" type="checkbox"/>					
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)							
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>					
Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceiling (Constructions and Maintenance)							
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0							
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces				WATER SUPPLY AND WASTE DISPOSAL							
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3	<input checked="" type="checkbox"/>			11.1		<input checked="" type="checkbox"/>					
Acceptable Containers and Labeling				Handling Methods				Mechanical Dishwashing				Water (Quality and Quantity)							
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>					
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Sewage Disposal							
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>					
Storage of Potentially Hazardous Foods				Display Methods				Eating Utensils and Dishes				Solid Waste Handling							
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0		<input checked="" type="checkbox"/>		12.0							
Frozen Storage				Advance Preparation				CLEANING AND SANITIZING				LIGHTING AND VENTILATION							
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>					
Refrigerated Storage (Temperature)				RECORD KEEPING AND RECALLS				Cleaning and Sanitizing				Lighting							
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>					
Refrigerated Storage (Methods)				Record Keeping				Detergents and Chemical Use and Storage				Ventilation							
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0				13.0							
Refrigerated Storage (Space)				Recall of Food				SANITARY FACILITIES				GENERAL							
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>					
Dry Storage				PERSONNEL				Washroom(s)				Licence							
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>					
Storage of Food for Staff				Demonstrating Knowledge				Hand Washing Station(s)				Rodent and Insect Control							
3.0				6.2		<input checked="" type="checkbox"/>		10.0				13.3		<input checked="" type="checkbox"/>					
FOOD PREPARATION AND HANDLING				Employee Health				FLOORS, WALLS AND CEILINGS				Other Infractions/Hazards							
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>									
Thawing Methods				Personal Hygiene Practices				Floors (Construction and Maintenance)											
3.2		<input checked="" type="checkbox"/>																	
Cooking Methods				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

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: Jan 25, 2021

Re-inspection Required: Yes No
 If Yes, Date: _____