

FOOD PREMISES INSPECTION FORM



Name of Premises:

Coastal Seafood + Takeout

Licence #:

11-00514

Operator:

3908 110 134, Shodiack Bridge
MB

Type:

Class 3

Class 4

Class 5

Address:

Category:

Routine

Re-inspection

New Licence

Other

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"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>		
1.2	<input checked="" type="checkbox"/>			3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>	11.0 WATER SUPPLY AND WASTE DISPOSAL				
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3	<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>		
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>		
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>		
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>												

Item No.	MI	MA	CR	Remarks	Date for Correction
2.3	<input checked="" type="checkbox"/>			Temperatures must be recorded 2x/day for all refrigerators	Fixed
3.1	<input checked="" type="checkbox"/>			Shrimps must not be thawing inside, it must be in refrigerator or under cold running water	Corrected
				Ⓢ Note: water sample must be taken by end of month	

<input checked="" type="checkbox"/> Green				
<input type="checkbox"/> Light Yellow	<input type="checkbox"/> Dark Yellow	29 Oct 2021		Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Striped Red	<input type="checkbox"/> Red	Date of Inspection:		If Yes, Date:

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