

## FOOD PREMISES INSPECTION FORM

Name of Establishment: JMC Epicure Ltee  
 Operator: 1  
 Address: 10953 Ste 134 St-Louis de Kent

Licence #: 11-00353 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	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2				Walls (Construction and Maintenance)
1.1				3.4				7.1				10.3				Ceiling (Constructions 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	FOOD DISPLAY AND SERVICE			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				5.0	RECORD KEEPING AND RECALLS			8.1				12.1				Lighting
2.4				5.1				8.2				12.2				Ventilation
2.5				5.2				9.0	SANITARY FACILITIES			13.0	GENERAL			
2.6				6.0	PERSONNEL			9.1				13.1				Licence
2.7				6.1				9.2				13.2				Rodent 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																

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
				Item 8.1 has been corrected.	

<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>Nov 13/18</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Received by: <u>[Signature]</u>
		If Yes, Date:	Inspector Signature: <u>[Signature]</u>