

FOOD PREMISES INSPECTION FORM

Name of Establishment: JMC Epicene Ltee
 Operator: JMC Epicene Ltee
 Address: 1095 rue 134 St-Louis de Kent

Licence #: 11-00323 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				3.0 FOOD STORAGE				7.0 FOOD EQUIPMENT AND UTENSILS				10.0 WALLS, CEILING AND FLOORS			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.2		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.0 WATER SUPPLY AND WASTE DISPOSAL			
2.0 FOOD STORAGE				4.0 FOOD DISPLAY AND SERVICE				8.0 CLEANING AND SANITIZING				12.0 LIGHTING AND VENTILATION			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0 RECORD KEEPING AND RECALLS				8.3		<input checked="" type="checkbox"/>		12.3		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1				8.4		<input checked="" type="checkbox"/>		13.0 GENERAL			
2.5		<input checked="" type="checkbox"/>		5.2				9.0		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0 PERSONNEL				9.1		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.0 FOOD PREPARATION AND HANDLING				6.2		<input checked="" type="checkbox"/>		10.0 FLOORS, WALLS AND CEILINGS				13.0 GENERAL			
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>		13.0 GENERAL			
3.2		<input checked="" type="checkbox"/>						10.2		<input checked="" type="checkbox"/>		13.0 GENERAL			

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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<p style="font-size: 2em; font-family: cursive;">March 17/22</p> <p>Date of Inspection:</p>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	Received by: _____	Inspector Signature: _____
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