

FOOD PREMISES INSPECTION FORM



Name of Premises: The Caves Restaurant Ltd.
 Operator: _____
 Address: 82 Big Salmon Rd. St. Martins

Licence #: 02-00074
 Type: Class 3 Class 4 Class 5
 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				3.3	<input checked="" type="checkbox"/>			7.0				10.2			
FOOD								FOOD EQUIPMENT AND UTENSILS							
1.1		<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5			<input checked="" type="checkbox"/>	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"/>	7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
												11.2		<input checked="" type="checkbox"/>	
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
FOOD STORAGE				FOOD DISPLAY AND SERVICE				CLEANING AND SANITIZING				LIGHTING AND VENTILATION			
2.1		<input checked="" type="checkbox"/>		4.1			<input checked="" type="checkbox"/>	7.5		<input checked="" type="checkbox"/>		12.0			
												12.1		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2			<input checked="" type="checkbox"/>	8.0				12.2		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.0			
												12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1			<input checked="" type="checkbox"/>	8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2			<input checked="" type="checkbox"/>	9.0				13.0			
FOOD STORAGE				RECORD KEEPING AND RECALLS				SANITARY FACILITIES				GENERAL			
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<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"/>	<input checked="" type="checkbox"/>	
3.0				6.2			<input checked="" type="checkbox"/>	10.0							
FOOD PREPARATION AND HANDLING				PERSONNEL				FLOORS, WALLS AND CEILINGS							
3.1		<input checked="" type="checkbox"/>		6.3			<input checked="" type="checkbox"/>	10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>		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: Aug 27/19

Re-inspection Required: Yes No

If Yes, Date: _____