

FOOD PREMISES INSPECTION FORM



Operator: DALE NURSING HOME
 Address: 5836 KING STREET
RIVERSIDE ALBERT

Licence #: 01-00137
 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		<input checked="" type="checkbox"/>	
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			
1.3			<input checked="" type="checkbox"/>	3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0				12.0			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		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			
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0				6.2		<input checked="" type="checkbox"/>		10.0				13.3		<input checked="" type="checkbox"/>	
3.1				6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
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
2.4		X		RAW OPEN CRATE EGGS TO BE STORED ON BOTTOM SHELVING IN COOLER	CORRECTED
2.6	X			ENSURE BOXES OF DRY GOODS / FOOD RELATED ITEMS ARE STORED UP OFF OF THE FLOOR AT LEAST 6 INCHES / 150MM.	VERIFY AT THE NEXT INSPECTION
1.3	X			ENSURE ALL FOOD CONTAINERS ARE LABELED WITH THE CONTENTS	INSPECTION
7.1		X		ONE METAL RACK + BLUE PLASTIC CUTTING BOARD DISCARDED DUE TO DAMAGE + WEAR.	CORRECTED

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: MAY 19, 2022
 If Yes, Date: _____

Received by: _____
 Inspector Signature: _____

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