

# FOOD PREMISES INSPECTION FORM

**Name of Premises:** Seaside Park Elementary School License #: 02-03028 Type:  Class 3  Class 4  Class 5  
**Operator:** \_\_\_\_\_ gory:  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection  
**Address:** 607 Havelock Street, Sault Point Water Supply:  Private  Municipal



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"/>		7.0	FOOD EQUIPMENT AND UTENSILS		
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0		<input checked="" type="checkbox"/>		7.4		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING		
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES		
2.6		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILING		
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
9.1	<input checked="" type="checkbox"/>			No Paper towel in staff washroom dispenser	corrected

Green     Dark Yellow  
 Light Yellow     Red  
 Striped Red

Re-inspection Required:  Yes  No  
 Date of Inspection: Mar 25 / 2021  
 If Yes, Date: \_\_\_\_\_