

FOOD PREMISES INSPECTION FORM

Name of Premises: SCHOOL - CALEDONIA REGIONAL HIGH

Licence #: 01-00410

Operator: _____

Type: Class 3 Class 3 WH Class 4 Class 5

Address: 35 SCHOOL LANE
HILSBOROUGH

Additional Info: PM TE Catering

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				7.0				10.2			
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1				3.4				7.1				10.3			
Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2				3.5				7.2				11.0 WATER SUPPLY AND WASTE DISPOSAL			
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces							
1.3				3.6				7.3				11.1			
Acceptable Containers and Labeling				Handling Methods				Mechanical Dishwashing				Water (Quality and Quantity)			
2.0				4.0				7.4				11.2			
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Sewage Disposal			
2.1				4.1				7.5				11.3			
Storage of Potentially Hazardous Foods				Display Methods				Eating Utensils and Dishes				Solid Waste Handling			
2.2				4.2				8.0				12.0 LIGHTING AND VENTILATION			
Frozen Storage				Advance Preparation				CLEANING AND SANITIZING							
2.3				5.0				8.1				12.1			
Refrigerated Storage (Temperature)				RECORD KEEPING AND RECALLS				Cleaning and Sanitizing				Lighting			
2.4				5.1				8.2				12.2			
Refrigerated Storage (Methods)				Record Keeping				Detergents and Chemical Use and Storage				Ventilation			
2.5				5.2				9.0				13.0 GENERAL			
Refrigerated Storage (Space)				Recall of Food				SANITARY FACILITIES							
2.6				6.0				9.1				13.1			
Dry Storage				PERSONNEL				Washroom(s)				Licence			
2.7				6.1				9.2				13.2			
Storage of Food for Staff				Demonstrating Knowledge				Hand Washing Station(s)				Rodent and Insect Control			
3.0				6.2				10.0				13.3			
FOOD PREPARATION AND HANDLING				Employee Health				FLOORS, WALLS AND CEILINGS				Other Infractions/Hazards			
3.1				6.3				10.1							
Thawing Methods				Personal Hygiene Practices				Floors (Construction and Maintenance)							
3.2				N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction											
Cooking Methods															

Item No.	MI	MA	CR	Remarks	Date for Correction
B.2	X			SUPPLIER / SERVICING COMPANY FOR YOUR OASIS 146 SANITIZER SHOULD BE PROVIDING YOU WITH QT-40 TEST STRIPS, NOT QT-10 THEY ARE THE MORE APPROPRIATE TEST STRIP	VERIFY AT THE NEXT ROUTINE INSPECTION

Green Light Yellow Dark Yellow Striped Red Red

Date of Inspection: DEC-15, 2021

Re-inspection Required: Yes No

If Yes, Date: _____

White - Office; Yellow - Operator; Blue - Copy for Posting WH - With Handling; PM - Public Market; TE - Temporary Event