|  | FOOD PREMISES INSPECTION FORM |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            |                                      |
|--|-------------------------------|---------------------------------------|------------------------------------|-------|---------------------|----------------------------|----------------|-----------------|----------|---|-------------|------------|------------|--------------------------------------|
| MA Donal Consol C. L. Nord 5 02-02 (00)  |                               |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            | -                                    |
| Name of Premises: Type: Class 3 Class 4 Class 5  |                               |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            |                                      |
| Operator: Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection  |                               |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            | New S Nouveau                        |
| Address: 3950 Kow E 845 Water Supply: Private Municipal  |                               |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            | Brunswick                            |
|  |                               | KINGSTON                              | II NA                              |       |                     |                            |                |                 |          |   |             |            |            |                                      |
| Item   wo  |                               | Jy 2 101                              | Item                               |       | 7                   |                            | lt             |                 | · 1      |   |             |            |            |                                      |
| No. N.O.   | SU                            |                                       | No.                                | N.O.  | SU                  |                            | No.            | N.O. S          | U        |   | Item<br>No. | N.O.       | SVU        |                                      |
| 1.0 FOOD   | 7                             |                                       | 3.3                                | 11/   | ,                   | Holding Methods            | 7.0            | FOOD EQUIP      | PMENT A  | AND UTENSILS  | 10.2        |            | 1/         | Walls (Construction and Maintenance) |
| 1.1  | 1//                           | Approved Source                       | 3.4                                |       | 1                   | Cooling Methods            | 7.1            | (4)             | //       | Food Equipment (Design, Construction,               | 10.3        |            | 1/         | Ceilings (Constructions and          |
| 1.2  | 1/                            | Purchasing and Receiving              | 3.5                                | -     | 1//                 | Re-heating Methods         | 7.2            | 81              | //       | Installation and Maintenance) Food Contact Surfaces | 11.0        | WATER      | SUPPLYAN   | Maintenance) ID WASTE DISPOSAL       |
| 1.3  |                               | Acceptable Containers and Labeling    | 3.6                                |       |                     | Handling Methods           | 7.3            |                 |          | Mechanical Dishwashing                              | 11.1        | ****       | 1          | Water (Quality and Quantity)         |
| 2.0 FOOD S   | TORAGE                        |                                       | 4.0                                | FOOD  | DISPLAY AND         | SERVICE                    | 7.4            | 1/              | 1/       | Manual Dishwashing                                  | 11.2        |            | 1/         | Sewage Disposal                      |
| 2.1  |                               | Storage of Potentially Hazardous Food | - THE COLUMN TWO IS NOT THE OWNER. | 11/   | ,                   | Display Methods            | 7.5            | 1               |          | Eating Utensils and Dishes                          | 11.3        |            | 1/         | Solid Waste Handling                 |
| 2.2  | 1/                            | Frozen Storage                        | 4.2                                | 1/    |                     | Advance Preparation        | 8.0            | CLEANING A      | ND SAN   | IITIZING  | 12.0        | LIGHTI     | NG AND VEN | TILATION                             |
| 2.3  | 1/                            | Refrigerated Storage (Temperature)    | 5.0                                | RECO  | RD KEEPING          | AND RECALLS                | 8.1            | 1               |          | Cleaning and Sanitizing                             | 12.1        |            | 1/1        | Lighting                             |
| 2.4  |                               | Refrigerated Storage (Methods)        | 5.1                                | 14    | 2                   | Record Keeping             | 8.2            | (1              |          | Detergents and Chemical Use and Storage             | 12.2        |            |            | Ventilation                          |
| 2.5  | Refrigerated Storage (Space)  |                                       | 5.2                                | 1/    |                     | Recall of Food             | 9.0            | SANITARY F      | ACILITIE |   | 13.0        | GENER      | AL.        |                                      |
| 2.6  |                               | Dry Storage                           | 6.0                                | PERSO | ONNEL               |                            | 9.1            | 1               |          | Washroom(s)   | 13.1        |            |            | Licence                              |
| 2.7  |                               | Storage of Food for Staff             | 6.1                                |       | 3/                  | Demonstrating Knowledge    | 9.2            | U               | 1/       | Hand Washing Station(s)                             | 13.2        |            | 1          | Rodent and Insect Control            |
| a transfer of a transfer of the transfer of th | REPARATIO                     | ON AND HANDLING                       | 6.2                                |       | 1/)                 | Employee Health            | 10.0           | FLOORS, WA      | LS AN    | D CEILINGS  | 13.3        |            |            | Other Infractions/Hazards            |
| 3.1  | //                            | Thawing Methods                       | 6.3                                |       |                     | Personal Hygiene Practices | 10.1           | D               |          | Floors (Construction and Maintenance)               |             |            |            |                                      |
| 3.2  |                               | Cooking Methods                       |                                    |       |                     | N.O. – Not Observed;       | S – Satisfacto | ry; U – Unsatis | factory; | MI – Minor Infraction; MA – Major Infracti          | on; CR –    | Critical I | nfraction  |                                      |
| Non-No.  | 201 20                        |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            |                                      |
| Item No.   | MI M.                         | A CR                                  |                                    |       |                     |                            | Remarks        |                 |          |   |             |            |            | Date for Correction                  |
|  |                               |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            |                                      |
|  |                               |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            |                                      |
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|  |                               |                                       |                                    |       |                     |                            |                |                 | 7        |   |             |            |            |                                      |
|  |                               |                                       |                                    |       | -W                  |                            |                |                 |          |   |             |            |            |                                      |
|  |                               |                                       |                                    |       |                     |                            |                |                 |          | II.   |             |            |            |                                      |
|  |                               |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            |                                      |
|  |                               |                                       |                                    |       |                     |                            |                |                 |          | <u> </u>  |             |            |            |                                      |
|  |                               |                                       |                                    |       |                     |                            |                |                 |          | r remark  |             |            |            |                                      |
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|  | 1                             |                                       |                                    |       |                     | - P A                      |                |                 |          |   |             |            |            |                                      |
|  | 1                             |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            |                                      |
| r (sa  | Green                         |                                       |                                    |       | _                   |                            |                |                 |          |   |             |            |            |                                      |
|  |                               | F0 0                                  | 19                                 | Re    | -inspection quired: | Yes No                     |                |                 |          |   |             |            |            |                                      |
| Light Yellow Dark Yellow 5 Dec 16   Required: Yes No   |                               |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            |                                      |
| Striped Red Date of Inspection: If Yes, Date:  |                               |                                       |                                    |       |                     |                            |                |                 |          |   |             | ature:     |            |                                      |
|  |                               |                                       |                                    |       |                     |                            |                |                 |          |   |             |            |            |                                      |