

FOOD PREMISES INSPECTION FORM



Name of Premises: Tim Hortons - Main St
 Operator: Lee Y main street
 Address: WOODSTOCK DR

Licence #: 31-00209 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 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	FOOD			7.0	FOOD EQUIPMENT AND UTENSILS			10.2				13.0	GENERAL		
1.1		<input checked="" type="checkbox"/>		7.1	Food Equipment (Design, Construction, Installation and Maintenance)	<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>		13.1			
1.2		<input checked="" type="checkbox"/>		7.2	Food Contact Surfaces	<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL			13.2			
1.3		<input checked="" type="checkbox"/>		7.3	Mechanical Dishwashing	<input checked="" type="checkbox"/>		11.1	Water (Quality and Quantity)	<input checked="" type="checkbox"/>		13.3			
2.0	FOOD STORAGE			7.4	Manual Dishwashing	<input checked="" type="checkbox"/>		11.2	Sewage Disposal	<input checked="" type="checkbox"/>					
2.1		<input checked="" type="checkbox"/>		7.5	Eating Utensils and Dishes	<input checked="" type="checkbox"/>		11.3	Solid Waste Handling	<input checked="" type="checkbox"/>					
2.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION						
2.3		<input checked="" type="checkbox"/>		8.1	Cleaning and Sanitizing			12.1	Lighting	<input checked="" type="checkbox"/>					
2.4		<input checked="" type="checkbox"/>		8.2	Detergents and Chemical Use and Storage			12.2	Ventilation	<input checked="" type="checkbox"/>					
2.5		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES										
2.6		<input checked="" type="checkbox"/>		9.1	Wathroom(s)	<input checked="" type="checkbox"/>									
2.7		<input checked="" type="checkbox"/>		9.2	Hand Washing Station(s)	<input checked="" type="checkbox"/>									
3.0	FOOD PREPARATION AND HANDLING			10.0	FLOORS, WALLS AND CEILINGS	<input checked="" type="checkbox"/>									
3.1		<input checked="" type="checkbox"/>		10.1	Floors (Construction and Maintenance)	<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
7.2	<input checked="" type="checkbox"/>			B. Food contact surfaces, equipment and utensils shall be maintained such that they function in a manner that they can be easily cleaned and sanitized - making hand wash deep dry scraped and requires to be resurfaced or replaced	

Next Routine Inspection

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No

Date of Inspection: Nov 17 2024 If Yes, Date: _____

Received by: _____

Inspector Signature: _____