

FOOD PREMISES INSPECTION FORM

Name of Establishment: L.A. Groceries LTD
 Operator: _____
 Address: 9825 Ste 34, Alderone

Licence #: 11-00442 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				3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS				10.2				<input checked="" type="checkbox"/>	Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment (Design, Construction, Installation and Maintenance)	10.3				<input checked="" type="checkbox"/>	Ceiling (Constructions and Maintenance)
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces	11.0	WATER SUPPLY AND WASTE DISPOSAL				
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3	<input checked="" type="checkbox"/>			Mechanical Dishwashing	11.1				<input checked="" type="checkbox"/>	Water (Quality and Quantity)
2.0	FOOD STORAGE				4.0	FOOD DISPLAY AND SERVICE				7.4		<input checked="" type="checkbox"/>		Manual Dishwashing	11.2				<input checked="" type="checkbox"/>	Sewage Disposal
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		Eating Utensils and Dishes	11.3				<input checked="" type="checkbox"/>	Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0	CLEANING AND SANITIZING				12.0	LIGHTING AND VENTILATION				
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0	RECORD KEEPING AND RECALLS				8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing	12.1				<input checked="" type="checkbox"/>	Lighting
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1				Record Keeping	8.2		<input checked="" type="checkbox"/>		Detergents and Chemical Use and Storage	12.2				<input checked="" type="checkbox"/>	Ventilation
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2				Recall of Food	9.0	SANITARY FACILITIES				13.0	GENERAL				
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0	PERSONNEL				9.1		<input checked="" type="checkbox"/>		Washroom(s)	13.1				<input checked="" type="checkbox"/>	Licence
2.7	<input checked="" type="checkbox"/>			Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		Hand Washing Station(s)	13.2				<input checked="" type="checkbox"/>	Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING				6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	FLOORS, WALLS AND CEILINGS				13.3				<input checked="" type="checkbox"/>	Other Infractions/Hazards
3.1	<input checked="" type="checkbox"/>			Thawing Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>		Floors (Construction and Maintenance)						
3.2	<input checked="" type="checkbox"/>			Cooking Methods																

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
10.5	<input checked="" type="checkbox"/>			Wall behind sink needs new caulking	next Insp

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>March 2, 2022</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Received by: _____	Inspector Signature: _____
--	--	--	--------------------	----------------------------