

**FOOD PREMISES INSPECTION FORM**



Name of Premises: Stefa Care Facility  
 Operator: [Signature]  
 Address: 200 Hill St, Hampton

Licence #: 02-02800  
 Type:  Class 3  Class 4  Class 5  
 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	FOOD			3.3				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>		3.4				7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5				7.2		<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL	<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6				7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1				7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2				8.0	CLEANING AND SANITIZING	<input checked="" type="checkbox"/>		12.0	LIGHTING AND VENTILATION	<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1				8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2				9.0	SANITARY FACILITIES	<input checked="" type="checkbox"/>		13.0	GENERAL	<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1				9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILINGS	<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3				10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>													
Item No.	MI	MA	CR	Remarks											
3.3	<input checked="" type="checkbox"/>			Temperature log must be up to date for refrigerator downstairs. Record temperature twice per day.											Oct 21/20
3.2	<input checked="" type="checkbox"/>			One freezer downstairs has ice built up. Freezer requires defrosting.											Nov 4/20

Green  
 Light Yellow  
 Striped Red  
 Dark Yellow  
 Red

Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_

Write - Office; Yellow - Operator; Blue - Copy for Posting

Food Premises Standard Operational F