

FOOD PREMISES INSPECTION FORM

Name of Premises: IN THE DOG HOUSE
 Operator: _____
 Address: GARRISON NIGHT MARKET
FREDRICKTOWN

Licence #: 03-01884 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Water Supply: Private Municipal Bottled



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

<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>SEPT 5 2019</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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