

FOOD PREMISES INSPECTION FORM

Name of Premises: Covington Manor Nursing Home
 Operator: [Signature]
 Address: 130 Burt St

Licence #: 31-00012 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"/>		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1				10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2				11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3				11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE		<input checked="" type="checkbox"/>	4.0	FOOD DISPLAY AND SERVICE			7.4				11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5				11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3			<input checked="" type="checkbox"/>	5.0	RECORD KEEPING AND RECORDS			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<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
2.3		<input checked="" type="checkbox"/>		A Refrigeration units must be able to maintain 4°C (40°F) or less - fridge in server room area was at 5°C.	corrected
7.2	<input checked="" type="checkbox"/>			B. Food contact surfaces, equipment, and utensils shall be maintained in a manner that ensures the safe and sanitary handling of food - ice machine units and water fountain systems appear to have biofilm build. Disinfect and clean units more frequently.	Ongoing
1.3	<input checked="" type="checkbox"/>			D. Re-usable containers must be of food grade and materials which can be washed, and sanitized.	Next inspection and ongoing

Green Dark Yellow Red
 Light Yellow Red
 Striped Red

Date of Inspection: 06/10/12/2020

Re-inspection Required: Yes No

If Yes, Date: AD

Received by: [Signature] Inspector Signature: [Signature]