

FOOD PREMISES INSPECTION FORM

Name of Premises: THE EXPOSURE
 Operator: _____
 Address: 459 Route 174
CAMPORBELLO

Licence #: 02-02630 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		/		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		/	
1.1		/		3.4		/		Cooling Methods	7.1		/		10.3		/	
1.2	/			3.5		/		Re-heating Methods	7.2		/		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		/		3.6		/		Handling Methods	7.3		/		11.1		/	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		/		11.2		/		
2.1		/		4.1		/		Display Methods	7.5				11.3		/	
2.2		/		4.2		/		Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3			/	5.0	RECORD KEEPING AND RECALLS			8.1		/		12.1		/		
2.4		/		5.1		/		Record Keeping	8.2		/		12.2		/	
2.5		/		5.2		/		Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		/		6.0	PERSONNEL			9.1		/		13.1		/		
2.7	/			6.1		/		Demonstrating Knowledge	9.2		/		13.2		/	
3.0	FOOD PREPARATION AND HANDLING			6.2		/		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		/	
3.1		/		6.3		/		Personal Hygiene Practices	10.1		/					
3.2		/		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>												

Item No.	MI	MA	CR	Remarks	Date for Correction
2.3	/			Temperature logs to be recorded twice DAILY	immediate

<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>Oct 3 / 16</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
--	---------------------------------------	--