

FOOD PREMISES INSPECTION FORM

Name of Premises: CROOKED CREEK, CONVENIENCE
 Operator: _____
 Address: 5975 King Street
RIVERSIDE ALBERTA

Licence #: 01-02763
 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				3.3				7.0				10.2			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0		<input checked="" type="checkbox"/>		12.0		<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		<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		<input checked="" type="checkbox"/>		13.0			
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1			
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
2.8		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>		10.0		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.0				6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
3.1		<input checked="" type="checkbox"/>		N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction.											
3.2		<input checked="" type="checkbox"/>													

Item No.	MI	MA	CR	Remarks	Date for Correction
8.2		X		Kitchen sanitizer is too strong - maintain at 200ppm quat.	
8.2	X			Test strips are present, but they are past the expiry date - obtain new.	Corrected
13.1	X			New food license to be posted out in full public view.	Verify at the next routine inspection.
13.3		X		Child equipment - remove from kitchen.	" "
13.3	X			Boxes of chips to be stored up off of floor 150mm or 6 inches	" "

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: April 26, 2022
 If Yes, Date: _____

received by: _____ Inspector Signature: _____

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