

**FOOD PREMISES INSPECTION FORM**



Name of Premises: Gears Elementary Community School  
 Operator: \_\_\_\_\_  
 Address: 16 Lehighway King Road  
Gears

Licence #: 03-01768  
 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	
<b>1.0</b>	<b>FOOD</b>			<b>3.3</b>				Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			<b>10.2</b>			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>		11.0	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		Frozen Storage	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0</b>	<b>LIGHTING AND VENTILATION</b>		
2.3		<input checked="" type="checkbox"/>		<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0</b>	<b>GENERAL</b>		
2.6		<input checked="" type="checkbox"/>		<b>6.0</b>	<b>PERSONNEL</b>				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Dry Storage	9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2		<input checked="" type="checkbox"/>		Storage of Food for Staff	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Thawing Methods	10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>		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
7.4	X			Testing strips shall be available to verify sanitizer concentration	Immediately
8.1	X			Floors, walls & ceilings shall be kept clean & sanitary • Dust build-up has accumulated directly over food prep. area, must be cleaned and sanitized	Immediately

Green  
 Light Yellow     Dark Yellow  
 Striped Red     Red

Date of Inspection: June 5/19  
 Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_ Received by: \_\_\_\_\_