

FOOD PREMISES INSPECTION FORM



Name of Premises: Taste + See Restaurant

Licence #: 02-02523

Operator: _____

Type: Class 3 Class 4 Class 5

Address: 609 Main St. Sussex

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	FOOD			3.3			<input checked="" type="checkbox"/>	Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			<input checked="" type="checkbox"/>
1.1		<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1	<input checked="" type="checkbox"/>		10.3				
1.2		<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>			Re-heating Methods	7.2	<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>	11.1				
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		11.2				
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				
2.2		<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			Frozen Storage	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		12.1				
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			Refrigerated Storage (Temperature)	8.2	<input checked="" type="checkbox"/>		12.2				
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			Refrigerated Storage (Methods)	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1	<input checked="" type="checkbox"/>			13.1				
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		Dry Storage	9.2	<input checked="" type="checkbox"/>		13.2				
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Storage of Food for Staff	10.0	FLOORS, WALLS AND CEILINGS			13.3			
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"/>			N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction												
								Cooking Methods								

Item No.	MI	MA	CR	Remarks	Date for Correction
2.2	X			Freezer needs to be defrosted	Immediately
2.6	X			Shelves need to be cleaned and made smooth + easily cleanable. Rusty metal shelves need to be done as well.	Immediately
3.3			X	Bacon must be held at 60°C or hotter.	Corrected
7.3	X			Mechanical dishwasher is leaking and needs to be fixed	
8.1		X		One bucket of sanitizer was 400ppm. It must be 200ppm.	Corrected
10.2	X			Wall beside dishwasher needs to be cleaned	Immediately
10.3	X			Walls/baseboards need to be painted.	Next inspection

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No

Date of Inspection: Jan. 31/20
 If Yes, Date: _____

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