

# FOOD PREMISES INSPECTION FORM

Name of Premises: Grand Falls Buffet King  
 Address: 238 Macmurtreka Road  
Grand Falls.

Licence #: 04-00092 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		✓		7.0	FOOD EQUIPMENT AND UTENSILS			10.2		✓	
1.1		✓		3.4		✓		7.1			✗	10.3		✓	
1.2		✓		3.5		✓		7.2		✓		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		✓		3.6		✓		7.3	✓			11.1		✓	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		✓		11.2		✓	
2.1		✓		4.1		✓		7.5		✓		11.3			✗
2.2		✓		4.2		✓		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		✓		8.2		✓		12.2		✓	
2.5			✗	5.2		✓		9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		✓		6.0	PERSONNEL			9.1		✓		13.1		✓	
2.7	✓			6.1		✓		9.2			✗	13.2		✓	
3.0	FOOD PREPARATION AND HANDLING			6.2		✓		10.0	FLOORS, WALLS AND CEILINGS			13.3	✓		
3.1		✓		6.3		✓		10.1		✓					
3.2		✓													

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
2.5	✗			Coolers / walk-in require regular cleaning shelves and walls needs cleaning	1 week
9.2		✗		Hand washing sinks needs to be kept accessible at all time for food handlers Do not cover - store boxes on or near hand washing basin - prevent cross contamination.	corrected at inspection
11.3	✗			Service Basement Grate trap to limit odors in storage area.	1 week
7.4	✗			Make sure manual dish washing is wash - rinse - sanitized 160 ppm chlorine. (Discuss with owner)	corrected at insp.
7.1	✗			Replace fix equipment that is broken or in bad condition. Faucet / strainer	1 week

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	Date of Inspection: <u>2020-02-12</u>
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