

### FOOD PREMISES INSPECTION FORM

Name of Premises: Alpha's Special Care Home  
 Operator: \_\_\_\_\_  
 Address: 32 Chamberlain settlement,

Licence #: 60-00476 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
8.1		✓		A sanitizer must be available at all time.	Corrected
11.1	✓			A water sample must be submitted	May 31, 2021

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>May 16, 2021</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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