

FOOD PREMISES INSPECTION FORM



Name of Premises: CESCEY CARBERY-GURT HOME

License #: 31-00815

Operator: LORENZO CARBERY

Type: Class 3 Class 4 Class 5

Address: HARTLAND, NTS

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				7.0	FOOD EQUIPMENT AND UTENSILS			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	Food Equipment (Design, Construction, Installation and Maintenance)	<input checked="" type="checkbox"/>		11.0		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3	Food Contact Surfaces	<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0				7.4	Mechanical Dishwashing	<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5	Manual Dishwashing	<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	Eating Utensils and Dishes	<input checked="" type="checkbox"/>		12.0		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		8.1	Cleaning and Sanitizing	<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2	Detergents and Chemical Use and Storage	<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	Cleaning and Sanitizing	<input checked="" type="checkbox"/>		13.0		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.1	Sanitary Facilities	<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2	Washroom(s)	<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	Hand Washing Station(s)	<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1	Floors (Construction and Maintenance)	<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>													

Item No. MI MA CR Remarks N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Date for Correction

Green Dark Yellow Red
 Light Yellow Red
 Striped Red

Write - Office: Yellow - Operator: Blue - Copy for Posting

Date of Inspection: Dec 2, 2020

Re-inspection Required: Yes No
 If Yes, Date: _____

Received by: _____ Inspector Signature: _____