

FOOD PREMISES INSPECTION FORM



Name of Premises: Circle K # 2131
 Operator: Couche-Tard Inc
 Address: 330 Blvd Dieppe, Dieppe

Licence #: 01-02246
 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	
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"/>	<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>		3.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>		
2.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>		
2.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>		
2.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	
3.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>					
3.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>												

Item No.	MI	MA	CR	Remarks	Date for Correction

Green
 Light Yellow
 Dark Yellow
 Striped Red
 Red

Re-inspection Required: Yes No
 Date of Inspection: Oct 24, 2019
 If Yes, Date: