

# FOOD PREMISES INSPECTION FORM



remises: Tim Horton's #

Licence #: 11-00135

Address: 4584 Municipal St - Autoimp UB

- 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
<b>1.0 FOOD</b>				<b>3.0 FOOD PREPARATION AND HANDLING</b>				<b>7.0 FOOD EQUIPMENT AND UTENSILS</b>				<b>10.0 FLOORS, WALLS AND CEILINGS</b>			
1.1		<input checked="" type="checkbox"/>		3.3		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.2		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.0		<input checked="" type="checkbox"/>	
<b>2.0 FOOD STORAGE</b>				<b>4.0 FOOD DISPLAY AND SERVICE</b>				<b>8.0 CLEANING AND SANITIZING</b>				<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>			
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		4.3		<input checked="" type="checkbox"/>		8.3		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		9.0		<input checked="" type="checkbox"/>		12.0		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>		13.0		<input checked="" type="checkbox"/>	
<b>3.0 FOOD PREPARATION AND HANDLING</b>				<b>6.0 PERSONNEL</b>				<b>9.0 SANITARY FACILITIES</b>				<b>13.0 GENERAL</b>			
3.1		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
3.2		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	

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
10.1	<input checked="" type="checkbox"/>			Floor in walk in freezer requires cleaning. few crumbs + food observed on floor.	Immediately

Green  
 Light Yellow     Dark Yellow  
 Striped Red     Red

Date of Inspection: 27 - 10-2020

Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_

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