

FOOD PREMISES INSPECTION FORM



Name of Premises: The Byron Dobson Memorial Arena

Licence #: 01-02128

Operator: Town of Riverview

Type: Class 3 Class 4 Class 5

Address: 90 Biss Drive, Riverview

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"/>			3.3	<input checked="" type="checkbox"/>			7.0	FOOD EQUIPMENT AND UTENSILS		
1.1		<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			7.1		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			7.2		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6	<input checked="" type="checkbox"/>			3.6	<input checked="" type="checkbox"/>			7.3	<input checked="" type="checkbox"/>		
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			4.1	<input checked="" type="checkbox"/>			7.5		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			4.2	<input checked="" type="checkbox"/>			8.0	CLEANING AND SANITIZING		
2.3		<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			5.1	<input checked="" type="checkbox"/>			8.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			5.2	<input checked="" type="checkbox"/>			9.0	SANITARY FACILITIES		
2.6		<input checked="" type="checkbox"/>		6.0	PERSONNEL			6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>	
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS		
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>			10.1		<input checked="" type="checkbox"/>	
3.2	<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: Jan-28, 2020
 If Yes, Date:

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

Food Premises Standard Operational Procedures

Version 6.0 January 2019 Replaces Version 5.1

01/2019