

# FOOD PREMISES INSPECTION FORM

Name of Premises: Southside Special Needs Home Licence #: 03-01444 Type:  Class 3  Class 4  Class 5  
 Operator: 15165 Boonville St. Frederick Category:  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection  
 Address: 15165 Boonville St. Frederick 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	
																Remarks
1.0	FOOD							7.0	FOOD EQUIPMENT AND UTENSILS			10.2				Walls (Construction and Maintenance)
1.1		<input checked="" type="checkbox"/>		3.3				7.1	Cooling Methods			10.3				Ceilings (Construction and Maintenance)
1.2		<input checked="" type="checkbox"/>		3.4				7.2	Re-heating Methods			11.0				WATER SUPPLY AND WASTE DISPOSAL
1.3		<input checked="" type="checkbox"/>		3.5				7.3	Handling Methods			11.1				Water (Quality and Quantity)
2.0	FOOD STORAGE			3.6				7.4	Display Methods			11.2				Sewage Disposal
2.1		<input checked="" type="checkbox"/>		4.0				7.5	Advance Preparation			11.3				Solid Waste Handling
2.2		<input checked="" type="checkbox"/>		4.1				8.0	Record Keeping			12.0				LIGHTING AND VENTILATION
2.3		<input checked="" type="checkbox"/>		4.2				8.1	Recall of Food			12.1				Lighting
2.4		<input checked="" type="checkbox"/>		5.0				8.2	Refrigerated Storage (Temperature)			12.2				Ventilation
2.5		<input checked="" type="checkbox"/>		5.1				9.0	Refrigerated Storage (Space)			13.0				GENERAL
2.6		<input checked="" type="checkbox"/>		5.2				9.1	Refrigerated Storage (Methods)			13.1				Licence
2.7		<input checked="" type="checkbox"/>		6.0				9.2	Dry Storage			13.2				Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.1				10.0	Storage of Food for Staff			13.3				Other Infractions/Hazards
3.1		<input checked="" type="checkbox"/>		6.2				10.1	Thawing Methods							
3.2		<input checked="" type="checkbox"/>		6.3					Cooking Methods							

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

Green  
 Light Yellow  Dark Yellow  
 Striped Red  Red

Date of Inspection: February 22/2011  
 Re-inspection Required:  Yes  No

Received by: \_\_\_\_\_  
 Inspector Signature: \_\_\_\_\_