

## FOOD PREMISES INSPECTION FORM



Name of Premises: Goshen Snow Mobile  
 Operator: \_\_\_\_\_  
 Address: 11618 Rt 114, Goshen

Licence #: 02-02507  
 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	<b>FOOD</b>			3.3				7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2			
1.1			Approved Source	3.4				7.1				10.3			
1.2			Purchasing and Receiving	3.5				7.2				11.0	<b>WATER SUPPLY AND WASTE DISPOSAL</b>		
1.3			Acceptable Containers and Labeling	3.6				7.3				11.1			
2.0	<b>FOOD STORAGE</b>			4.0	<b>FOOD DISPLAY AND SERVICE</b>			7.4				11.2			
2.1			Storage of Potentially Hazardous Foods	4.1				7.5				11.3			
2.2			Frozen Storage	4.2				8.0	<b>CLEANING AND SANITIZING</b>			12.0	<b>LIGHTING AND VENTILATION</b>		
2.3			Refrigerated Storage (Temperature)	5.0	<b>RECORD KEEPING AND RECALLS</b>			8.1				12.1			
2.4			Refrigerated Storage (Methods)	5.1				8.2				12.2			
2.5			Refrigerated Storage (Space)	5.2				9.0	<b>SANITARY FACILITIES</b>			13.0	<b>GENERAL</b>		
2.6			Dry Storage	6.0	<b>PERSONNEL</b>			9.1				13.1			
2.7			Storage of Food for Staff	6.1				9.2				13.2			
3.0	<b>FOOD PREPARATION AND HANDLING</b>			6.2				10.0	<b>FLOORS, WALLS AND CEILINGS</b>			13.3			
3.1			Thawing Methods	6.3				10.1							
3.2			Cooking Methods	<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
				<u>All non-compliances have been corrected</u>	

Green  
 Light Yellow     Dark Yellow  
 Striped Red     Red

Re-inspection Required:  Yes  No  
 Date of Inspection: Jan. 31/20  
 If Yes, Date: \_\_\_\_\_