

FOOD PREMISES INSPECTION FORM

Name of Premises: *Laquette Ave Residential Program* **Licence #:** *02-02457* **Type:** Class 3 Class 4 Class 5
Operator: *John Savit* **Category:** Routine Re-inspection New Licence Complaint CD Follow-up Inspection
Address: *488 Laquette Ave* **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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>		3.4				7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5				7.2		<input checked="" type="checkbox"/>		11.0		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6				7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1				7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2				8.0		<input checked="" type="checkbox"/>		12.0		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1				8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2				9.0		<input checked="" type="checkbox"/>		13.0		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1				9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3				10.1		<input checked="" type="checkbox"/>					
3.2		<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
7.1	<input checked="" type="checkbox"/>			<i>The oven from inside needs deep cleaning.</i>	<i>4 immediately</i>
8.1	<input checked="" type="checkbox"/>			<i>No 200ppm quat sanitizer solution at the time of inspection.</i>	<i>corrected</i>

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: *Dec. 8/2020*

Re-inspection Required: Yes No

If Yes, Date: