

# FOOD PREMISES INSPECTION FORM



Name of Premises: MACDONALD SANDERS CATERING  
 Operator: \_\_\_\_\_  
 Address: 1265 MACDONALD DRIVE, MONTAGUE

Licence #: \_\_\_\_\_  
 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</b>	<b>FOOD</b>			3.3		/		Holding Methods	<b>7.0</b>	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2		/	
1.1	/			3.4		/		Cooling Methods	7.1		/		10.3		/	
1.2	/			3.5		/		Re-heating Methods	7.2		/		<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>			
1.3	/			3.6		/		Handling Methods	7.3		/		11.1		/	
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0 FOOD DISPLAY AND SERVICE</b>				7.4		/		11.2		/		
2.1	/			4.1		/		Display Methods	7.5		/		11.3		/	
2.2	/			4.2		/		Advance Preparation	<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0 LIGHTING AND VENTILATION</b>			
2.3	/			<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			8.1		/		12.1		/		
2.4	/			5.1	/			Record Keeping	8.2		/		12.2		/	
2.5	/			5.2	/			Recall of Food	<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0 GENERAL</b>			
2.6	/			<b>6.0</b>	<b>PERSONNEL</b>			9.1		/		13.1		/		
2.7	/			6.1		/		Demonstrating Knowledge	9.2		/		13.2		/	
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2		/		Employee Health	<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3	/		
3.1	/			6.3		/		Personal Hygiene Practices	10.1		/					
3.2	/			<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 of Correction
				<i>No deficiencies observed during inspection</i>	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>June 10, 2020</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Received by: _____	Inspector Signature: _____
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