

**FOOD PREMISES INSPECTION FORM**

Name of Premises: AP's RESTAURANT  
 Operator: V Saas Road 560  
 Address: Riviere du Chêne, MB

License #: 32-00366 Type:  Class 3  Class 4  Class 5  
 Category:  Routine  Re-inspection  New Licence  Complaint  CD Follow-up Inspection  
 Water Supply:  Private  Municipal



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"/>		7.0	FOOD EQUIPMENT AND UTENSILS		
1.1	<input checked="" type="checkbox"/>			3.4		<input checked="" type="checkbox"/>		7.1	Food Equipment (Design, Construction, Installation and Maintenance)		<input checked="" type="checkbox"/>
1.2	<input checked="" type="checkbox"/>			3.5		<input checked="" type="checkbox"/>		7.2	Food Contact Surfaces	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	<input checked="" type="checkbox"/>			3.6		<input checked="" type="checkbox"/>		7.3	Mechanical Dishwashing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	Manual Dishwashing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.1	<input checked="" type="checkbox"/>			4.1	Display Methods	<input checked="" type="checkbox"/>		7.5	Eating Utensils and Dishes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	<input checked="" type="checkbox"/>			4.2	Advance Preparation	<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	<input checked="" type="checkbox"/>			5.0	RECORD KEEPING AND RECALLS			8.1	Cleaning and Sanitizing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	<input checked="" type="checkbox"/>			5.1	Record Keeping	<input checked="" type="checkbox"/>		8.2	Detergents and Chemical Use and Storage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.5	<input checked="" type="checkbox"/>			5.2	Recall of Food	<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES		
2.6	<input checked="" type="checkbox"/>			6.0	PERSONNEL			9.1	Washroom(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.7	<input checked="" type="checkbox"/>			6.1	Demonstrating Knowledge	<input checked="" type="checkbox"/>		9.2	Hand Washing Station(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.0	FOOD PREPARATION AND HANDLING			6.2	Employee Health	<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS		
3.1	<input checked="" type="checkbox"/>			6.3	Personal Hygiene Practices	<input checked="" type="checkbox"/>		10.1	Floors (Construction and Maintenance)	<input checked="" type="checkbox"/>	<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
2.4	<input checked="" type="checkbox"/>			2 bags shredded wheat not stored. <u>Are all storage containers packaged on date</u>	next insp
2.6	<input checked="" type="checkbox"/>			dry storage - all products stored 6"/15cm off flooring to facilitate cleaning, dry cutting boards - scored/gauged - replace due to difficulty cleaning/sanitizing.	"
7.2	<input checked="" type="checkbox"/>			cleaning chemicals should be stored in an acceptable manner, away and separated from food and food contact items, ie disposable food containers	next insp
8.2	<input checked="" type="checkbox"/>				

Green  
 Light Yellow  Dark Yellow  
 Striped Red  Red

Date of Inspection: 12 NOV 2020

Re-inspection Required:  Yes  No  
 If Yes, Date: \_\_\_\_\_

Signature: \_\_\_\_\_