

# FOOD PREMISES INSPECTION FORM



Name of Premises: Ho's Island Sea Market  
 Operator: Michelle Greene  
 Address: 9411 Route 714 (Welsford)

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	Remarks	Item No.	N.O.	S	U	Item No.	N.O.	S	U	Item No.	N.O.	S	U	Date for Correction	
																		Holding Methods
1.0	FOOD				3.3			<input checked="" type="checkbox"/>	7.0				10.2			<input checked="" type="checkbox"/>	Walls (Construction and Maintenance)	
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4				7.1				10.3		<input checked="" type="checkbox"/>		Ceilings (Constructions and Maintenance)	
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5				7.2				11.0		<input checked="" type="checkbox"/>		WATER SUPPLY AND WASTE DISPOSAL	
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6				7.3				11.1		<input checked="" type="checkbox"/>		Water (Quality and Quantity)	
2.0	FOOD STORAGE				4.0				7.4				11.2		<input checked="" type="checkbox"/>		Sewage Disposal	
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1				7.5				11.3		<input checked="" type="checkbox"/>		Solid Waste Handling	
2.2			<input checked="" type="checkbox"/>	Frozen Storage	4.2				8.0				12.0		<input checked="" type="checkbox"/>		LIGHTING AND VENTILATION	
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0				8.1				12.1		<input checked="" type="checkbox"/>		Lighting	
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1				8.2				12.2		<input checked="" type="checkbox"/>		Ventilation	
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2				9.0				13.0		<input checked="" type="checkbox"/>		GENERAL	
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0				9.1				13.1		<input checked="" type="checkbox"/>		Licence	
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.1				9.2				13.2		<input checked="" type="checkbox"/>		Rodent and Insect Control	
3.0	FOOD PREPARATION AND HANDLING				6.2				10.0				13.3		<input checked="" type="checkbox"/>		Other Infractions/Hazards	
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.2				10.0									
3.2		<input checked="" type="checkbox"/>		Cooking Methods	6.3				10.1									
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
	<input checked="" type="checkbox"/>				Chest freezer cover must be cleaned & repaired. Chest freezer must be destroyed.													April 15/2020
					Recommended for licencing													

Green  Dark Yellow  Red  
 Light Yellow  Red  
 Striped Red

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

Date of Inspection: March 16/21

Received by: M Greene

Inspector Signature: [Signature]