

FOOD PREMISES INSPECTION FORM

Name of Premises: Upper River Valley Hospital
 Operator: _____
 Address: 11462 Route 590 Hartland

License #: 31-00251 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	Item No.	N.O.	S	U
1.0	✓			7.0				10.2				13.0			
FOOD				FOOD EQUIPMENT AND UTENSILS				GENERAL							
1.1	✓			7.1	✓			10.3	✓			13.1	✓		
1.2	✓			7.2		✓		11.0	✓			13.2	✓		
1.3	✓			7.3	✓			11.1	✓			13.3	✓		
2.0				7.4	✓			11.2	✓						
FOOD STORAGE				CLEANING AND SANITIZING				LIGHTING AND VENTILATION							
2.1	✓			8.0	✓			11.3	✓			12.0	✓		
2.2	✓			8.1	✓			12.1	✓			12.2	✓		
2.3	✓			8.2	✓	✓									
2.4	✓			9.0											
2.5	✓			9.1	✓										
2.6	✓			9.2	✓										
2.7	✓			10.0	✓										
FOOD PREPARATION AND HANDLING				FLOORS, WALLS AND CEILINGS											
3.0	✓			10.1	✓										
3.1	✓														
3.2	✓														

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
2.6(M)	✓			All previous infractions have been corrected Foods shall be stored in a manner to prevent cross contamination. store food in impervious containers once opened.	Immediately ongoing.

Green Light Yellow Striped Red
 Dark Yellow Red

Re-inspection Required: Yes No
 Date of Inspection: Jan 21, 2021
 If Yes, Date: _____

Signature: _____
 Receiver by: _____

02/2012