

### FOOD PREMISES INSPECTION FORM

Name of Premises: A+W Hampton Rd  
 Operator: \_\_\_\_\_  
 Address: 167 Hampton Rd, Rothesay

Licence #: 02-01777 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
<b>1.0</b>	<b>FOOD</b>			3.3				7.0	<b>FOOD EQUIPMENT AND UTENSILS</b>			10.2			
1.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>11.0 WATER SUPPLY AND WASTE DISPOSAL</b>			
1.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2.0</b>	<b>FOOD STORAGE</b>			<b>4.0</b>	<b>FOOD DISPLAY AND SERVICE</b>			7.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<b>8.0</b>	<b>CLEANING AND SANITIZING</b>			<b>12.0 LIGHTING AND VENTILATION</b>			
2.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>5.0</b>	<b>RECORD KEEPING AND RECALLS</b>			8.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<b>9.0</b>	<b>SANITARY FACILITIES</b>			<b>13.0 GENERAL</b>			
2.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>6.0</b>	<b>PERSONNEL</b>			9.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3.0</b>	<b>FOOD PREPARATION AND HANDLING</b>			6.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<b>10.0</b>	<b>FLOORS, WALLS AND CEILINGS</b>			13.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.1	<input checked="" type="checkbox"/>			6.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		10.1		<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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<u>Nov 22 / 2008</u> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	
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