

FOOD PREMISES INSPECTION FORM

Name of Premises: Circle K # 0000
 Operator: _____
 Address: 510 New Maryland Hwy New Maryland

Licence #: 03-01753 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	FOOD			3.3				7.0				10.2			
		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		4.0		<input checked="" type="checkbox"/>		7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0		<input checked="" type="checkbox"/>		12.0		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0		<input checked="" type="checkbox"/>		13.0		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		6.0		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>		10.0		<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
3.1		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<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

Light Yellow Green Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No

Date of Inspection: Sept 1, 2009 Received by: _____

Inspector Signature: _____