

FOOD PREMISES INSPECTION FORM

David, McKernan & Co. CA

Name of Premises: WESTER'S SPECIAL CARE HOME
 Operator: W LOCKWOOD Rd, Mill
 Address: COVE

License #: 03-01409 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New License 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		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5		<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0		<input checked="" type="checkbox"/>		7.4		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING		
2.3		<input checked="" type="checkbox"/>		5.0		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES		
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS		
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<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
8.2		<input checked="" type="checkbox"/>		SANITIZER SOLUTION SHALL BE USED IN STRICT ACCORDANCE TO MANUFACTURER'S INSTRUCTIONS ON THE LABEL (RECOMMENDED STRENGTH AND CONTACT TIME) - SANITIZER CONCENTRATION WAS 2000 PPM. CHLORINE SOLUTION SHOULD BE AT 100 PPM FREEZERS SHALL BE DEFOREST REGULARLY - DEFOST ALL DEEP FREEZERS ON SITE IMMEDIATELY	corrected Ongoing
2.2		<input checked="" type="checkbox"/>			

Green
 Light Yellow Dark Yellow Striped Red Red

Date of Inspection: 03/11/2020

Re-inspection Required: Yes No

If Yes, Date: _____

Received by: _____

Inspector Signature: _____