

FOOD PREMISES INSPECTION FORM

Name of Premises: Central Parole Nursing Home
 Operator: 139 Rockland Rd
 Address: Hartford, NS

Licence #: 31-00014 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
1.0	FOOD			7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		7.2			<input checked="" type="checkbox"/>	11.0	WATER SUPPLY AND WASTE DISPOSAL	<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING	<input checked="" type="checkbox"/>		12.0	LIGHTING AND VENTILATION	<input checked="" type="checkbox"/>	
2.3		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			10.0	FLOORS, WALLS AND CEILINGS	<input checked="" type="checkbox"/>		13.3		<input checked="" type="checkbox"/>	
3.1		<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
1.3	<input checked="" type="checkbox"/>			C. When a food item is opened, portioned and repackaged, the portioned packages shall be labelled with "packaged on date" using the date in which the large portion was opened - frozen chicken breasts, vegetables must be labelled A. Foods shall be stored in a manner to prevent cross contamination B. Foods stored in impervious containers and scoops out of bins FOOD CONTACT SURFACES, EQUIPMENT and UTENSILS shall be maintained such function in a manner to be cleaned and sanitised - cutting boards and wooden counter top requires to be resurfaced - can opener blade must be cleaned	
2.6	<input checked="" type="checkbox"/>				Next inspection
7.2	<input checked="" type="checkbox"/>				Next inspection

Green Dark Yellow Red
 Light Yellow Striped Red

Date of Inspection: 06/11/2020

Re-inspection Required: Yes No

If Yes, Date: _____

Inspected by: _____
 Inspector Signature: _____