

FOOD PREMISES INSPECTION FORM



Name of Premises: Kreell's Corner Market
 Operator: _____
 Address: 1171 Main St. Hampton

Licence #: 62-62621
 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Other
 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				3.3	<input checked="" type="checkbox"/>			7.0				10.2		<input checked="" type="checkbox"/>	
FOOD				Holding Methods				FOOD EQUIPMENT AND UTENSILS				Walls (Construction and Maintenance)			
1.1		<input checked="" type="checkbox"/>		3.4		<input checked="" type="checkbox"/>		7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
Approved Source				Cooling Methods				Food Equipment (Design, Construction, Installation and Maintenance)				Ceilings (Constructions and Maintenance)			
1.2		<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		7.2		<input checked="" type="checkbox"/>		11.0 WATER SUPPLY AND WASTE DISPOSAL			
Purchasing and Receiving				Re-heating Methods				Food Contact Surfaces				Water (Quality and Quantity)			
1.3		<input checked="" type="checkbox"/>		3.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		7.3	<input checked="" type="checkbox"/>			11.1		<input checked="" type="checkbox"/>	
Acceptable Containers and Labeling				Handling Methods				Mechanical Dishwashing				Sewage Disposal			
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
FOOD STORAGE				FOOD DISPLAY AND SERVICE				Manual Dishwashing				Solid Waste Handling			
2.1		<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			7.5	<input checked="" type="checkbox"/>			11.3		<input checked="" type="checkbox"/>	
Storage of Potentially Hazardous Foods				Display Methods				Eating Utensils and Dishes				12.0 LIGHTING AND VENTILATION			
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
Frozen Storage				Advance Preparation				CLEANING AND SANITIZING				Lighting			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
Refrigerated Storage (Temperature)				RECORD KEEPING AND RECALLS				Cleaning and Sanitizing				Ventilation			
2.4		<input checked="" type="checkbox"/>		5.1		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		13.0			
Refrigerated Storage (Methods)				Record Keeping				Detergents and Chemical Use and Storage				GENERAL			
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
Refrigerated Storage (Space)				Recall of Food				SANITARY FACILITIES				Licence			
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
Dry Storage				PERSONNEL				Washroom(s)				Rodent and Insect Control			
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Storage of Food for Staff				Demonstrating Knowledge				Hand Washing Station(s)				Other Infractions/Hazards			
3.0				6.2		<input checked="" type="checkbox"/>		10.0		<input checked="" type="checkbox"/>					
FOOD PREPARATION AND HANDLING				Employee Health				FLOORS, WALLS AND CEILINGS				Floors (Construction and Maintenance)			
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
Thawing Methods				Personal Hygiene Practices				Floors (Construction and Maintenance)							
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
				<u>Email the latest water sample</u>	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>Jun 22 / 2020</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
--	--	--	--

White - Office; Yellow - Operator; Blue - Copy for Posting