

FOOD PREMISES INSPECTION FORM

Name of Premises: Manwell Special Carehome
 Operator: Manwell Special Carehome
 Address: 2731 Manwell Rd

Licence #: 03-01496 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			
2.0	FOOD STORAGE			7.3				11.1			
2.1		<input checked="" type="checkbox"/>		7.4		<input checked="" type="checkbox"/>		11.2			
2.2		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3			
2.3		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0			
2.4		<input checked="" type="checkbox"/>		8.1		<input checked="" type="checkbox"/>		12.1			
2.5		<input checked="" type="checkbox"/>		8.2		<input checked="" type="checkbox"/>		12.2			
2.6		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0			
2.7		<input checked="" type="checkbox"/>		9.1		<input checked="" type="checkbox"/>		13.1			
3.0	FOOD PREPARATION AND HANDLING			9.2		<input checked="" type="checkbox"/>		13.2			
3.1		<input checked="" type="checkbox"/>		10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.2		<input checked="" type="checkbox"/>		10.1		<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
7.1		<input checked="" type="checkbox"/>		All equipment and utensils are designed, constructed & installed to permit effective cleaning and sanitation. Equipment shall be maintained in good repair so that it functions in accordance with its intended use. * Dishwasher is missing panels & cupboard next to it is crowding it falling apart, Ecobab recommends replacement soon.	OWNER DISCUSS WITH DISHWASHER MISSING PARTS AS SOON AS POSSIBLE Jan 31/21
7.2		<input checked="" type="checkbox"/>		Food contact surfaces shall be maintained such that they function in the manner intended & can be easily cleaned & sanitized. → kitchen countertops showing excessive wear & fading such that it's no longer finish is gone. → backspashes are lifting & removing from wall, caulking is cracked and missing in some places	

Light Yellow Green
 Striped Red Red Dark Yellow

Re-inspection Required: Yes No
 Date of Inspection: Jan 31/21 If Yes, Date: Jan 31/21

Received by: [Signature]

Inspector Signature: [Signature]

FOOD PREMISES INSPECTION FORM

Name of Premises: Howell Special Care Home
 Address: 2531 Howell Rd

Category: Routine Re-Inspection New Licence Complaint CD Follow-up

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
7.2 overall				* plans must be submitted prior to construction to ensure requirements are being met.	Jan 31/21
10.1		✓		Floors shall be of sound construction and in good repair. * Floors need to be replaced/repaired from repeated sewage backup, in kitchen area, hallway & into the utility staff washroom. Floors are soft & subfloor is heaving. Tiles missing & broken.	Jan 31/21
10.2	✓			walk shall be of sound construction and in good repair. Kitchen walls & storage areas walls in some places are soft, peeling & show signs of moisture damage. * those need to be repaired/replaced.	Jan 31/21
13.3				Dog was not on premises during time of inspection. Please keep dog off of premise until proper gates can be installed to keep dog out of kitchen & food prep/storage areas.	
14.2				When Reno's begin → handwashing sink must be included in the plan. Submit plan for approval prior to construction.	

Green Dark Yellow Red
 Light Yellow Red
 Striped Red

Date of Inspection: Jan 5/2021

Re-inspection Required: Yes No

If Yes, Date: Jan 31/21

Received by: _____

Inspector Signature: _____