

FOOD PREMISES INSPECTION FORM

Name of Premises: Minto Centennial Arena
Operator: 19 Centennial Drive Minto
Address: _____

Licence #: 03-00045 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 | FOOD EQUIPMENT AND UTENSILS | | | 10.2 | | | | |
| 1.1 | | | | | | | | 7.1 | Food Equipment (Design, Construction, Installation and Maintenance) | | | 10.3 | | | | |
| 1.2 | | | | | | | | 7.2 | Food Contact Surfaces | | | 11.0 | | | | |
| 1.3 | | | | | | | | 7.3 | Mechanical Dishwashing | | | 11.1 | | | | |
| 2.0 | FOOD STORAGE | | | 3.6 | | | | 7.4 | Manual Dishwashing | | | 11.2 | | | | |
| 2.1 | | | | | | | | 7.5 | Eating Utensils and Dishes | | | 11.3 | | | | |
| 2.2 | | | | | | | | 8.0 | CLEANING AND SANITIZING | | | 12.0 | | | | |
| 2.3 | | | | | | | | 8.1 | Cleaning and Sanitizing | | | 12.1 | | | | |
| 2.4 | | | | | | | | 8.2 | Detergents and Chemical Use and Storage | | | 12.2 | | | | |
| 2.5 | | | | | | | | 9.0 | SANITARY FACILITIES | | | 13.0 | | | | |
| 2.6 | | | | | | | | 9.1 | Washroom(s) | | | 13.1 | | | | |
| 2.7 | | | | | | | | 9.2 | Hand Washing Station(s) | | | 13.2 | | | | |
| 3.0 | FOOD PREPARATION AND HANDLING | | | 6.1 | | | | 10.0 | FLOORS, WALLS AND CEILINGS | | | 13.3 | | | | |
| 3.1 | | | | | | | | 10.1 | Floors (Construction and Maintenance) | | | | | | | |
| 3.2 | | | | | | | | | | | | | | | | |
| | | | | PERSONNEL | | | | | | | | | | | | |
| | | | | 5.2 | | | | | Recall of Food | | | | | | | |
| | | | | 6.0 | | | | | Demonstrating Knowledge | | | | | | | |
| | | | | 6.1 | | | | | Employee Health | | | | | | | |
| | | | | 6.2 | | | | | Personal Hygiene Practices | | | | | | | |
| | | | | 6.3 | | | | | | | | | | | | |
| <p>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</p> | | | | | | | | | | | | | | | | |

Remarks: Minto Town Clerk informed me that the Food Service establishment at the Arena is closed this winter.

Remarks

Date for Correction

| Item No. | MI | MA | CR | Remarks | Date for Correction |
|----------|----|----|----|---------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Green Dark Yellow
 Light Yellow Red
 Striped Red

Re-inspection Required: Yes No
 Date of Inspection: Nov 13 9 52 AM
 If Yes, Date: _____

Received by: _____