

FOOD PREMISES INSPECTION FORM

Name of Premises: Tim Horton's
 Operator: _____
 Address: 4700 St. Armand

Licence #: 02 02516 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				Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1				3.4				Cooling Methods	7.1				10.3			
1.2				3.5				Re-heating Methods	7.2				11.0 WATER SUPPLY AND WASTE DISPOSAL			
1.3				3.6				Handling Methods	7.3				11.1			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4				11.2				
2.1				4.1				Display Methods	7.5				11.3			
2.2				4.2				Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3				5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>			12.1			
2.4				5.1				Record Keeping	8.2				12.2			
2.5				5.2				Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6				6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>			13.1			
2.7				6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		13.2			
3.0	FOOD PREPARATION AND HANDLING			6.2				Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1				6.3				Personal Hygiene Practices	10.1							
3.2								Cooking Methods								

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>infraction 9.1, 9.2, 6.1 and 8.1 has been corrected</u>	

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No

Date of Inspection: Aug 14/18 If Yes, Date: _____