

FOOD PREMISES INSPECTION FORM

Name of Premises: Young's Cove Runway Convenience

Licence #: 02-02963

Type: Class 3 Class 4 Class 5

Operator: _____

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

Address: 10995 Rt 10, Youngs cove

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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	
1.1	<input checked="" type="checkbox"/>			3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1	<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>		
1.2	<input checked="" type="checkbox"/>			3.5	<input checked="" type="checkbox"/>			Re-heating Methods	7.2	<input checked="" type="checkbox"/>		11.0	WATER SUPPLY AND WASTE DISPOSAL			
1.3	<input checked="" type="checkbox"/>			3.6	<input checked="" type="checkbox"/>			Handling Methods	7.3	<input checked="" type="checkbox"/>		11.1	<input checked="" type="checkbox"/>			
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	<input checked="" type="checkbox"/>			11.2	<input checked="" type="checkbox"/>			
2.1				4.1	<input checked="" type="checkbox"/>			Display Methods	7.5	<input checked="" type="checkbox"/>		11.3	<input checked="" type="checkbox"/>			
2.2				4.2	<input checked="" type="checkbox"/>			Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION		
2.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1	<input checked="" type="checkbox"/>			12.1	<input checked="" type="checkbox"/>			
2.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			Record Keeping	8.2	<input checked="" type="checkbox"/>		12.2	<input checked="" type="checkbox"/>			
2.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1	<input checked="" type="checkbox"/>			13.1	<input checked="" type="checkbox"/>			
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2	<input checked="" type="checkbox"/>		13.2	<input checked="" type="checkbox"/>			
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3			<input checked="" type="checkbox"/>
3.1	<input checked="" type="checkbox"/>			6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	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
2.2	X			All foods must be stored 6" off the floor in walk in freezer	Immediately
2.2	X			Ice cream freezer needs to be cleaned.	Immediately
2.6	X			Rack beside garbage can needs to be moved.	Corrected
2.3		X		Temperatures of all fridges must be recorded twice daily	corrected
3.3		X		Temperatures of hot holding must be recorded every 4 hrs.	corrected
13.3	X			Personal items must be kept off food prep tables.	Corrected

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	<p><u>Dec. 18/13</u></p> <p>Date of Inspection:</p>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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