

FOOD PREMISES INSPECTION FORM

Name of Premises: Templetons Convenience Store
 Operator: _____
 Address: 27 Upper Golden Grove Rd

Licence #: 62-02157 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				3.3	<input checked="" type="checkbox"/>			7.0				10.2		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	
1.2		<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>			7.2		<input checked="" type="checkbox"/>		11.0			
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
1.3		<input checked="" type="checkbox"/>		3.6			<input checked="" type="checkbox"/>	7.3	<input checked="" type="checkbox"/>			11.2		<input checked="" type="checkbox"/>	
2.0				4.0				7.4		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			7.5	<input checked="" type="checkbox"/>			12.0			
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			8.0		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			8.2		<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
2.5		<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			9.0				13.0			
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		13.3	<input checked="" type="checkbox"/>		
2.7	<input checked="" type="checkbox"/>			6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>					
3.0		<input checked="" type="checkbox"/>		6.2		<input checked="" type="checkbox"/>		10.0							
		<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
		<input checked="" type="checkbox"/>								<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
11.1	<input checked="" type="checkbox"/>			<i>* Complete a water sample (bacteria).</i>	<i>Immediate</i>

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: Jun 12/2018

Re-inspection Required: Yes No
 If Yes, Date: _____