

# FOOD PREMISES INSPECTION FORM

Name of Premises: Haven stream Residence 3

Licence #: 01-00524

Operator: \_\_\_\_\_

Type:  Class 3  Class 3 WH  Class 4  Class 5

Address: 714 Cape Breton Rd. St-Phillippe

Additional Info:  PM  TE  Catering

Category:  Routine  Re-inspection  New Licence  Other

Water Supply:  Private  Municipal



Item No.	N.O.	S	U		Item No.	N.O.	S	U		Item No.	N.O.	S	U	
1.0				<b>FOOD</b>	3.3				Holding Methods	7.0				<b>FOOD EQUIPMENT AND UTENSILS</b>
1.1		<input checked="" type="checkbox"/>		Approved Source	3.4		<input checked="" type="checkbox"/>		Cooling Methods	7.1		<input checked="" type="checkbox"/>		Food Equipment (Design, Construction, Installation and Maintenance)
1.2		<input checked="" type="checkbox"/>		Purchasing and Receiving	3.5		<input checked="" type="checkbox"/>		Re-heating Methods	7.2		<input checked="" type="checkbox"/>		Food Contact Surfaces
1.3		<input checked="" type="checkbox"/>		Acceptable Containers and Labeling	3.6		<input checked="" type="checkbox"/>		Handling Methods	7.3		<input checked="" type="checkbox"/>		Mechanical Dishwashing
2.0				<b>FOOD STORAGE</b>	4.0				<b>FOOD DISPLAY AND SERVICE</b>	7.4		<input checked="" type="checkbox"/>		Manual Dishwashing
2.1		<input checked="" type="checkbox"/>		Storage of Potentially Hazardous Foods	4.1		<input checked="" type="checkbox"/>		Display Methods	7.5		<input checked="" type="checkbox"/>		Eating Utensils and Dishes
2.2		<input checked="" type="checkbox"/>		Frozen Storage	4.2		<input checked="" type="checkbox"/>		Advance Preparation	8.0				<b>CLEANING AND SANITIZING</b>
2.3		<input checked="" type="checkbox"/>		Refrigerated Storage (Temperature)	5.0				<b>RECORD KEEPING AND RECALLS</b>	8.1		<input checked="" type="checkbox"/>		Cleaning and Sanitizing
2.4		<input checked="" type="checkbox"/>		Refrigerated Storage (Methods)	5.1		<input checked="" type="checkbox"/>		Record Keeping	8.2		<input checked="" type="checkbox"/>		Detergents and Chemical Use and Storage
2.5		<input checked="" type="checkbox"/>		Refrigerated Storage (Space)	5.2		<input checked="" type="checkbox"/>		Recall of Food	9.0				<b>SANITARY FACILITIES</b>
2.6		<input checked="" type="checkbox"/>		Dry Storage	6.0				<b>PERSONNEL</b>	9.1		<input checked="" type="checkbox"/>		Washroom(s)
2.7		<input checked="" type="checkbox"/>		Storage of Food for Staff	6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		Hand Washing Station(s)
3.0				<b>FOOD PREPARATION AND HANDLING</b>	6.2		<input checked="" type="checkbox"/>		Employee Health	10.0				<b>FLOORS, WALLS AND CEILINGS</b>
3.1		<input checked="" type="checkbox"/>		Thawing Methods	6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1				Floors (Construction and Maintenance)
3.2		<input checked="" type="checkbox"/>		Cooking Methods	<b>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</b>									

Item No.	MI	MA	CR	Remarks	Date for Correction

Green  
 Light Yellow     Dark Yellow  
 Striped Red     Red

**Date of Inspection:** 10 March 2022

**Re-inspection Required:**  Yes  No

**If Yes, Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Inspector Signature:** \_\_\_\_\_