

FOOD PREMISES INSPECTION FORM

Name of Premises: Bonnie's Diner & Takeout
 Operator: _____
 Address: 4105 Loch Leonard Rd.

Licence #: _____ 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		✓		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		✓		13.1		✓		
2.7	✓			6.1		✓		Demonstrating Knowledge	9.2		✓		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

<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 style="font-size: large; font-weight: bold;">Nov 27/18</p> Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:
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