

FOOD PREMISES INSPECTION FORM

Name of Premises: 3 Brooks Villa
 Operator: ASSET VALUE 109
 Address: THREE BROOKS

License #: 32-00305 Type: Class 3 Class 4 Class 5
 Category: Aquine 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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>		3.4				7.1	Food Equipment (Design, Construction, Installation and Maintenance)			10.3			
1.2		<input checked="" type="checkbox"/>		3.5				7.2	Food Contact Surfaces			11.0			
1.3		<input checked="" type="checkbox"/>		3.6				7.3	Mechanical Dishwashing			11.1			
2.0	FOOD STORAGE			4.0				7.4	Manual Dishwashing			11.2			
2.1		<input checked="" type="checkbox"/>		4.1				7.5	Eating Utensils and Dishes			11.3			
2.2		<input checked="" type="checkbox"/>		4.2				8.0	CLEANING AND SANITIZING			12.0			
2.3		<input checked="" type="checkbox"/>		5.0				8.1	Cleaning and Sanitizing			12.1			
2.4		<input checked="" type="checkbox"/>		5.1				8.2	Detergents and Chemical Use and Storage			12.2			
2.5		<input checked="" type="checkbox"/>		5.2				9.0	SANITARY FACILITIES			13.0			
2.6		<input checked="" type="checkbox"/>		5.2				9.1	Washroom(s)			13.1			
2.7		<input checked="" type="checkbox"/>		6.0				9.2	Hand Washing Station(s)			13.2			
3.0	FOOD PREPARATION AND HANDLING			6.1				10.0	FLOORS, WALLS AND CEILINGS			13.3			
3.1		<input checked="" type="checkbox"/>		6.2				10.1	Floors (Construction and Maintenance)						
3.2		<input checked="" type="checkbox"/>		6.3											

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
9.2				Paper towels must be available at all times of the handwashing station	immediately
7.3				The dish washer does not reach adequate temperature to properly sanitize the dishes. The dishes will have to be manually washed and sanitized until the dishwasher is repaired and functioning properly.	Nov. 2, 2020

Light Yellow Green Dark Yellow Red
 Striped Red Red

Date of Inspection: Oct. 1st 2020

Re-inspection Required: Yes No

If Yes, Date: _____

Received by: _____ Inspector Signature: _____