

FOOD PREMISES INSPECTION FORM

Name of Establishment: SILVER FOX ESTATES
 Operator: _____
 Address: 10 RAE DRIVE
SALISBURY

Licence #: 01-00326 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	/			7.0	FOOD EQUIPMENT AND UTENSILS			10.2		/	
1.1		/		3.4	/			7.1		/		10.3		/	
1.2	/			3.5	/			7.2		/		11.0	WATER SUPPLY AND WASTE DISPOSAL		
1.3		/		3.6	/			7.3		/		11.1		/	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		/		11.2		/	
2.1		/		4.1	/			7.5		/		11.3		/	
2.2		/		4.2	/			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	/			8.2		/		12.2		/	
2.5		/		5.2	/			9.0	SANITARY FACILITIES			13.0	GENERAL		
2.6		/		6.0	PERSONNEL			9.1		/		13.1		/	
2.7		/		6.1				9.2		/		13.2		/	
3.0	FOOD PREPARATION AND HANDLING			6.2		/		10.0	FLOORS, WALLS AND CEILINGS			13.3		/	
3.1		/		6.3		/		10.1		/				/	
3.2	/														

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
3.1		X		meats must be thawed (1) in the fridge at 4°C or colder, OR (2) thawed under continuous cold running water, OR (3) in a microwave re done immediately prior to, or part of the cooking process. Meat moved to fridge.	CORRECTED
B.2		X		Use an approved food surface sanitizer in your kitchen for the food surfaces. Chlorine at 100 ppm OR STANDARD QUANT SOLUTIONS AT 200 ppm.	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	Date of Inspection: <u>NOV. 2 2020</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Received by: _____	Inspector Signature: _____
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