

# FOOD PREMISES INSPECTION FORM

Name of Premises: ROUTE 1 RESTAURANT  
 Address: 2870 MCKAY HWY ROTHESAY

Licence #: 02-02094  
 Type:  Class 3  Class 4  Class 5  
 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	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		<input checked="" type="checkbox"/>		10.3			<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"/>
1.3		<input checked="" type="checkbox"/>		3.6		<input checked="" type="checkbox"/>		7.3		<input checked="" type="checkbox"/>		11.1		<input checked="" type="checkbox"/>	
2.0	FOOD STORAGE			4.0				7.4		<input checked="" type="checkbox"/>		11.2		<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>		4.1		<input checked="" type="checkbox"/>		7.5		<input checked="" type="checkbox"/>		11.3		<input checked="" type="checkbox"/>	
2.2		<input checked="" type="checkbox"/>		4.2		<input checked="" type="checkbox"/>		8.0	CLEANING AND SANITIZING			12.0			
2.3		<input checked="" type="checkbox"/>		5.0				8.1		<input checked="" type="checkbox"/>		12.1		<input checked="" type="checkbox"/>	
2.4		<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			8.2		<input checked="" type="checkbox"/>		12.2		<input checked="" type="checkbox"/>	
2.5		<input checked="" type="checkbox"/>		5.2		<input checked="" type="checkbox"/>		9.0	SANITARY FACILITIES			13.0			
2.6		<input checked="" type="checkbox"/>		6.0				9.1		<input checked="" type="checkbox"/>		13.1		<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		9.2		<input checked="" type="checkbox"/>		13.2		<input checked="" type="checkbox"/>	
3.0	FOOD PREPARATION AND HANDLING			6.2				10.0	FLOORS, WALLS AND CEILING			13.3		<input checked="" type="checkbox"/>	
3.1		<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		10.1		<input checked="" type="checkbox"/>					
3.2		<input checked="" type="checkbox"/>													
Item No.	MI	MA	CR	Remarks	N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction										

2.2  **MI**  **MA**  **CR**  **Remarks**  **Date for Correction**

2.2  **MI**  **MA**  **CR**  **Remarks**  **Date for Correction**

2.6  **MI**  **MA**  **CR**  **Remarks**  **Date for Correction**

10.2  **MI**  **MA**  **CR**  **Remarks**  **Date for Correction**

10.3  **MI**  **MA**  **CR**  **Remarks**  **Date for Correction**

2.2  **MI**  **MA**  **CR**  **Remarks**  **Date for Correction**

2.6  **MI**  **MA**  **CR**  **Remarks**  **Date for Correction**

10.2  **MI**  **MA**  **CR**  **Remarks**  **Date for Correction**

10.3  **MI**  **MA**  **CR**  **Remarks**  **Date for Correction**

Green  Dark Yellow  Red

Light Yellow  Red

Striped Red

Date of Inspection: March 16 2021

Re-inspection Required:  Yes  No

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