

FOOD PREMISES INSPECTION FORM

Name of Premises: STUFF EXPRESS TRAILER
 Operator: _____
 Address: 1216 REGENT ST. (MOBILE)
REDFORD CTN.

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		✓		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				8.0 CLEANING AND SANITIZING				12.0 LIGHTING AND VENTILATION			
2.1		✓		4.1	✓			8.1		✓		12.1		✓	
2.2		✓		4.2		✓		8.2		✓		12.2		✓	
2.3		✓		5.0 RECORD KEEPING AND RECALLS				9.0 SANITARY FACILITIES				13.0 GENERAL			
2.4		✓		5.1		✓		9.1	✓	MA		13.1		✓	
2.5		✓		5.2		✓		9.2		✓		13.2		✓	
2.6		✓		6.0 PERSONNEL				10.0 FLOORS, WALLS AND CEILINGS							
2.7	✓			6.1		✓		10.1		✓		13.3		✓	
3.0 FOOD PREPARATION AND HANDLING				6.2		✓									
3.1		✓		6.3		✓									
3.2		✓		<i>N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction</i>											

Item No.	MI	MA	CR	Remarks	Date for Correction
				ENSURE LIGHTS ARE COVERED AND/OR SHATTER PROOF ENSURE WATER SUPPLY HOSE IS RATED FOR POTABLE WATER	

<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>JUNE 30, 2020</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	Received by: _____	Inspector Signature: _____
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