Name of Premises:															
Item N.O. S U					N.O. S I	U		Item	N.O.	s U		Item	N.O.	s u	A STATE OF THE STA
NO.	OOD			No.			Holding Methods	No. 7.0			AND UTENSILS	No.			Walls (Construction and Maintenance)
1.1	,00	Approved	Source	3.4			Cooling Methods	7.1	POOD	COLLINEAL	Food Equipment (Design, Construction, Installation and Maintenance)	10.2		-	Ceilings (Constructions and Maintenance)  Maintenance)
1.2		Purchasin	g and Receiving	3.5		F	Re-heating Methods	7.2		V	Food Contact Surfaces	11.0	WATER	R SUPPLY AN	ID WASTE DISPOSAL
1.3	V	Acceptable	e Containers and Labeling	3.6	W	H	Handling Methods	7.3	L		Mechanical Dishwashing	11.1		-	Water (Quality and Quantity)
STATE OF THE PARTY	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE		ERVICE	7.4			Manual Dishwashing	11.2		_	Sewage Disposal
2.1	Storage of Potentially Hazardous Foods			4.1	Display Methods		Display Methods	7.5	1000	U	Eating Utensils and Dishes	11.3			Solid Waste Handling
2.2	U	Frozen Storage		4.2			Advance Preparation	8.0	CLEANING AND SAM		,	12.0			
2.3		Refrigerate	ed Storage (Temperature)	5.0	RECORD KEEPIN	NG AN	D RECALLS	8.1			Cleaning and Sanitizing	12.1			Lighting
2.4	U		ed Storage (Methods)	5.1		0 3	Record Keeping	8.2		4	Detergents and Chemical Use and Storage	12.2	40	<u>_</u>	Ventilation
2.5	V	Refrigerated Storage (Space)				F	Recall of Food	9.0	SANITA	RY FACILITI		13.0	GENER	RAL	
2.6	V	, Dry Storag		6.0	PERSONNEL			9.1		_	Washroom(s)	13.1		-	Licence
2.7			Food for Staff	6.1		-	Demonstrating Knowledge	9.2		4	Hand Washing Station(s)	13.2			Rodent and Insect Control
3.0 FC	OD PREPAR	Thawing N		6.2	-	-	Employee Health Personal Hygiene Practices	10.0	FLOOR	S, WALLS A	ND CEILINGS Floors (Construction and Maintenance)	13.3			Other Infractions/Hazards
3.2   Cooking Methods  Item No.   MI   MA   CR					N.O. – Not Observed; S – Satisfactory; U – Unsatisfactory; MI – Minor Infraction; MA – Major Infraction; CR – Critical Infraction  Remarks										Date for Correction
- In a															7
						+ 7	1			1		2			
	Green  Light Yellow Dark Yellow  Striped Red Red Date of Inspection: If Yes, Date:														