

## FOOD PREMISES INSPECTION FORM

Name of Premises: Green Meadows SCH - Belleisle  
 Operator: \_\_\_\_\_  
 Address: 1199 East South Settlement Rd.

Licence #: 02-03054  
 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				3.3	✓			7.0				10.2		✓	
1.1		✓		3.4	✓			7.1		✓		10.3		✓	
1.2		✓		3.5	✓			7.2		✓		11.0			
1.3		✓		3.6	✓			7.3		✓		11.1			
2.0				4.0				7.4		✓		11.2			
2.1		✓		4.1	✓			7.5		✓		11.3			
2.2		✓		4.2	✓			8.0				12.0			
2.3		✓		5.0				8.1		✓		12.1		✓	
2.4		✓		5.1	✓			8.2		✓		12.2		✓	
2.5		✓		5.2	✓			9.0				13.0			
2.6		✓		6.0				9.1		✓		13.1		✓	
2.7		✓		6.1	✓			9.2		✓		13.2		✓	
3.0				6.2	✓			10.0		✓		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
2.2	X			Freezers need to be defrosted.	Nov. 17/20
2.6	X			Cupboards need to be painted (Mentioned on last report)	Next inspection corrected
8.1	X			Sanitizer bottle needs to be labeled.	corrected
8.2		X		Chemicals must be stored away from food in dry storage	Immediately
2.6	X			All foods must be stored 6" off the floor.	Immediately
11.1		X		A bacteriological water sample is due if it hasn't been done within last 6 mths.	Nov. 17/20

<input type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input checked="" type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Nov. 3/20 Date of Inspection:	Re-inspection Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: Nov. 17/20
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White - Office; Yellow - Operator; Blue - Copy for Posting