

FOOD PREMISES INSPECTION FORM

Name of Establishment: Norm's Ice Cream Shack
 Operator: Norm's Ice Cream Shack
 Licence #: 03-01596
 Address: 429 New Mansfield Hwy

Type: ___ Class 1, ___ Class 2, ___ Class 3, ___ Class 4, Class 5
 Category: ___ Routine, Re-inspection, ___ Complaint, New Facility, ___ CD Follow-up inspection
 Number of employees: 5 Seating Capacity: 7 Water Supply: Private ___ Municipal



Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item	Item No.	N.O	S	U	Item
1.0				FOOD	3.3	<input checked="" type="checkbox"/>			Holding Methods	7.0				FOOD EQUIPMENT & UTENSILS
1.1	<input checked="" type="checkbox"/>			Approved Source	3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1	<input checked="" type="checkbox"/>			Food Equipment- design, construction, installation and maintenance
1.2	<input checked="" type="checkbox"/>			Purchasing and Receiving	3.5	<input checked="" type="checkbox"/>			Re-Heating Methods	7.2	<input checked="" type="checkbox"/>			Food Contact Surfaces
1.3	<input checked="" type="checkbox"/>			Acceptable Containers and Labeling	3.6	<input checked="" type="checkbox"/>			Handling Methods	7.3	<input checked="" type="checkbox"/>			Mechanical Dishwashing
2.0				FOOD STORAGE	4.0				FOOD DISPLAY / SERVICE	7.4				Manual Dishwashing
2.1	<input checked="" type="checkbox"/>			Storage of Potentially Haz. Foods	4.1	<input checked="" type="checkbox"/>			Display Methods	7.5	<input checked="" type="checkbox"/>			Eating Utensils / Dishes
2.2	<input checked="" type="checkbox"/>			Frozen Storage	4.2	<input checked="" type="checkbox"/>			Advance Preparation	8.0				CLEANING AND SANITIZING
2.3	<input checked="" type="checkbox"/>			Refrigerated Storage Temperature						8.1	<input checked="" type="checkbox"/>			Cleaning and Sanitizing
2.4	<input checked="" type="checkbox"/>			Refrigerated Storage Methods	5.0				RECORD KEEPING AND RECALLS	8.2	<input checked="" type="checkbox"/>			Detergents and Chemicals use and storage
2.5	<input checked="" type="checkbox"/>			Refrigerated Storage Space	5.1	<input checked="" type="checkbox"/>			Record Keeping	9.0				SANITARY FACILITIES
2.6	<input checked="" type="checkbox"/>			Dry Storage	5.2	<input checked="" type="checkbox"/>			Recall of Food	9.1	<input checked="" type="checkbox"/>			Washroom(s)
2.7	<input checked="" type="checkbox"/>			Storage of Food for Staff	6.0				PERSONNEL	9.2	<input checked="" type="checkbox"/>			Hand Washing Station (s)
3.0				FOOD PREPARATION AND HANDLING	6.1	<input checked="" type="checkbox"/>			Demonstrating Knowledge	10.0				FLOORS, WALLS, CEILINGS
3.1	<input checked="" type="checkbox"/>			Thawing Methods	6.2	<input checked="" type="checkbox"/>			Employee Health	10.1	<input checked="" type="checkbox"/>			Floors- construction, maintenance
3.2	<input checked="" type="checkbox"/>			Cooking Methods	6.3	<input checked="" type="checkbox"/>			Personal Hygiene Practices	10.2	<input checked="" type="checkbox"/>			Walls- construction, maintenance
														11.0 WATER SUPPLY- WASTE DISPOSAL
														11.1 Water- quality, quantity
														11.2 Sewage Disposal
														11.3 Solid Waste Handling
														12.0 LIGHTING AND VENTILLATION
														12.1 Lighting
														12.2 Ventilation
														13.0 GENERAL
														13.1 Licence
														13.2 Rodent and Insect Control
														13.3 Other Infractions/Hazards

Item No.	MI	MA	CR	REMARKS	Date for Correction
				<i>Previous violations corrected.</i>	
				<i>Recommended for licensing.</i>	

N.O-Not Observed, S- Satisfactory, U- Unsatisfactory, MI-Minor Infraction, MA- Major Infraction, CR- Critical Infraction
 Green: Light yellow: ___ Dark yellow: ___ Light red: ___ Dark red: ___
 Date of Inspection: Aug 29 / 12 Re-Inspection Required: yes ___ no
 If Yes, Date: _____