

FOOD PREMISES INSPECTION FORM



Name of Premises: Dixie Lee
 Operator: _____
 Address: 57 Wheeler Dr, 4 Corners

Licence #: 02-00397
 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 | | <input checked="" type="checkbox"/> | | 3.4 | | <input checked="" type="checkbox"/> | | 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 | | | |
| 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 | | | | 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 | | <input checked="" type="checkbox"/> | | 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 | | | | 9.0 | | <input checked="" type="checkbox"/> | | 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 | | | | 6.2 | | <input checked="" type="checkbox"/> | | 10.0 | | <input checked="" type="checkbox"/> | | 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"/> | | 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 | | | Freezer needs to be defrosted. | Immediately |
| 2.5 | X | | | Pizza fridge needs to be cleaned | Immediately |
| 2.5 | X | | | shelf in walkin needs to be replaced | Next inspectim |
| 2.6 | X | | | Box of grease must be stored in sealed container once opened. | Immediately |
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Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: Feb. 21/20
 If Yes, Date: _____

White - Office; Yellow - Operator; Blue - Copy for Posting