

FOOD PREMISES INSPECTION FORM



Name of Premises: Circle K #2038
 Operator: _____
 Address: 4 Mart Rd, Ballysney

Licence #: 02-01733
 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	FOOD			3.3		<input checked="" type="checkbox"/>		Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>		
1.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.4	<input checked="" type="checkbox"/>			Cooling Methods	7.1		<input checked="" type="checkbox"/>		10.3		<input checked="" type="checkbox"/>		
1.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.5	<input checked="" type="checkbox"/>			Re-heating Methods	7.2		<input checked="" type="checkbox"/>		11.0 WATER SUPPLY AND WASTE DISPOSAL				
1.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		3.6	<input checked="" type="checkbox"/>			Handling Methods	7.3	<input checked="" type="checkbox"/>			11.1	<input checked="" type="checkbox"/>		Water (Quality and Quantity)	
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4	<input checked="" type="checkbox"/>			11.2	<input checked="" type="checkbox"/>			Sewage Disposal	
2.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4.1	<input checked="" type="checkbox"/>			Display Methods	7.5	<input checked="" type="checkbox"/>			11.3	<input checked="" type="checkbox"/>			Solid Waste Handling
2.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4.2	<input checked="" type="checkbox"/>			Advance Preparation	8.0	CLEANING AND SANITIZING			12.0	LIGHTING AND VENTILATION			
2.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.0	RECORD KEEPING AND RECALLS			8.1		<input checked="" type="checkbox"/>			12.1	<input checked="" type="checkbox"/>			Lighting
2.4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.1	<input checked="" type="checkbox"/>			Record Keeping	8.2		<input checked="" type="checkbox"/>		12.2	<input checked="" type="checkbox"/>			Ventilation
2.5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		5.2	<input checked="" type="checkbox"/>			Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL			
2.6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.0	PERSONNEL			9.1		<input checked="" type="checkbox"/>			13.1	<input checked="" type="checkbox"/>			Licence
2.7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.1		<input checked="" type="checkbox"/>		Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>		13.2	<input checked="" type="checkbox"/>			Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>		Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3	<input checked="" type="checkbox"/>			Other Infractions/Hazards
3.1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		6.3		<input checked="" type="checkbox"/>		Personal Hygiene Practices	10.1	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
3.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<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

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red	<input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>Dec 10/2019</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
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