

FOOD PREMISES INSPECTION FORM

Name of Premises: Fair O'S Market
 Operator: _____
 Address: 16 Bonaventure St St George

Licence #: 02-01307
 Type: Class 3 Class 4--Rgh Class 5
 Category: Routine Re-inspection New Licence Other
 Water Supply: Private Municipal



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|-----|-------------------------------|-----|---|----------------------------|------|-----------------------------|------|---|---|
| 1.0 | FOOD | 3.3 | - | Holding Methods | 7.0 | FOOD EQUIPMENT AND UTENSILS | 10.2 | - | Walls (Construction and Maintenance) |
| 1.1 | - | 3.4 | - | Cooling Methods | 7.1 | - | 10.3 | - | Ceilings (Construction and Maintenance) |
| 1.2 | - | 3.5 | - | Re-heating Methods | 7.2 | - | 11.0 | - | WATER SUPPLY AND WASTE DISPOSAL |
| 1.3 | - | 3.6 | - | Handling Methods | 7.3 | - | 11.1 | - | Water (Quality and Quantity) |
| 2.0 | FOOD STORAGE | 4.0 | - | FOOD DISPLAY AND SERVICE | 7.4 | - | 11.2 | - | Sewage Disposal |
| 2.1 | - | 4.1 | - | Display Methods | 7.5 | - | 11.3 | - | Solid Waste Handling |
| 2.2 | - | 4.2 | - | Advance Preparation | 8.0 | CLEANING AND SANITIZING | 12.0 | - | LIGHTING AND VENTILATION |
| 2.3 | - | 5.0 | - | RECORD KEEPING AND RECALLS | 8.1 | - | 12.1 | - | Lighting |
| 2.4 | - | 5.1 | - | Record Keeping | 8.2 | - | 12.2 | - | Ventilation |
| 2.5 | - | 5.2 | - | Recall of Food | 9.0 | SANITARY FACILITIES | 13.0 | - | GENERAL |
| 2.6 | - | 6.0 | - | PERSONNEL | 9.1 | - | 13.1 | - | Licence |
| 2.7 | - | 6.1 | - | Demonstrating Knowledge | 9.2 | - | 13.2 | - | Rodent and Insect Control |
| 3.0 | FOOD PREPARATION AND HANDLING | 6.2 | - | Employee Health | 10.0 | FLOORS, WALLS AND CEILINGS | 13.3 | - | Other Infractions/Hazards |
| 3.1 | - | 6.3 | - | Personal Hygiene Practices | 10.1 | - | | | |
| 3.2 | - | | | Cooking Methods | | | | | |

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

| | | | | | | | | | |
|-----|---|--|--|---|--|--|--|--|-----------|
| 1.3 | X | | | Re-packaged fruit shall be labelled with the "packaged on" date. | | | | | Immediate |
| | | | | * For order to use Quat sanitizer "DVG Chef", purchase test strips Quaternary Ammonium "Quat" test strips X | | | | | |

Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: 29 Aug 2019

Re-inspection Required: Yes No
 If Yes, Date: _____

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