

FOOD PREMISES INSPECTION FORM

Name of Premises: The Fox & Hound Pub.
 Operator: _____
 Address: 720 Coverdale Rd. Riverview

Licence #: 01-02104 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 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"/>	<input checked="" type="checkbox"/>	Holding Methods	7.0	FOOD EQUIPMENT AND UTENSILS			10.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cooling Methods	7.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Re-heating Methods	7.2		<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	Handling Methods	7.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.0	FOOD STORAGE			4.0	FOOD DISPLAY AND SERVICE			7.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Display Methods	7.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4.2		<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	12.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.4		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Record Keeping	8.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.5		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5.2		<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	13.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2.7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Demonstrating Knowledge	9.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.0	FOOD PREPARATION AND HANDLING			6.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6.3		<input checked="" type="checkbox"/>	<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"/>					Cooking Methods								

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
8.1	<input checked="" type="checkbox"/>			Infraction 10.1 has been corrected. Fume hoods were dirty at the time of inspection. Fume hoods must be kept clean and sanitary.	next routine inspection
8.1	<input checked="" type="checkbox"/>			wall next to Fryer requires cleaning. Non-Food contact surfaces shall be kept clean and sanitary.	next routine inspection

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Date of Inspection: <u>Sept-13, 2018</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	
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