

FOOD PREMISES INSPECTION FORM

Name of Premises: Vito's Rothersey
 Operator: _____
 Address: 111 Old Hampton Rd, Rothersey

Licence #: 02-01161
 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"/>	7.0	FOOD EQUIPMENT AND UTENSILS			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			<input checked="" type="checkbox"/>
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	FOOD STORAGE			4.0			<input checked="" type="checkbox"/>	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			<input checked="" type="checkbox"/>
2.3		<input checked="" type="checkbox"/>		5.0			<input checked="" type="checkbox"/>	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			<input checked="" type="checkbox"/>	9.0		<input checked="" type="checkbox"/>		13.0			<input checked="" type="checkbox"/>
2.6		<input checked="" type="checkbox"/>		6.0			<input checked="" type="checkbox"/>	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	FOOD PREPARATION AND HANDLING			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										
2.3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Thermometers were not present in refrigerators at time of inspection (take refrigerators & refrigerators near dishwasher)	corrected										
2.4	<input checked="" type="checkbox"/>			Eggs were stored on top shell in walk-in refrigerator in cupboards. Egg must be stored at lower shelf to prevent cross contamination	corrected										
3.3		<input checked="" type="checkbox"/>		most of the pizza making area was covered w/ sic. All the hot holding must be maintained above 60°C.	corrected.										
9.1	<input checked="" type="checkbox"/>			Fan in stall workshop in upstairs was accumulated with dust. Cleaned & repaired.	Next routine inspection										
2.2	<input checked="" type="checkbox"/>			Freezer near dishwashers was attempted must be defrosted due to ice accumulation	27/ May/2021.										

Green
 Light Yellow
 Striped Red

Dark Yellow
 Red

Date of Inspection: May 15, 2021

Re-inspection Required: Yes No

If Yes, Date: _____

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

Food Premises Standard Operational Procedures

Version 6.0 January 20