

FOOD PREMISES INSPECTION FORM



Name of Premises: Subway (Pine wood)
 Operator: _____
 Address: 630 Pine wood Drive

Licence #: 01-01253
 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				7.0	FOOD EQUIPMENT AND UTENSILS			10.2			
1.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3.4	<input checked="" type="checkbox"/>			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"/>			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"/>		7.3	<input checked="" type="checkbox"/>	<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"/>	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"/>	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"/>			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"/>			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"/>	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"/>	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"/>	10.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
3.2		<input checked="" type="checkbox"/>	<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

Green
 Light Yellow Dark Yellow
 Striped Red Red
 Date of Inspection: Oct. 06, 2020
 Re-inspection Required: Yes No
 If Yes, Date: _____