

FOOD PREMISES INSPECTION FORM

Name of Premises: Kwan's Cantonese Restaurant
 Operator: _____
 Address: 3 Winter St. Sussex

Licence #: 02-02499 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				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 (Constructions 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				Storage of Potentially Hazardous Foods	7.5				11.3				Solid Waste Handling
2.2				4.2				Frozen Storage	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				Refrigerated Storage (Temperature)	8.2				12.2				Ventilation
2.5				5.2				Refrigerated Storage (Methods)	9.0	SANITARY FACILITIES			13.0	GENERAL			
2.6				6.0	PERSONNEL			9.1				13.1					Licence
2.7				6.1				Dry Storage	9.2				13.2				Rodent and Insect Control
3.0	FOOD PREPARATION AND HANDLING			6.2				Storage of Food for Staff	10.0	FLOORS, WALLS AND CEILINGS			13.3				Other Infractions/Hazards
3.1				6.3				Employee Health	10.1								
3.2								Thawing Methods									
								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
9.1	X			Wall in Staff washroom needs to be painted where chipped.	Next 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>Dec. 19 11</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____	
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