

FOOD PREMISES INSPECTION FORM

Name of Establishment: Fresco
 Operator: _____
 Address: 0224 King Ave Brampton

Licence #: 60-00616 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 | | | | 7.0 | FOOD EQUIPMENT AND UTENSILS | | | 10.2 | | | |
| 1.1 | | | | 3.4 | | | | 7.1 | | | | 10.3 | | | |
| 1.2 | | | | 3.5 | | | | 7.2 | | | | 11.0 | WATER SUPPLY AND WASTE DISPOSAL | | |
| 1.3 | | | | 3.6 | | | | 7.3 | | | | 11.1 | | | |
| 2.0 | FOOD STORAGE | | | 4.0 | FOOD DISPLAY AND SERVICE | | | 7.4 | | | | 11.2 | | | |
| 2.1 | | | | 4.1 | | | | 7.5 | | | | 11.3 | | | |
| 2.2 | | | | 4.2 | | | | 8.0 | CLEANING AND SANITIZING | | | 12.0 | LIGHTING AND VENTILATION | | |
| 2.3 | | | | 5.0 | RECORD KEEPING AND RECALLS | | | 8.1 | | | | 12.1 | | | |
| 2.4 | | | | 5.1 | | | | 8.2 | | | | 12.2 | | | |
| 2.5 | | | | 5.2 | | | | 9.0 | SANITARY FACILITIES | | | 13.0 | GENERAL | | |
| 2.6 | | | | 6.0 | PERSONNEL | | | 9.1 | | | | 13.1 | | | |
| 2.7 | | | | 6.1 | | | | 9.2 | | | | 13.2 | | | |
| 3.0 | FOOD PREPARATION AND HANDLING | | | 6.2 | | | | 10.0 | FLOORS, WALLS AND CEILINGS | | | 13.3 | | | |
| 3.1 | | | | 6.3 | | | | 10.1 | | | | | | | |
| 3.2 | | | | | | | | | | | | | | | |

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 |
|----------|----|----|----|-------------------------------------|---------------------|
| | | | | No infraction at time of inspection | |
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Green
 Light Yellow Dark Yellow
 Striped Red Red

Date of Inspection: Sept. 5, 2018

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