

FOOD PREMISES INSPECTION FORM



Name of Premises: Landry Home Style Bakery

Licence #: 01-00222

Operator: Normand Landry

Type: Class 3 Class 4 Class 5

Address: 193 St-George Street,

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"/>	<input checked="" type="checkbox"/>		Holding Methods	7.0	7.0 FOOD EQUIPMENT AND UTENSILS				10.2		<input checked="" type="checkbox"/>	
1.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved Source	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"/>		
1.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Purchasing and Receiving	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"/>	Acceptable Containers and Labeling	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"/>	Manual Dishwashing	11.2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
2.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Storage of Potentially Hazardous Foods	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"/>	Frozen Storage	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"/>	Refrigerated Storage (Temperature)	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"/>	Refrigerated Storage (Methods)	5.1		<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"/>	Refrigerated Storage (Space)	5.2		<input checked="" type="checkbox"/>	Recall of Food	9.0 SANITARY FACILITIES				13.0 GENERAL				
2.6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Dry Storage	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"/>	Storage of Food for Staff	6.1		<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 CEILING				13.3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3.1	<input checked="" type="checkbox"/>			Thawing Methods	6.3		<input checked="" type="checkbox"/>	Personal Hygiene Practices	10.1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
3.2	<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
2.3 (d.1)				Infractions from previous inspection has been corrected	
10.1	<input checked="" type="checkbox"/>			Some Floor tiles still needs to be replaced.	next routine inspection

Green
 Light Yellow
 Dark Yellow
 Date of Inspection: Oct. 11, 2019

Striped Red
 Red
 Re-inspection Required: Yes No
 If Yes, Date: