

FOOD PREMISES INSPECTION FORM

Name of Premises: Sushi Jo
 Operator: _____
 Address: 612 Main St.

Licence #: 02-02696 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				Display Methods	7.5			11.3				Solid Waste Handling	
2.2				4.2				Advance Preparation	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				Record Keeping	8.2			12.2				Ventilation	
2.5				5.2				Recall of Food	9.0	SANITARY FACILITIES			13.0	GENERAL			
2.6				6.0	PERSONNEL			9.1				13.1				Licence	
2.7				6.1				Demonstrating Knowledge	9.2			13.2				Rodent and Insect Control	
3.0	FOOD PREPARATION AND HANDLING			6.2				Employee Health	10.0	FLOORS, WALLS AND CEILINGS			13.3				Other Infractions/Hazards
3.1				6.3				Personal Hygiene Practices	10.1								
3.2								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
2.6	X			Cutting boards need to be resurfaced. Will pick up this week.	Next inspection
9.1	X			walls in staff washroom must be painted.	↓
10.2	X			wall behind freezer needs to be painted	
10.3	X			ceiling needs to be painted.	

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Red	Dec. 19/19 Date of Inspection:	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date:	_____ Inspector Signature:
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