

FOOD PREMISES INSPECTION FORM

Name of Premises: Papa's Nuts
 Operator: _____
 Address: 1169 Ledge Road

Licence #: 02-02907 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Water Supply: Private Municipal



Item No.	Code	Description	Min	Max	No	S	U	Item No.	Code	Description	Min	Max	No	S	U
10		FOOD						70		FOOD EQUIPMENT AND UTENSILS					
		3.3 Holding Methods			/					10.2 Walls (Construction and Maintenance)			/		
11		3.4 Approved Source			/					10.3 Ceilings (Construction and Maintenance)			/		
12		3.5 Purchasing and Receiving			/					11.0 WATER SUPPLY AND WASTE DISPOSAL					
13		3.6 Acceptable Containers and Labeling			/					11.1 Water (Quality and Quantity)			/		
20		FOOD STORAGE						71		11.2 Sewage Disposal			/		
		4.0 FOOD DISPLAY AND SERVICE								11.3 Solid Waste Handling			/		
21		4.1 Storage of Potentially Hazardous Foods			/					12.0 CLEANING AND SANITIZING					
22		4.2 Frozen Storage			/					12.1 Lighting			/		
23		5.0 Refrigerated Storage (Temperature)								12.2 Ventilation			/		
24		5.1 Refrigerated Storage (Methods)						8.0 RECORD KEEPING AND RECALLS		13.0 GENERAL					
25		5.2 Refrigerated Storage (Space)								13.1 Licence			/		
26		6.0 Dry Storage								13.2 Rodent and Insect Control			/		
27		6.1 Storage of Food for Staff								13.3 Other Infractions/Hazards			/		
30		FOOD PREPARATION AND HANDLING						8.1		10.0 FLOORS, WALLS AND CEILINGS					
31		8.1 Thawing Methods			/					10.1 Floors (Construction and Maintenance)			/		
32		8.2 Cooking Methods			/			9.0		10.2			/		
								9.1		10.3			/		
								9.2					/		
								9.3					/		
								10.0					/		
								10.1					/		

N.O. - Not Observed; S - Satisfactory; U - Unsatisfactory; MI - Minor Infraction; MA - Major Infraction; CR - Critical Infraction

Item No.	Code	Description	Min	Max	No	S	U	Item No.	Code	Description	Min	Max	No	S	U
										Water Sample required in April & October of each year					
															April

<input checked="" type="checkbox"/> Green <input type="checkbox"/> Light Yellow <input type="checkbox"/> Striped Red <input type="checkbox"/> Dark Yellow <input type="checkbox"/> Red	Date of Inspection: <u>March 7/19</u>	Re-inspection Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____
--	---------------------------------------	--