

FOOD PREMISES INSPECTION FORM



PAGE 03/05

HEALTH PH INSPECTION

Name of Premises: Treadwell Inn / St Croix Olive
 Operator: _____
 Address: Christy Kennedy

Licence #: 02-22089 Type: Class 3 Class 4 Class 5
 Category: Routine Re-inspection New Licence Complaint CD Follow-up Inspection
 Water Supply: Private Municipal

| FOOD | | | | FOOD EQUIPMENT AND UTENSILS | | | | WATER SUPPLY AND WASTE DISPOSAL | | | | | | | | |
|------|--|--|--|-----------------------------|--|--|--|---------------------------------|--|--|--|------|--|--|--|------------------------------------------|
| 1.0 | | | | 3.3 | | | | 7.0 | | | | 10.2 | | | | Walls (Construction and Maintenance) |
| 1.1 | | | | 3.4 | | | | 7.1 | | | | 10.3 | | | | Ceilings (Constructions and Maintenance) |
| 1.2 | | | | 3.5 | | | | 7.2 | | | | 11.0 | | | | Water (Quality and Quantity) |
| 1.3 | | | | 3.6 | | | | 7.3 | | | | 11.1 | | | | Sewage Disposal |
| 2.0 | | | | 4.0 | | | | 7.4 | | | | 11.2 | | | | Solid Waste Handling |
| 2.1 | | | | 4.1 | | | | 7.5 | | | | 11.3 | | | | |
| 2.2 | | | | 4.2 | | | | 8.0 | | | | 12.0 | | | | Lighting |
| 2.3 | | | | 5.0 | | | | 8.1 | | | | 12.1 | | | | Ventilation |
| 2.4 | | | | 5.1 | | | | 9.0 | | | | 13.0 | | | | |
| 2.5 | | | | 5.2 | | | | 9.1 | | | | 13.1 | | | | Licence |
| 2.6 | | | | 6.0 | | | | 9.2 | | | | 13.2 | | | | Rodent and Insect Control |
| 2.7 | | | | 6.1 | | | | 10.0 | | | | 13.3 | | | | Other Infractions/Hazards |
| 3.0 | | | | 6.2 | | | | 10.1 | | | | | | | | |
| 3.1 | | | | 6.3 | | | | | | | | | | | | |
| 3.2 | | | | | | | | | | | | | | | | |

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

| INC | MI | MA | CR | Remarks | Date of Completion |
|-----|----|----|----|---------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Green
 Light Yellow Dark Yellow
 Striped Red Red

Re-inspection Required: Yes No
 Date of Inspection: Apr 20/2018
 If Yes, Date: _____

04/20/2018 15:55 506-466-7908