

HIGH RISK FOOD PREMISES INSPECTION REPORT

Establishment Name:								Inspection Date:						
			*CRITICAL	ITEM	S REQU	IRI	NG IM	MEDIATE AC	TION					
# Category					DM		#			WT	DM			
		Food Prepar		-	1			1	Structure and	Facilities		1		
*01	rotated, in d				5			Condition: w	1					
*02	containers, c	ooling/cold holding practices; shallow rs, covered. 40°F or below			5			Lighting: add		1				
*03	Proper hot h	roper hot holding practices; held 140°F+					28	Ventilation:	adequate		1			
*04	Left-over for	eft-over food: Refrigerated; reheated to 165°F+					29	Doors, windo		1				
*05	Cross contar	oss contamination, cooked/raw, equipment					30 Dining rooms, public areas: Equipment, furnet etc clean and in good condition				1			
*06	Thawing pra	ing practices				31 Sanitary accommodatio door, IVS, etc.				ons), self closing	1			
*07	Potable Wat	Water & Ice					32	Clean and so	biled linen: properly s	stored	1			
08	Handling of	ndling of food minimized												
09	Food/Ice dispensing utensils properly stored							Sub Tota						
*10	Displayed fo	Displayed food: Temperature control												
*11	Food protect	Food protected from contamination					33	Occupational Safety and Health 33 Occupational Safety & Health Committee or Representative, accident book						
					34	Equipment & utensils safe, machine quards, stops								
			Sub Total	40			35	Storage & handling of dangerous substances						
Personnel							36	1						
12	Food handler training						37	non-slip areas/mats						
13	Protective clothing, head coverings, correct use of disposable gloves				2 38 Safety Policies && procedures posted, Act & Regulations, P.P.E. & training in safe use						2			
14	Staff sanitar lockers, was	2			39	39 First Aid Kits, supervision of employees, training, safe systems of work and record keeping								
*15	2													
*16	3													
							Sub Total		9					
Sub Total 12														
Equipment and Sanitation							*40		effective-rodent pro		4			
17	Stoves etc, f	fume extraction		2										
18	Cleaning sch	Cleaning schedule		2						Sub Tota	al 4			
*19	Food contact surfaces sound, clean sanitized								Miscellan	eous				
20							41	Garbage containers in good condition, clean and						
21	Refrigeration: Adequate, clean, thermometers						42							
22	provided						43	43 External areas						
23	1			44	44 Compliant grease interceptors and grease disposal									
24	2	ſ		45	Licence disp	ayed and easily visit	ble	1	T					
*25	2					-								
temperatures 2 Sub Total 17								•		Sub Tota	al 11	Ì		
TOTAL	TOTAL CRITCAL ITEMS: TOTAL DEMERITS:							FINAL SCORE: /100% GRADE:						
GRADING KEY: A=90% B=80%			C	C=70%			D=60%	=60% E=50% PASS			FAIL			

Owner/Proprietor:													
Discussed with: E-mail Address:													
Address:													
Business No.							Cellular No.						
ITEM NO.									CRITIC	DATE FOR CORRECTION			
											-		
	* (NO MORE THAN 2 CRITICAL ITEMS FOR A GRADE) TOTAL CRI							L CRITICAL	AL ITEMS				
Date of Inspection:				Re-Inspection:		YES NO If yes, R		f yes, Re-Ir	-Inspection Date:			Water Sample Taken:	
Initial Inspection: Lic			nsing: Evaluation:			Food Handling Certificate:			Notify OSHO for further Action:				
Fee Assessment: S				q. ft. No. Seating: YES NO Copied to Tourism Aut					hority:				
OFFICE USE ONLY													
Licence Fee: \$			Sanitary Fee:\$ Re			e-inspection Fee:\$			Total Fee:\$				
Receipt No.:			Delivered:			Aailed: Collecte			ed: Is		Issu	Issued:	