

Region	Map #	Insp. ID	Premises Type	Premises ID	Inspection Frequency 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Previous Inspection Status Pass <input type="checkbox"/> Cond. Pass <input type="checkbox"/> Closed <input type="checkbox"/>	Previous Inspection Date m / d / y
Premises Name (Storefront)					Inspection <input type="checkbox"/>	Compliance <input type="checkbox"/> And Complaint <input type="checkbox"/>	# of C. F. H. <input type="checkbox"/>
Trading As					Re-Inspection <input type="checkbox"/>	CRSIR # <input type="checkbox"/> Or Request <input type="checkbox"/>	T. V. <input type="checkbox"/>
Owner / Licensee					Operator / Occupier		Required <input type="checkbox"/>
Daily Operating Hours <input type="checkbox"/>					Mon	Tues	Wed
Seasonal Premises Only <input type="checkbox"/>					Thurs	Fri	Sat
					Sun	Out of Business <input type="checkbox"/>	
							New Premises <input type="checkbox"/>
							Permanently Closed <input type="checkbox"/>

Compliance with:	Report(s)	Notice	Licence	Municipal Licence	Unavailable <input type="checkbox"/> Expired <input type="checkbox"/> N/A <input type="checkbox"/>
Municipal Code, Chapter 545 ▶ N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	#	
Municipal Code, Chapter 520 ▶ N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

1. FOOD TEMPERATURE CONTROL	Cat	✓	✗	CDI	N/A
A. Thorough cooking and/or re-heating of hazardous food items (HPPA)	C				
B. Internal temperature of hazardous foods 4°C (40°F) and below or 60°C (140°F) and above	C				
C. Temperature of frozen hazardous food items: -18°C (0°F) or colder (Locker Plants: -12°C / -15°C)	S				
2. FOOD PROTECTED FROM CONTAMINATION	Cat	✓	✗	CDI	N/A
A. Approved meat, eggs, milk and edible oil products and/or proper handling and/or processing as required	C				
B. Food protected from contamination / adulteration (e.g. food condemnation)	C				
C. Proper utensils / equipment and/or procedures used to ensure food safety (e.g. protective covers)	S				
D. Adequate potable water supply (including ice and steam)	C				
3. EMPLOYEE HYGIENE AND HANDWASHING	Cat	✓	✗	CDI	N/A
A. Separate handwash sink(s) with hot / cold water, soap in dispenser, and proper towels	S				
B. Washing hands thoroughly as required to prevent cross-contamination	C				
C. Provision and use of clean outer garments and headgear for hair confinement	M				
D. Free of infection / disease spread through food (observable signs e.g. cuts / abrasions / lesions)	C				
4. MAINTENANCE / SANITATION OF FOOD CONTACT SURFACES / UTENSILS / EQUIPMENT	Cat	✓	✗	CDI	N/A
A. Hot / cold running water under pressure and proper cloths as required	S				
B. Proper maintenance and use of equipment (machines, utensils, containers, articles)	S				
C. Provision and proper use of sinks and supplies for manual washing of multi-use and large utensils	S				
D. Properly equipped / maintained mechanical washer for multi-use utensils	S				
5. MAINTENANCE / SANITATION OF NON-FOOD CONTACT SURFACES / EQUIPMENT	Cat	✓	✗	CDI	N/A
A. Provision and proper maintenance of mechanical equipment and devices	S				
B. Accurate indicating and easily readable thermometers (Locker Plants- proper thermometer / records)	S				
C. Proper maintenance / washing of rooms (including washrooms) and equipment	M				
D. Minimum lighting as per Ontario Building Code requirements	M				
6. MAINTENANCE / SANITATION OF WASHROOMS	Cat	✓	✗	CDI	N/A
A. Washrooms fixtures (washbasins, urinals, toilets) maintained clean and sanitary	S				
B. Toilet paper, running water, soap in dispenser(s), proper towels or hot air dryer	S				
C. One washroom for each sex (signage) and no altering of floor space, number of toilets or washbasins	M				
7. STORAGE / REMOVAL OF WASTE	Cat	✓	✗	CDI	N/A
A. Proper storage (sufficient garbage containers) and removal of solid / liquid waste	S				
B. Garbage containers leakproof / pestproof / non-absorbent with tight covers and sanitized as required	M				
8. PEST CONTROL	Cat	✓	✗	CDI	N/A
A. Adequate pest control and room(s) maintained free of animals	S				
9. CONDITION(S) FOR CLOSURE	Cat	✓	✗	CDI	N/A
A. Premises maintained in a manner not permitting a health hazard	C				

✓ = In Compliance    ✗ = Infractions to be corrected immediately    CDI = Corrected During Inspection    N/A = Not Applicable

Monitor <input type="checkbox"/> Unable <input type="checkbox"/>	Monitor <input type="checkbox"/> Unable <input type="checkbox"/>	Monitor <input type="checkbox"/> Unable <input type="checkbox"/>
Time (min) = _____ mm / dd / yy	Time (min) = _____ mm / dd / yy	Time (min) = _____ mm / dd / yy
Satisfactory at time of inspection <input type="checkbox"/>	This is Page 1 of _____	
See Supplemental Inspection Report <input type="checkbox"/>	Re-Inspection date scheduled for: _____ mm / dd / yy	

**ACTION TAKEN:** Food Safety Consultation  Food Condemned/Seized  HACCP Consultation  Samples (food, water, ice)

INSPECTION STATUS	INFRACTIONS	Inspection Date
<input type="checkbox"/> IN PROGRESS	An inspection that has not been completed	
<input type="checkbox"/> PASS	No / any minor (M) and no significant (S) and no crucial (C)	mm / dd / yy
<input type="checkbox"/> CONDITIONAL PASS	Any significant (S) or any crucial (C)	Total Inspection Time
<input type="checkbox"/> CLOSED	Any crucial (C) that constitutes a condition for closure	
<input type="checkbox"/> TEMP. NOT OPERATING	Not operating due to fire, flood or other property damages	minutes

Owner / Operator / Keeper has been advised to post the Food Safety Inspection Notice as issued by the Medical Officer of Health or designate in accordance with the instructions on the reverse side of this form.

Inspector's Name (please print)	Inspector's Signature	(24 hour clock)
Owner / Operator / Recipient		Date of Report
First Name	Last Name	Signature of Owner / Operator / Recipient
		mm / dd / yy

The personal information on this form is collected under the authority of the City of Toronto Act, 1997 (No. 2), Municipal Code, Chapter 546, and the Health Protection and Promotion Act, R.S.O. 1990, C.H. 7, O. Reg. 562. The information is used to administer the Toronto Public Health Food Safety Program and aggregate statistical reporting. Questions about this collection can be directed to the Director of Healthy Environments, 277 Victoria Street, Toronto, M5B 1W2. Telephone: 416 392-1356.