



Algoma Health Unit

Public Health Inspection Department

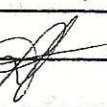
INSPECTION REPORT

Request #	<input type="text"/>
Area	<input type="text"/>
Estb/Prog #	0 0 4 0 2
Unit/Act #	<input type="text"/> 0 0
Inspector	A M F
Date	M D Y 02 26 07

Name 

Address  S.S. MARIE, ON.


Telephone #

Re: PICK UP OF GREEK SALAD FOR ANALYSIS.
SAMPLE SUBMITTED TO BSM PHL - 3:15 - FEB 26/07 

Report

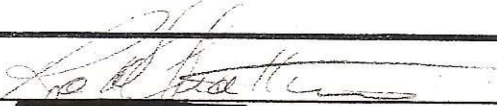
SPOKE TO PAUL SIM ABOUT PURPOSE FOR SAMPLE.


ALSO DISCUSSED SOME CLEANING ISSUES.

Note: At time of visit I spoke to  AND SHOWED HIM MY CONCERNS SUCH AS - 175 2:30 PM AND NO CLEANING HAS BEEN DONE AND ONLY 3 TABLES OCCUPIED - I ASKED HIM WHY?

- THE SALAD REF. UNITS - 2 OF THEM - WERE FILTHY AND A SALAD BOWL (used) WAS LEFT ON TOP OF THE ROMANE LETTUCE
- THERE WAS BLACK SPECKS ON ICE CUBES IN THE ICE MACHINE
- THE FLOOR WAS FILTHY AS WERE WORK TABLES ETC - SAUCE SPLATTER ON WALL OVER SALAD PREP AREA - I ASKED HIM WHY?

— OVER —

Date Feb 26/07 | Inspector's Signature 

Date | Recipient's Signature 

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Sault Ste. Marie
(705) 759-5287 | <input type="checkbox"/> Blind River
(705) 356-2551 | <input type="checkbox"/> Elliot Lake
(705) 848-2314 | <input type="checkbox"/> Wawa
(705) 856-7208 |
|---|--|--|---|

- I TOLD HIM THAT HE IS DUE FOR AN INSP. AS I READ HIS FILE AND ADVISED HIM - WHAT I SAW IN 35-40 MINUTES WAS NOT ACCEPTABLE AND WHEN A FULL INSP. IS DONE - IF THINGS ARE NOT ANY BETTER - HE SHOULD BE PREPARED FOR A VERY UNPLEASANT INSPECTION REPORT AND/OR CHARGES FOR REGULATION INFRACTIONS.

- I ALSO SAID THE REGULAR INSPECTION MAY BE TOMORROW OR NEXT WEEK.

- MY LAST ADVICE TO HIM WAS TO SET A MUCH HIGHER PRIORITY TO FOOD SAFETY - BECAUSE - I SAW NONE!

WE LEFT ON GOOD TERMS AS I ADVISED HIM THE BALL WAS IN HIS COURT!

Shelton - CP41 (C).

ICON
LOCATION
CODE
CODE DE
LOCALISATION
RIII

OFFENCE
NUMBER
N°
D'INFRACTION

190061

PROVINCIAL OFFENCES ACT ONTARIO COURT OF JUSTICE
LOI SUR LES INFRACTIONS PROVINCIALES COUR DE JUSTICE DE L'ONTARIO

ENFORCEMENT AGENCY RECORD /
REGISTRE DES DOCUMENTS DE L'AGENCE D'EXECUTION

Jenny Mackey

BELIEVES AND CERTIFIED
THAT ON THE DAY OF
CROIS ET ATTESTE
QUE LE JOUR DE

(PRINT NAME / NOM EN LETTRES MOULEES)

TIME / A (HEURE)

20060613 1215 P M

NAME
NOM

[REDACTED]

FAMILY / NOM DE FAMILLE

GIVEN / PRENOM

INITIALS / INITIALES

ADDRESS
ADRESSE

[REDACTED]

NUMBER AND STREET / N° ET RUE

South Ste. Marie, ONT P6B 4Y5
MUNICIPALITY / MUNICIPALITE P.O.C.P. PROVINCE POSTAL CODE / CODE POSTAL

DRIVER'S LICENCE NO / NUMERO DE PERMIS DE CONDUIRE

[REDACTED] PROV ON

BIRTH DATE / DATE DE NAISSANCE
Y/A M/M D/J

SEX
SEXE

MOTOR VEHICLE INVOLVED
VEHICULE IMPLIQUE

1 9

YES / OUI NO / NON

AT/A

[REDACTED]

South Ste. Marie, Ontario

MUNICIPALITY / MUNICIPALITE

DID COMMIT THE OFFENCE OF:

A COMMIS L'INFRACTION SUIVANTE:

Fail to provide
thermometer in
Storage
Compartment

CONTRARY TO:

CONTRAIREMENT A: Health Protection and
Promotion Act, Regulation 562

SECT./ART. 21

PLATE NUMBER N° DE PLAQUE D'IMMATICULATION	YEAR / ANNEE	PROV ON	MAKE / MARQUE	COLLISION INVOLVED COLLISION IMPLIQUEE <input type="checkbox"/> Y/O <input type="checkbox"/> N	WITNESSES TEMOINS <input type="checkbox"/> Y/O <input type="checkbox"/> N	CODE
COMMERCIAL <input type="checkbox"/> YES/OUI	CVOR / CECVU <input type="checkbox"/> YES/OUI	C.V.O.R. NUMBER IN' DU CECVU				
AND I FURTHER CERTIFY THAT I SERVED AN OFFENCE NOTICE PERSONALLY UPON THE PERSON CHARGED JE CERTIFIE EN OUTRE QUE J'AI SIGNIFIE UN AVIS D'INFRACTION EN MAINS PROPRES A L'ACCUSE(E)				ON THE OFFENCE DATE LE JOUR DE L'INFRACTION. <input checked="" type="checkbox"/> OTHER AUTRE		
SIGNATURE OF ISSUING PROVINCIAL OFFENCES OFFICER SIGNATURE DE L'AGENT DES INFRACTIONS PROVINCIALES <i>J. Mackey</i>				OFFICER NO. N° DE L'AGENT 2601	PLATOON PELTON Health Unit	UNIT UNITE
SET FINE OF L'AMENDE FIXEE DE \$ 95.00	TOTAL PAYABLE \$ 120.00		TOTAL PAYABLE INCLUDES COSTS AND APPLICABLE VICTIM FINE SURCHARGE. LE MONTANT TOTAL EXIGIBLE COMPREND LES FRAIS ET LA SURAMENDE COMPENSATOIRE QUI S'APPLIQUE			
SUMMONS ISSUED, YOU ARE REQUIRED TO APPEAR IN COURT ON						
Y/A			M/M		D/J	
[REDACTED]			[REDACTED]		[REDACTED] M	

ASSIGNATION DELIVREE, VOUS
DEVES COMPARAITRE LE

CT. ROOM / SALLE D'AUDIENCE

ONTARIO COURT OF JUSTICE P.O.A. OFFICE AT/
COUR DE JUSTICE DE L'ONTARIO BUREAU - L.I.P. A