

HEALTH LICENCING UNIT

SANITARY INSPECTORS REPORT

Shri/Ms. _____ S/o Shri/Ms. _____ has requested for
 grant/renewal of license of Shop/ Stall/Kiosk/Premises No. _____
 for the year _____

- a) Application form duly completed & with all required documents Yes No
- b) Medical Examination Report from FHU NDMC has been received & attached on page
- c) This is an application for a new licence/renewal of licence.

INSPECTION REPORT

(A) Lobby/Dining Hall

Condition of Furniture : Satisfactory Unsatisfactory

Approx. Area : sq. meters

Sitting Capacity : Spacious Congested

Ventilation : Satisfactory Unsatisfactory

Light : Satisfactory Unsatisfactory

(B) Kitchen:

	App.		
1. Storage area	<input type="text"/> sq. meters	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
2. Cooking area	<input type="text"/> sq. meters	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
3. Condition of Roof	<input type="checkbox"/> White washed	<input type="checkbox"/> Dirty	
4. Condition of Walls	<input type="checkbox"/> White washed	<input type="checkbox"/> Dirty	<input type="checkbox"/> Tiled
5. Condition of Floor	<input type="checkbox"/> Broken	<input type="checkbox"/> Dirty	<input type="checkbox"/> Good Condition
6. Condition of working table/s	<input type="checkbox"/> Broken	<input type="checkbox"/> Dirty	<input type="checkbox"/> Good Condition
7. Condition of Utensils	<input type="checkbox"/> Dirty <input type="checkbox"/> Dented	<input type="checkbox"/> Chipped	<input type="checkbox"/> Good Condition
8. No. of Exhaust Fans	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
9. Storage of cooked material	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	

Condition of Refrigerators & Deep Freezers

- | | | |
|-----------------------------------------|-----------------|---------------------|
| a) Space | Sufficient | Congested |
| b) Cleanliness | Neat & Clean | Dirty |
| c) Veg. & Non. Veg. Food | Kept separately | Not kept separately |
| d) Temperature | Maintained | Not maintained |
| e) Spilling of prepared food on Shelves | Yes | No. |

11. Washing arrangements

- | | | |
|------------------------------------------|--------------|----------------|
| a) Proper space | Available | Not available |
| b) 3 washbasins/Dishwasher | Exist | Not exist |
| c) Geyser | Available | Not available |
| d) Lavatory and other civic amenities | Available | Not available |
| e) Personal hygiene of the food handlers | Satisfactory | Unsatisfactory |
| f) Drainage of waste water | Available | Not available |
| i) Satisfactory DPCC report | Exist | Not Exist |
| ii) Greese Trap | Satisfactory | Unsatisfactory |
| g) Disposal of Garbage | Satisfactory | Unsatisfactory |
| h) NOC for DG Set obtained | Satisfactory | Unsatisfactory |
| i) List of sellable article | Displayed | Not displayed |
| j) Any other | | |

Recommended/Not Recommended for Grant/Renewal of license.

(Area Sanitary Inspector)

CSI (Licensing)

CMO(Licensing)

Approval of Licensing Officer