

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION				ESTABLISHMENT INFORMATION		
<i>(Complete this section only if different from establishment information)</i>						
NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT				ESTABLISHMENT TRADING NAME Self-Lume, Inc.		
NUMBER AND STREET		COUNTY		NUMBER AND STREET		COUNTY
				20 Loess Lane		Esker
MUNICIPALITY		STATE		MUNICIPALITY	ZIP CODE	TELEPHONE NO.
				Moraine	T42 L84	
ZIP CODE	COMUN. CODE		ESTABLISHMENT STATE LICENSE NO. (if appl.)		COMUN. CODE	
			9336297100004		0260	

INSPECTION

TYPE OF ESTABLISHMENT	ESTABLISHMENT CODE			
<input type="checkbox"/> 1 RETAIL	06435	X <input checked="" type="checkbox"/> 1 INITIAL INSPECTION		
X <input checked="" type="checkbox"/> 2 OTHER (Specify)		<input type="checkbox"/> 2 REINSPECTION (other than initial inspection)		
<input type="checkbox"/> 3 Industrial Site		TIME - (2400 HOURS)		
<input type="checkbox"/> 4		DATE	BEGIN	END
		09/03/90	11:02	11:53


EVALUATION

☒ SATISFACTORY

☐ CONDITIONALLY SATISFACTORY

☐ UNSATISFACTORY

OFFICIAL(S)

LOCAL BOARD OF HEALTH	INSPECTING OFFICIAL
NAME, ADDRESS AND TELEPHONE NUMBER (print)	INSPECTOR'S NAME AND TITLE
Moraine Health Department Glebe Municipal Green 1 Hummock Wynd - Room B1-B3 Moraine, Drumlin T42 L84	Anne Spector Head of Moraine Health Department
	INSPECTOR'S SIGNATURE
	
HEALTH OFFICER	INSPECTOR'S PERM. REG. NO.
Anne Spector	

CONTINUATION SHEET
(for Inspections, Surveys, Audits, etc.)

NAME (individual, facility, establishment, etc.) Self-Lume, Inc.	DATE 09/03/90
MUNICIPALITY Moraine, Drumlin	TEL. CODE or ID NO.

[illegible]

SIGNATURE OF INDIVIDUAL COMPLETING FORM

SIGNATURE OF OWNER OF FACILITY, ESTABLISHMENT, ETC., IF REQUIRED

MS-5
Revised 6/91