

SANITARY INSPECTION REPORT

IDENTIFICATION

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

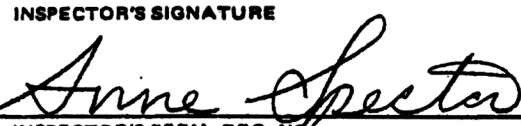
INSPECTION

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