

NON-CRITICAL ITEMS: Based on the inspection today, the non-critical items identified below are violations of the Food Establishment Safety Regulations. Non-critical items must be corrected by the next routine inspection or a shorter period of time as may be specified by the inspector. Failure to comply with any time limits for corrections specified in this notice may result in revocation or suspension of your Food Establishment Permit and closure of your establishment.

LEGEND		Circle One of:	YES (in compliance)	NO (not in compliance)	NOB (not observed)	NA (not applicable)	Mark "✓" in Box:	R (repeat violation)	CDI (controlled during inspection)
Food Equipment and Utensils					Physical Facilities				
501	Adequate facilities available to wash, rinse and sanitize utensils and/or equipment.	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
502	Appropriate procedures followed for mechanical and/or manual dishwashing	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
503	Proper storage of frozen food items	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
504	Food stored in food grade material	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
506	Equipment in good repair, cleaned and sanitized	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
General Sanitation					Testing Devices/Logging of Temperatures				
701	Garbage & refuse properly disposed and facilities maintained	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
702	Non-food contact surfaces properly constructed, in good repair and clean	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
703	Food handlers properly attired and good personal hygiene	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
704	Adequate protection from vermin and insect pests	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
705	Living or sleeping quarters separated from food service area	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
706	Birds or animals other than guide dogs excluded from premises	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
707	Wiping cloths used properly and stored in sanitizing solution	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
601	Food contact surfaces properly constructed or located. Acceptable material used.	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
602	Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
603	Proper disposal of sewage & waste water	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
605	Adequate lighting; lighting protected	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
606	Adequate mechanical ventilation:	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB
Other									

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	<i>ETH provided food safety materials; no recommendations at time of inspection.</i>	

Enforcement Action: (Mark "✓", if Applicable)

Re-inspection Required: Yes No

Establishment Closed: Yes No

Approximate Date of Re-Inspection: _____

Food Discarded: _____ Other: _____

Person in Charge Name: *Brigitte Schmidt*

Person in Charge Signature: *Brigitte Schmidt*

Date (d/m/y): *Oct. 21, 2020*

Environmental Health Officer Name: *Colin Merz*

Environmental Health Officer Signature: *[Signature]*

Date (d/m/y): *21/10/2020*