

Establishment Name: <i>Acc's Specialty Catering</i>	Permit Number: <i>2021-YKCM-09</i>
Mailing Address:	License Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Licence No.:
Physical Address: <i>Walmart, Yellowknife</i>	Date of inspection: (d/m/y) <i>26/07/2021</i>
Routine Inspection <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Follow-up Inspection <input type="checkbox"/>	If follow-up, date of previous inspection (d/m/y):

**CRITICAL ITEMS:** Based on the inspection today, the critical items identified below are violations of the Food Establishment Safety Regulations. Critical items must be corrected at the time of inspection or controlled in a manner that will not pose a food safety threat. Failure to immediately correct or control critical items 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)

Compliance Status		CDI	R
<b>Time/Temperature of Potentially Hazardous Foods</b>			
101	Cold holding temperatures ≤ 4°C	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
102	Hot holding temperatures ≥ 60°C	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
103	Proper cooking of raw food of animal origin	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
104	Proper cooling time & temperatures	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> NOB	
105	Adequate equipment to maintain food temperatures	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
106	Proper monitoring of temperatures	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
107	Proper reheating procedures for hot holding	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
108	Proper thawing procedures	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
<b>Food, Water and Ice from Approved Sources</b>			
301	Food obtained from approved sources	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
302	Food in good condition, safe & unadulterated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
303	Food properly labeled	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	

Compliance Status		CDI	R
<b>Personal Hygiene of Food Service Workers</b>			
201	Hands clean & properly washed	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
202	Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
203	Food handlers free of disease or condition that may spread through food	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
<b>Potentially Hazardous Foods Protected from Contamination</b>			
401	Food separated and protected	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
402	Food contact surfaces cleaned and sanitized	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
403	Facility free of pests (vermin and insects)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
<i>cold hold</i>	<i>2-9</i>	<i>hot hold</i>	<i>53-64</i>		
<i>frozen hold</i>	<i>-24</i>				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
<i>102</i>	<i>Please ensure all hot held product is maintained at ≥ 60°C - EHO recommend using 2 feet CDI for each chafing dish</i>	

*[Handwritten Signature]*

**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)			
Compliance Status			CDI	R	Compliance Status			CDI	R				
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	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
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	602	Hot & cold water available; adequate pressure	<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	603	Proper disposal of sewage & waste water	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
504	Food storage containers not used for other purposes	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	604	Toilet facilities: properly constructed, supplied & cleaned	<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	605	Adequate lighting; lighting protected	<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	606	Adequate mechanical ventilation;	<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	801	Proper location of thermometers and thermometers working accurately	<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	802	Working dishwasher temperature and pressure gauges	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
703	Food handlers properly attired	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	803	Chemical test kits and/ or papers provided	<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	804	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<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			<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
706	Premises free of live birds and animals	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB

Item Number	Observations and Corrective Actions	Correction Date (if applicable)

Inspection Results			
Number of Critical Items		Number of Non-Critical Items	
Number of Repeat Critical Items		Number of Repeat Non Critical Items	

Enforcement Action: (Mark "✓", if Applicable)			
Re-inspection Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Establishment Closed
Approximate Date of Re-Inspection:			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Food Discarded	Other

Person in Charge Signature: *Scott Rubenway*  
 Date (d/m/y): *July 26 / 20 21*

Inspector Signature: *[Signature]*  
 Date (d/m/y): *26/07/2021*