

Establishment Name	Ajgaliag Centre	Permit Number:	3705
Mailing Address	33 Parikpuk Road, Sachs Harbour, NT, X0E 0Z0	Permit Posted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	33 Parikpuk Road, Sachs Harbour, NT, X0E 0Z0	Date of Inspection: (d/m/y)	Nov 23, 2021
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	Compliance Status				
Time/Temperature of Potentially Hazardous Foods					Personal Hygiene of Food Service Workers						
101	Cold holding temperatures ≤ 4°C	YES	NO	NA	NOB	201	Hands clean & properly washed	YES	NO	NOB	
102	Hot holding temperatures ≥ 60°C	YES	NO	NA	NOB	202	Adequate handwashing facilities supplied & accessible	YES	NO	NOB	
103	Proper cooking of raw food of animal origin	YES	NO	NA	NOB	203	Food handlers free of disease or condition that may spread through food	YES	NO	NOB	
104	Proper cooling time and temperatures	YES	NO	NA	NOB	204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	YES	NO	NOB	
105	Adequate equipment to maintain food temperatures	YES	NO	NA	NOB	205	Food training certification	YES	NO	NOB	
106	Proper monitoring of temperatures	YES	NO	NA	NOB	Potentially Hazardous Foods Protected from Contamination					
107	Proper reheating procedures for hot holding	YES	NO	NA	NOB	401	Food separated and protected	YES	NO	NOB	
108	Proper thawing procedures	YES	NO	NA	NOB	402	Food contact surfaces cleaned and sanitized	YES	NO	NOB	
Food, Water and Ice from Approved Sources					403	Facility free of pests (vermin and insects)	YES	NO	NOB		
301	Food obtained from approved sources	YES	NO	NOB	404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES	NO	NOB		
302	Food in good condition, safe and unaltered	YES	NO	NOB	405	Proper disposal of returned, previously served food	YES	NO	NOB		
303	Food properly labeled	YES	NO	NOB							

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
Fridge	4.3°C				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
401	At the time of inspection, the following is observed:- Potentially hazardous foods must be stored separately and on the bottom shelf of the fridge (meats) to avoid cross-contamination. The fridge needs to be arranged appropriately.	Nov 29, 2021
	Note:- No prepared food was seen in the fridge at the time of inspection. Therefore, no food labelling was observed.	
	Note:- Food training certification will be finished in 2 days.	

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 stored in food grade material	<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		
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		
					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		
General Sanitation				Testing Devices/Logging of Temperatures					
701	Garbage & refuse properly disposed and facilities maintained	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NOB			801	Working dishwasher temperature and pressure gauges	<input type="radio"/> YES <input checked="" 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	Chemical test kits and/ or papers provided	<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 type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" type="radio"/> NOB			803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input type="radio"/> YES <input checked="" 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			Other				
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							

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

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

Re-Inspection Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Establishment Closed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Approximate Date of Re-Inspection:	Food Discarded <input type="checkbox"/> Other <input type="checkbox"/>

Person in Charge Name: Doreen Carpenter

Person in Charge Signature: [Signature]

Date (d/m/y): 23/11/2021

Environmental Health Officer Name: RITTI MATTOO

Environmental Health Officer Signature: [Signature]

Date (d/m/y): Nov 23, 2021