

Establishment Name <b>Alextina's</b>	Permit Number: <b>2806</b>
Mailing Address <b>P.O. Box 1026 IOWA NT XCF 070</b>	Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address <b>48 Franklin Rd IOWA NT</b>	Date of Inspection: (d/m/y) <b>14/06/21</b>
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)
<b>Compliance Status</b>	CDI	R
<b>Time/Temperature of Potentially Hazardous Foods</b>		
101 Cold holding temperatures ≤ 4°C	YES NO NA NOB	
102 Hot holding temperatures ≥ 60°C	YES NO NA NOB	
103 Proper cooking of raw food of animal origin	YES NO NA NOB	
104 Proper cooling time and temperatures	YES NO NA NOB	
105 Adequate equipment to maintain food temperatures	YES NO NA NOB	
106 Proper monitoring of temperatures	YES NO NA NOB	
107 Proper reheating procedures for hot holding	YES NO NA NOB	
108 Proper thawing procedures	YES NO NA NOB	
<b>Food, Water and Ice from Approved Sources</b>		
301 Food obtained from approved sources	YES NO NA NOB	
302 Food in good condition, safe and unadulterated	YES NO NA NOB	
303 Food properly labeled	YES NO NA NOB	
<b>Personal Hygiene of Food Service Workers</b>		
201 Hands clean & properly washed	YES NO NA NOB	
202 Adequate handwashing facilities supplied & accessible	YES NO NA NOB	
203 Food handlers free of disease or condition that may spread through food	YES NO NA NOB	
204 Food handlers using proper utensils to avoid unnecessary hand contact with cooled/prepared food	YES NO NA NOB	
205 Food training certification	YES NO NA NOB	
<b>Potentially Hazardous Foods Protected from Contamination</b>		
401 Food separated and protected	YES NO NA NOB	
402 Food contact surfaces cleaned and sanitized	YES NO NA NOB	
403 Facility free of pests (vermin and insects)	YES NO NA NOB	
404 Toxic chemicals properly labeled, stored or used to prevent food contamination	YES NO NA NOB	
405 Proper disposal of returned, previously served food	YES NO NA NOB	

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
fridge	4.6				
Gravy	65				
Chili	78				
freezer	-17				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	All time of inspection no food preparation was observed.	
704	Provide screens for windows and door when open to prevent the entry of insects.	
604	Reminder: when in operation ensure hot water is turned on in the washroom when dining/rating starts.	

**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)
<b>Compliance Status</b>	CDI	R
<b>Food Equipment and Utensils</b>		
501 Adequate facilities available to wash, rinse and sanitize utensils and/or equipment	YES NO NA NOB	
502 Appropriate procedures followed for mechanical and/or manual dishwashing	YES NO NA NOB	
503 Proper storage of frozen food items	YES NO NA NOB	
504 Food stored in food grade material	YES NO NA NOB	
505 Equipment and utensils that contact food are corrosion resistant and non-toxic	YES NO NA NOB	
506 Equipment in good repair, cleaned and sanitized	YES NO NA NOB	
<b>General Sanitation</b>		
701 Garbage & refuse properly disposed and facilities maintained	YES NO NA NOB	
702 Non-food contact surfaces properly constructed, in good repair and clean	YES NO NA NOB	
703 Food handlers properly stored and good personal hygiene	YES NO NA NOB	
704 Adequate protection from vermin and insect pests	YES NO NA NOB	
705 Living or sleeping quarters separated from food service area	YES NO NA NOB	
706 Birds or animals other than guide dogs excluded from premises	YES NO NA NOB	
707 Wiping cloths used properly and stored in sanitizing solution	YES NO NA NOB	
<b>Physical Facilities</b>		
601 Food contact surfaces properly constructed or located. Acceptable material used.	YES NO NA NOB	
602 Hot & cold water available; adequate pressure	YES NO NA NOB	
603 Proper disposal of sewage & wash water	YES NO NA NOB	
604 Toilet facilities: adequate number, properly constructed, serviced and cleaned	YES NO NA NOB	
605 Adequate lighting; lighting protected	YES NO NA NOB	
606 Adequate mechanical ventilation	YES NO NA NOB	
607 Premises clean, uncluttered, cleaned and maintenance equipment properly stored	YES NO NA NOB	
<b>Testing Devices/Logging of Temperatures</b>		
801 Working dishwasher temperature and pressure gauges	YES NO NA NOB	
802 Chemical test kits and/or papers provided	YES NO NA NOB	
803 Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	YES NO NA NOB	
<b>Other</b>		

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
<del>_____</del>		

<b>Enforcement Action: (Mark *✓* if Applicable)</b>			
Re-inspection Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Establishment Closed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Food Discarded: _____	Other: _____
Approximate Date of Re-inspection: _____		Person In Charge Name: <b>Pamela McDonald</b>	
Person In Charge Signature: <i>Pamela McDonald</i>		Environmental Health Officer Name: <b>Vanessa Agira</b>	
Date (d/m/y): <b>June 15/21</b>		Environmental Health Officer Signature: <i>Vanessa Agira</i>	
		Date (d/m/y): <b>15/06/21</b>	