

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)	NOB (not observed)	Mark "✓" in Box:	R (repeat violation)						
			NO (not in compliance)	NA (not applicable)		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="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
502	Appropriate procedures followed for mechanical and/or manual dishwashing	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
503	Proper storage of frozen food items	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
504	Food stored in food grade material	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
506	Equipment in good repair, cleaned and sanitized	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
General Sanitation					Testing Devices/Logging of Temperatures							
701	Garbage & refuse properly disposed and facilities maintained	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
702	Non-food contact surfaces properly constructed, in good repair and clean	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
703	Food handlers properly attired and good personal hygiene	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NOB			
704	Adequate protection from vermin and insect pests	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
705	Living or sleeping quarters separated from food service area	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
706	Birds or animals other than guide dogs excluded from premises	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
707	Wiping cloths used properly and stored in sanitizing solution	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input checked="" type="checkbox"/>	NOB			
601	Food contact surfaces properly constructed or located. Acceptable material used.	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
602	Hot & cold water available; adequate pressure	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
603	Proper disposal of sewage & waste water	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
605	Adequate lighting; lighting protected	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
606	Adequate mechanical ventilation;	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>	NOB			
Other					801	Working dishwasher temperature and pressure gauges	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	NOB
					802	Chemical test kits and/ or papers provided	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NOB
					803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NOB

Item Number	Observations and Corrective Actions	Correction Date (If applicable)
	Surfaces clean and in good condition. No issues noted at time of inspection. No objection for this establishment to open to the public.	
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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: **X ANDRE GEORGES**

Person in Charge Signature: *[Signature]*

Date (d/m/y): **15/06/21**

Environmental Health Officer Name: **Shawn Hardy**

Environmental Health Officer Signature: *[Signature]*

Date (d/m/y): **June 15, 2021**