

Establishment Name <b>Anna's</b>	Permit Number: <b>Expired</b>
Mailing Address <b>P.O. Box 1171 Fort Smith NT XOE OPO</b>	Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address <b>338 Calden Ave Fort Smith NT XOE OPO</b>	Date of Inspection: (d/m/y) <b>20/04/21</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.

<b>LEGEND</b> 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)
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### Compliance Status

CDI R

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CDI R

#### Time/Temperature of Potentially Hazardous Foods

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		

#### Food, Water and Ice from Approved Sources

301	Food obtained from approved sources	YES NO NOB		
302	Food in good condition, safe and unaltered	YES NO NOB		
303	Food properly labeled	YES NO NOB		

#### Personal Hygiene of Food Service Workers

201	Hands clean & properly washed	YES NO NOB		
202	Adequate handwashing facilities supplied & accessible	YES NO 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 cooked/prepared food	YES NO NA NOB		
205	Food training certification	YES NO NA NOB		

#### Potentially Hazardous Foods Protected from Contamination

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 NOB		
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES NO NOB		
405	Proper disposal of returned, previously served food	YES NO NOB		

### Food Temperature Observations

Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
Bottom prep cooler	3.0	White fridge	3.4		
Top prep cooler	4.2	Chili	6.6		
Chef's mate cooler	3.4	muffin batter	18		
Chest freezer	-28				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	At time of inspection food preparation was observed.	
101	At time of inspection muffin batter was observed to be stored at room temperature for a prolonged period of time. Due to time and temperature abuse operator voluntarily discarded batter containing potentially hazardous foods. Ensure food (Potentially hazardous) does not stay at room temperature during preparation for longer than 2 hours.	CDI
202	Front hand wash station: place paper towel dispenser closer to hand wash station to ensure accessibility. Back hand wash sink was obstructed with equipment, dispenser for paper towel was broken and soap was not easily accessible. Ensure hand wash sink is accessible and unobstructed at all time with soap and	23/04/21 21/04/21

**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>Compliance Status</b>		
<b>Food Equipment and Utensils</b>					<b>Physical Facilities</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		NOB				
506	Equipment in good repair, cleaned and sanitized	YES	NO		NOB				
<b>General Sanitation</b>					<b>Testing Devices/Logging of Temperatures</b>				
701	Garbage & refuse properly disposed and facilities maintained	YES	NO		NOB				
702	Non-food contact surfaces properly constructed, in good repair and clean	YES	NO		NOB				
703	Food handlers properly attired and good personal hygiene	YES	NO	NA	NOB				
704	Adequate protection from vermin and insect pests	YES	NO		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				
601	Food contact surfaces properly constructed or located. Acceptable material used	YES	NO	NA	NOB				
602	Hot & cold water available; adequate pressure	YES	NO		NOB				
603	Proper disposal of sewage & waste water	YES	NO		NOB				
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	YES	NO		NOB				
605	Adequate lighting; lighting protected	YES	NO		NOB				
606	Adequate mechanical ventilation	YES	NO	NA	NOB				
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	YES	NO	NA	NOB				
<b>Other</b>					<b>Other</b>				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
202 conf.	repair paper towel dispenser.	
205	Ensure a certified food handler is present during hours of operation. Operator's certification has expired.	20/06/21
404	Label chemical not in original container with contents i.e) bleach + water solution.	21/04/21
501/NOB 801	Establishment uses 2 compartment sink to wash and rinse and low temp mechanical dishwasher with chlorine (bleach) to sanitize equipment. Gauge for temperature on dishwasher was broken	

**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: Anna B. Kikoak

Person in Charge Signature: [Signature]

Date (d/m/y): 21/04/21

Environmental Health Officer Name: Vanessa Agira

Environmental Health Officer Signature: [Signature]

Date (d/m/y): 21/04/21



### Environmental Health Inspection Report

Name of Facility or Operation <b>Anna's</b>	Date (d/m/y) <b>20/04/21</b>
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Mailing Address  
**P.O. Box 1171 Fort Smith NT X0E 0P0**

Physical Address  
**338 Calder Ave Fort Smith NT X0E 0P0**

Type of Inspection  
 Tobacco   
 Other: **Food Establishment Safety Reg**   
 Routine   
 Complaint   
 Follow-up

Under authority of the *Public Health Act* and/or *Tobacco Control Act*, an inspection of the above listed facility/operation was conducted and the following observations and/or Orders are made. Required Correction Dates are listed.

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
601	Ensure shelves in dry storage used to store food and equipment are durable, non porous and easily cleaned.	20/05/21
605	Lighting in the back dry storage area was inadequate. Provide adequate lighting in storage area. Ensure lighting used is protected to prevent physical contamination	20/05/21
606	No mechanical ventilation was observed in the back kitchen area. Provide adequate ventilation to prevent the accumulation/generation of steam, condensation, vapours, fumes etc.	20/05/21
607	Equipment was observed to be placed on the floor. Ensure all equipment is stored 15cm/6inch off the floor.	21/04/21
	Permit application provided	

Public Health Officer's Name (print) <b>Vanessa Agira</b>	<input checked="" type="checkbox"/> <b>Vanessa Agira</b> Public Health Officer's Signature	<b>21/04/21</b> Date (d/m/y)
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Owner/Operator (please print) <b>ABK</b>	<input checked="" type="checkbox"/> <b>ABK</b> Owner/Operator's Signature	<b>21/04/21</b> Date (d/m/y)
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