

**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="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		
General Sanitation						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					
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			Testing Devices/Logging of Temperatures								
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			801	Working dishwasher temperature and pressure gauges	<input type="radio"/>	YES	<input type="radio"/> NO	<input checked="" type="radio"/> NA	<input type="radio"/> NOB		
703	Food handlers properly attired and good personal hygiene	<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		
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			803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input type="radio"/>	YES	<input type="radio"/> NO	<input checked="" 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			Other								
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 type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB											

Item Number	Observations and Corrective Actions	Correction Date (If applicable)
	corrected immediately.	
	- Test strips are provided to the operator.	
	- Dough machine requires cleaning and sanitizing.	
	- Thawing must be properly done either in fridge (highly recommended), microwave or under running water.	

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 <input type="checkbox"/> Other <input type="checkbox"/>

Person in Charge Name: <u>ANNA KIKOAK</u> Person in Charge Signature: <u>OBK</u> Date (d/m/y): <u>June 16/2022</u>	Environmental Health Officer Name: <u>RITTI MATTOO</u> Environmental Health Officer Signature: <u>Ritti Mattoo</u> Date (d/m/y): <u>June 16, 2022</u>
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Establishment Name	Anna's	Permit Number:	2304
Mailing Address	P.O Box 1171 East Smith, NT, X0E 0P0	Permit Posted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	338 Calder Ave, East Smith, NT, X0E 0P0	Date of Inspection: (d/m/y)	June 16, 2022
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>Compliance Status</b>		
<b>Time/Temperature of Potentially Hazardous Foods</b>						<b>Personal Hygiene of Food Service Workers</b>		
101	Cold holding temperatures $\leq 4^{\circ}\text{C}$	YES	NO	NA	NOB	201	Hands clean & properly washed	YES
102	Hot holding temperatures $\geq 60^{\circ}\text{C}$	YES	NO	NA	NOB	202	Adequate handwashing facilities supplied & accessible	YES
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
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
105	Adequate equipment to maintain food temperatures	YES	NO	NA	NOB	205	Food training certification	YES
106	Proper monitoring of temperatures	YES	NO	NA	NOB	<b>Potentially Hazardous Foods Protected from Contamination</b>		
107	Proper reheating procedures for hot holding	YES	NO	NA	NOB	401	Food separated and protected	YES
108	Proper thawing procedures	YES	NO	NA	NOB	402	Food contact surfaces cleaned and sanitized	YES
<b>Food, Water and Ice from Approved Sources</b>						403	Facility free of pests (vermin and insects)	YES
301	Food obtained from approved sources	YES	NO	NA	NOB	404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES
302	Food in good condition, safe and unaltered	YES	NO	NA	NOB	405	Proper disposal of returned, previously served food	YES
303	Food properly labeled	YES	NO	NA	NOB			

Food Temperature Observations			
Item / Location	Temp ( $^{\circ}\text{C}$ )	Item / Location	Temp ( $^{\circ}\text{C}$ )
Dining area [2 door fridge]	-2.2 $^{\circ}\text{C}$	Drinks freezer [Back Kitchen]	-24 $^{\circ}\text{C}$
Drinks fridge	5.6 $^{\circ}\text{C}$	Drinks fridge [Back Kitchen]	2.4 $^{\circ}\text{C}$
Chest freezer	-21 $^{\circ}\text{C}$	Drinks Freezer	-18.5 $^{\circ}\text{C}$
Drinks fridge [Back Kitchen]	-0.3	Chest freezer [Storage]	-27.8 $^{\circ}\text{C}$
		Tall fridge [Dry storage]	2.5 $^{\circ}\text{C}$
		WF freezer	-19.1 $^{\circ}\text{C}$

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	A routine inspection is conducted today at the facility and the following is observed at the time of inspection:-	
108	Meat was thawing in the dry storage area at room temperature.	Corrected immediately
303	Food should be labelled with name and date of preparation.	
205	There must be at least one food handler with a valid food safety certificate onsite at all times.	Sep 1 <sup>st</sup> , 2022
404	Sanitizer bottle must be labelled properly to prevent food contamination.	Corrected immediately
Note:- Bleach sanitizing solution strength was too high. It was		