Establishment Name	ic From	B	an	K	-	9 = 7	Permit Number:	ad Derun	1+	
Mailing Address P.D. ROV 3	775 T	1011)	lik	NI	- XC	E	Permit Posted:	☐ Yes ☐ No	-	
Physical Address 29 1/01	Vering R	ad	Ti	21/1/	9/	10	Date of Inspection: (d/m/y)	Stabor 2	1 0	019
Routine Inspection Complaint	Follow-u	p Inspec	ction 🗆	If fo	llow-up, da	te of previo	ous inspection (d/m/y) ;	- INOCY SI	1	
RITICAL ITEMS: Based on the inems must be corrected at the time of inspectors may result in revocation or suspension	espection today, the	n a mar olishmer	nner th	at will no	ot pose a following the state of y	food safety our estab	threat. Failure to immlishment.			
NO (not	in compliance)	NA (n	ot app	olicable)				ntrolled during ins	spectio	n)
Compliance Status		CDI	R			Compliance Status				R
Time/Temperature of Potentiall		ods					Hygiene of Food S			
101 Cold holding temperatures ≤ 4°C102 Hot holding temperatures ≥60°C	YES NO MA NOB	- 20	W 59	201		an & proper handwashin	ly washed ng facilities supplied &	YES NO XANOB		
	YES NO NA NOB	1 6		203	accessible		disease or condition that	YES NO VANOB		
Proper cooking of raw food of animal origin	YES NO NA NOB			203	may sprea	d through fo	ood	YES NO NA NOB)	
Proper cooling time and temperatures	YES NO NA NOB			204		dlers using p ary hand cor	proper utensils to avoid ntact with			
Adequate equipment to maintain food temperatures	YES NO NA NOB		314	005		epared food ning certifica		YES NO NA NOB		
106 Proper monitoring of temperatures 107 Proper reheating procedures for hot holding	YES NO NA NOB	2					dous Foods Protec		minati	ion
108 Proper thawing procedures	YES NO NA NOB	vind	0:116	401		arated and p		YES NO NA NOB		
Food, Water and Ice from A		S		402	Food cont	act surfaces	s cleaned and	YES NO NA NOB		
Food obtained from approved sources	YES NO NOB			403		e of pests (vermin and insects)	YES NO NOB		
Food in good condition, safe and unaltered	YES NO NOB			404			erly labeled, stored or contamination	YES NO (NOB)		
303 Food properly labeled	TES NO NOB			405		posal of reti	urned, previously	YES NO NANOB		
					served loc	ou		TES NO NEW YORK		
	Food	Temp	perat	ture O	bservat	tions				
Item / Location	Temp (°C)	Item	/ Loca	tion		Temp (°C)	Item / Lo	ocation	1 11	emp (°C)
411 Freezer units (+ Stand-up Freez	reer hes	18°C	nd or	Col	lder]	Ta.	tistactory	g višekivi — — — — — — — — — — — — — — — — — —		
Item Umber Observations and Corrective Actions									Corre	ite
Number	. / (-/	0 /		bank	,		1 50/1	10	(if appl	icable)
Note: Muslim WE	echon of	utn	orde).	APPE	Vate	d by	Inuvik/	Mosque.		
205 Preet proof of Locd establish of aperation	f food so went u	yes	/	train-du	ring	for the	at least o	one s	Nith	ths.
301 Proof of appropriately from	r Food po	uvv	(kx	vec ov i	eipts nA	Jeg 1 bevj	The state of the s	treats	Oct) f,
			-							

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) Compliance Status				oserved	mark "√" in Box: R (repeat violation) CDI (controlled during inspection)					
		CDI	R	e e par		Compliance Status			R	
Food Equipment and	l Utensils				a to constitution	Physical Facilit	tles			
Adequate facilities available to wash, rinse and sanitize utensils and/or equipment.	YES NOWA NOB			601		act surfaces properly constructed or acceptable material used.	YES NO NA NOB	TOT Bus F and	time	
Appropriate procedures followed for mechanical and/or manual dishwashing	YES NO NA NOB		1.		GON PILV	d water available; adequate pressure	YES NO VANOB	PSIT -		
93 Proper storage of frozen food items	VES NO NA NOB	50 - 1	e ti ne		Proper dis	sposal of sewage & waste water lities: adequate number, properly	YES NO VA NOB	STAC M		
Food stored in food grade material Equipment and utensils that contact food are	YES NO NA NOB		Ine Lan	604						
corrosion resistant and non-toxic Equipment in good repair, cleaned and	YES NO NOB		. 118 5	608	Adequate	lighting; lighting protected	YES NO NOB	discount.	, roy	
sanitized	TES'NO NOB			606		mechanical ventilation; clean, uncluttered, cleaning and	YES NO NA NOB	10		
General Sanitation				607		nce equipment properly stored	YES NO NA NOB	FAY		
Garbage & refuse properly disposed and facilities maintained	YES NO NOB	nel esp		11		Testing Devices/Logging o	f Temperatures			
Non-food contact surfaces properly constructed, in good repair and clean	PES NO NOB			801	Working of gauges	lishwasher temperature and pressure	YES NO NA NOB	(1994 2501	167	
Food handlers properly attired and good personal hygiene	YES NO NA NOB	>		802		test kits and/ or papers provided ure logs maintained for refrigerated	YES NO NA NOB	other		
Adequate protection from vermin and insect pests	YES NO NOB		eagar	803		nits (non-regulatory requirement)	YES NO NA NOB	ta i		
Living or sleeping quarters separated from food service area	YES NO NA NOB					Other				
Birds or animals other than guide dogs excluded from premises	YES NO NA NOB			1,110	BOOM VALUE OF	of the mount of the first section	1940 P 00 19180	10 T		
Wiping cloths used properly and stored in sanitizing solution	YES NO NA NOB					puring a survey seem of making the	of configurations was	inaki pia Inski		
replacing stained in the replacing stained (it is not a drog good wepair as fremit in order to be additional ob	eaking eaking a Ceiling a no promined ho con continus	has	00	Ve, Vut	will ferio	evator (tates a koof was too of was too explain a food Extrain a Food Extrain a food of of inspection.	s that	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(www	
the entire that the real in the second secon	Е	nfor	cem	ent A	Action	(Mark "√", if Applicable)				
Re-Inspection Required: Yes No V				Establishment Closed Yes No						
pproximate Date of Re-Inspection:	II a T	(a)	111111111111111111111111111111111111111	71 - 31	Food Di	scarded Other	or oregin to the second	_		
erson in Charge Name: X Abd	allay	No	CI M	el		ntal Health Officer Name:	awn Ha	vely	/	
rate (m/y)	770	10	7		Date (d/m/y)	Afarm Ha	2019	rige with		