

Establishment Name <b>Arthur Mendo Memorial Arena - Canteen</b>	Permit Number: <b>provided</b>
Mailing Address <b>P.O Box 91 Tulita, NT X0E 0K0</b>	Permit Posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Physical Address	Date of Inspection: (d/m/y) <b>30/09/20</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>Compliance Status</b>	
<b>Time/Temperature of Potentially Hazardous Foods</b>		<b>Personal Hygiene of Food Service Workers</b>			
101 Cold holding temperatures ≤ 4°C	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>	201 Hands clean & properly washed	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOB <input type="checkbox"/>		
102 Hot holding temperatures ≥ 60°C	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB <input type="checkbox"/>	202 Adequate handwashing facilities supplied & accessible	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOB <input type="checkbox"/>		
103 Proper cooking of raw food of animal origin	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB <input type="checkbox"/>	203 Food handlers free of disease or condition that may spread through food	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>		
104 Proper cooling time and temperatures	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB <input type="checkbox"/>	204 Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>		
105 Adequate equipment to maintain food temperatures	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>	205 Food training certification	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB <input type="checkbox"/>		
106 Proper monitoring of temperatures	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>	<b>Potentially Hazardous Foods Protected from Contamination</b>			
107 Proper reheating procedures for hot holding	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB <input type="checkbox"/>	401 Food separated and protected	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>		
108 Proper thawing procedures	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB <input type="checkbox"/>	402 Food contact surfaces cleaned and sanitized	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB <input type="checkbox"/>		
<b>Food, Water and Ice from Approved Sources</b>		403 Facility free of pests (vermin and insects)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>		
301 Food obtained from approved sources	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>	404 Toxic chemicals properly labeled, stored or used to prevent food contamination	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>		
302 Food in good condition, safe and unaltered	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>	405 Proper disposal of returned, previously served food	YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB <input type="checkbox"/>		
303 Food properly labeled	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB <input type="checkbox"/>				

Food Temperature Observations			
Item / Location	Temp (°C)	Item / Location	Temp (°C)
Large chest freezer	-22		
Small chest freezer	-20		
Fridge	6.8		
Freezer	-25		

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	At time of inspection no food preparation was observed.	
101/105	At time of inspection the fridge temperature was observed to be 6.8 using IR thermometer and using a probe thermometer hot dogs were observed 9.0°C. Due to time and temperature abuse the operator voluntarily discarded the hot dogs. Do not store food until unit is repaired and holding temperature of 4°C or less	
202/501	A two compartment sink was observed in the kitchen. In order for any food preparation or service of non low risk prepackaged food the facility/canteen requires a dedicated hand wash sink equipped with hot and cold running water under pressure, liquid hand soap and single use paper towel in a dispenser. For washing equipment/utensils used to prepare food and single use disposal items are used to serve food a 2 compartment is required to wash/rinse in the 1st sink and sanitize in the	30/03/21

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

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
205	During food preparation ensure a certified food handler is present	
506	The fridge was observed to be encrusted with food debris. Ensure regular cleaning and sanitizing.	08/10/20
604	Supply washroom with dispenser for the paper towel	16/10/20
607	Staples / CD etc. were observed to be stored with equipment used for food. Store non food equipment in a designated area.	08/10/20
NOB	Ensure surfaces are sanitized with 1/2 tsb of bleach to 1 litre of water or wipe/rinse with water when using Lysol Wipes	01/10/20

**Enforcement Action:** (Mark "✓", if Applicable)

Re-Inspection Required: Yes  No

Approximate Date of Re-Inspection: \_\_\_\_\_

Establishment Closed: Yes  No

Food Discarded: \_\_\_\_\_ Other: \_\_\_\_\_

Person in Charge Name: <b>Don Smeltzer</b>	Environmental Health Officer Name: <b>Vanessa Agira</b>
Person in Charge Signature: <i>Don Smeltzer</i>	Environmental Health Officer Signature: <i>Vanessa Agira</i>
Date (d/m/y): <b>01/10/20</b>	Date (d/m/y): <b>01/10/20</b>