

Establishment Name Aurora Village	Permit Number: 4757
Mailing Address P.O. Box 1827 Main, Yellowknife, NT X1A 2P4	Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address Casady Point Road, Yellowknife, NT, X1A 2P4	Date of Inspection: (d/m/y) Dec 10, 2021
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) NOB (not observed) Mark "✓" in Box: R (repeat violation) CDI (controlled during inspection)
 NO (not in compliance) NA (not applicable)

Compliance Status		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	

Compliance Status		CDI	R
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)
Fridge	2.2°C		
Freezer (chest-in the back)	-33°C		
Freezer next to fridge	-30.4°C		

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
802	At the time of inspection, the following is observed: No test strips were available to verify the strength of the sanitizer solution. Test strips must be available to verify the strength of the sanitizer.	Dec 15, 2021
/		

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		
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		
503	Proper storage of frozen food items	<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		
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		
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		
General Sanitation						Testing Devices/Logging of Temperatures					
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		
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		
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		
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		
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		
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 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		
602	Hot & cold water available; adequate pressure	<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		
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		
605	Adequate lighting; lighting protected	<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		
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		
801	Working dishwasher temperature and pressure gauges	<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		
803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input checked="" type="radio"/>	YES	<input type="radio"/>	NO	<input type="radio"/>	NA	<input type="radio"/>	NOB		
Other											

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
<i>[Large diagonal line across the table]</i>		

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

Re-Inspection Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Establishment Closed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Approximate Date of Re-Inspection:	Food Discarded: _____ Other: _____

Person in Charge Name: *KOTA KANAMORI*

Person in Charge Signature: *[Signature]*

Date (d/m/y): *10 / 12 / 2021*

Environmental Health Officer Name: *RITTI MATTOO*

Environmental Health Officer Signature: *[Signature]*

Date (d/m/y): *Dec 10, 2021*