



FOOD ESTABLISHMENT INSPECTION REPORT

Section 1: Facility Information

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|--------------------|--|---------------------------------|---------------------------------|---------------------------------------|------------------------------------|-----------------------------|
| Establishment Name | Avens | | | | | |
| Address | 1-5710 50th Ave., Yellowknife | | | | | |
| Facility Type | | | | | | |
| Report Type | <input checked="" type="radio"/> Routine | <input type="radio"/> Complaint | <input type="radio"/> Follow-Up | <input type="radio"/> Pre-operational | <input type="radio"/> Consultation | <input type="radio"/> Other |
| Date of Report | Feb. 3, 2022 | | | Permit Number | | |

Environmental Health inspections under the authority of the Public Health Act determine the level of compliance with the Food Establishment Safety Regulation (FESR). Violations cited in this report shall be corrected within the time frame specified. Failure to comply with the requirements may result in the suspension of the permit and/or regulatory enforcement.

Circle suggests compliance status. N/O = Not observed; N/A = Not Applicable; CDI = Corrected during inspection; R = Repeated non-compliance

Section 2: Compliance Summary

| Compliance Item | Compliance | CDI | R | Topic | Compliance | CDI | R |
|---|---|-----|---|---|---|-----|---|
| 1 Obtained a valid food establishment permit. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 23 Proper use and storage of clean utensils | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 2 The permit is posted in a conspicuous location. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 24 Appropriate maintenance of food contact surfaces | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 3 Risk assessment - extensive food preparation. | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input checked="" type="radio"/> N/A | | | 25 Appropriate maintenance of non-food contact surfaces | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 4 Risk assessment - minimal food preparation. | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input checked="" type="radio"/> N/A | | | 26 No room with food used for sleeping purposes | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 5 Risk assessment - intermediate food preparation. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 27 Dipper well with running water | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 6 Cold holding and storage of food below 4°C or 40°F. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 28 Food grade products for food contact surface sanitization | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 7 Frozen food holding and storage below -18°C or 0°F. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 29 Food contact surfaces washed>rinsed>sanitized after each use | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 8 Proper food cooling method used. | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/O <input type="radio"/> N/A | | | 30 Appropriate two-compartment sink available and used | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input checked="" type="radio"/> N/A | | |
| 9 Food is cooked to a high enough safe internal temperature. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 31 Appropriate three-compartment sink available and used | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 10 Hot holding food to a safe internal temperature of 60°C (140°F). | <input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/O <input type="radio"/> N/A | | | 32 The proper method used for manual dishwashing | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 11 The facility uses a proper re-heating method. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 33 The high-temperature dishwasher is operating appropriately | <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input checked="" type="radio"/> N/A | | |
| 12 Monitoring of food safety temperatures. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 34 Low-temperature dishwasher operating appropriately | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 13 Proper hand hygiene practice by food handlers. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 35 Floors, walls, and ceilings are maintained in a sanitary condition | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 14 Acceptable personal hygiene and behaviour or practices. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 36 Sanitary maintenance of staff / public washrooms | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 15 Certified food handler in a supervisory role. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 37 Lighting adequate for food preparation/cleaning | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 16 Free from infectious disease and confirmation of non-infection. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 38 Mechanical ventilation operable where required | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 17 All foods are obtained from acceptable sources. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 39 Adequate garbage and liquid waste management | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 18 Separate raw foods storage and handling. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 40 General housekeeping and sanitation are satisfactory | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 19 Food is protected from potential contamination and adulteration. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 41 Pest control / adequate protection of pests | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 20 Toxic/poisonous substances are stored separately from food. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 42 Exclusion of live animals on the premises | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 21 Supply of hot and cold running water under pressure. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | 43 Observation of health hazards | <input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | |
| 22 Handwashing stations are provided & adequately supplied. | <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A | | | | | | |

Section 3: Inspection Outcome

| | | | | | |
|-------------------------|-------------------------------------|---------------------------|--|-----------------------------|--|
| Satisfactory Compliance | <input checked="" type="checkbox"/> | Follow Up Required (Date) | | Item(s) Seized or Discarded | |
| Permit Revoked | <input type="checkbox"/> | Warning Letter Issued | | Fine Issued | |

Section 4: Signature

| Person In Charge | Environmental Health Officer |
|--------------------------------|------------------------------|
| | |
| Name: Laurena Malague | Name: Colin Mear |
| Title: Food Service Supervisor | Title: EHO |