

Establishment Name: <b>A &amp; W</b>	Permit Number: <b>4696</b>
Mailing Address: <b>4905 - 50th Ave, Yellowknife, NT X1A 2P2</b>	Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: <b>4905 - 50th Ave, Yellowknife, NT X1A 2P2</b>	Date of Inspection: <b>06-Jul-2021</b> (d/m/y)
Routine Inspection <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Follow-up Inspection <input type="checkbox"/>	If follow-up 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 Regulation. 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>Time/Temperature of Potentially Hazardous Foods</b>						
101	Cold holding temperature ≤ 4°C	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
102	Hot holding temperature ≥ 60°C	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
103	Proper cooking of raw food of animal origin	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
104	Proper cooling time and temperatures	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
105	Adequate equipment to maintain food temperature	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
106	Proper monitoring of temperature	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
107	Proper reheating procedure for hot holding	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
108	Proper thawing procedure	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
<b>Food, Water and Ice from Approved Sources</b>						
301	Food obtained from approved sources	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOB		
302	Food in good condition, safe and unaltered	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOB		
303	Food properly labeled	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOB		
<b>Compliance Status</b>				CDI	R	
<b>Personal Hygiene of Food Service Workers</b>						
201	Hands clean & properly washed	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOB		
202	Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOB		
203	Food handlers free of disease or condition that may spread through food	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
205	Food training certification	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
<b>Potentially Hazardous Foods Protected from Contamination</b>						
401	Food separated and protected	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
402	Food contact surface cleaned and sanitized	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	
403	Facility free of pests (vermin and insects)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOB		
404	Toxic chemicals properly labelled, stored or used to prevent food contamination	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOB		
405	Proper disposal of returned, previously served food	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOB		

Food Temperature Observations					
Item/Location	Temp (°C)	Item/Location	Temp (°C)	Item/Location	Temp (°C)
Standing Freezer (Prep area)	-18				
Standing Refrigerator (Prep area)	4				
Refrigerator (Next to dishwasher)	3				


Item Number	Observation and Corrective Action	Correction Date (If applicable)
	<b>EHO has no recommendation at the time of this inspection. The facility was operating in compliance with regulation.</b>	
402	The facility was using the Diversy commercial sanitizer as surface sanitizer.	


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

Item Number	Observation and Corrective Action	Correction Date (if applicable)
	<b>The facility has two compartment sink for manual dishwashing and a high temperature dishwasher. The dishwasher was operating at proper temperature for wash and rinse cycle.</b>	

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>MERYANN BISNAR</b>
Person in Charge Signature: 
Date (d/m/y): <b>06-Jul-2021</b>

Environmental Health Officer Name: <b>CHIRAG ROHIT</b>
Environmental Health Officer Signature: 
Date (d/m/y): <b>06-Jul-2021</b>