

Establishment Name	SOT162 NWT LTD. o/a Barren Ground Coffee	Permit Number:	4882
Mailing Address	Unit B-5103 52nd Street, Yellowknife, NT, X1A1T7	Permit Posted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	5103 52nd Street Yellowknife, NT	Date of Inspection: (d/m/y)	29-Oct-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.

<b>LEGEND</b> Circle One of:	YES (in compliance) NO (not in compliance)	NOB (not observed) NA (not applicable)	Mark <input checked="" type="checkbox"/> * In Box:	R (repeat violation) CDI (controlled during inspection)
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Compliance Status		CDI	R
<b>Time/Temperature of Potentially Hazardous Foods</b>			
101	Cold holding temperatures $\leq 4^{\circ}\text{C}$	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
102	Hot holding temperatures $\geq 60^{\circ}\text{C}$	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA <input type="radio"/> NOB	
103	Proper cooking of raw food of animal origin	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" type="radio"/> NOB	
104	Proper cooling time and temperatures	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" type="radio"/> NOB	
105	Adequate equipment to maintain food temperatures	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
106	Proper monitoring of temperatures	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
107	Proper reheating procedures for hot holding	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA <input type="radio"/> NOB	
108	Proper thawing procedures	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA <input type="radio"/> NOB	
<b>Food, Water and Ice from Approved Sources</b>			
301	Food obtained from approved sources	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB	
302	Food in good condition, safe and unaltered	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB	
303	Food properly labeled	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB	

Compliance Status		CDI	R
<b>Personal Hygiene of Food Service Workers</b>			
201	Hands clean & properly washed	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB	
202	Adequate handwashing facilities supplied & accessible	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB	
203	Food handlers free of disease or condition that may spread through food	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
205	Food training certification	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
<b>Potentially Hazardous Foods Protected from Contamination</b>			
401	Food separated and protected	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
402	Food contact surfaces cleaned and sanitized	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
403	Facility free of pests (vermin and insects)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB	
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB	
405	Proper disposal of returned, previously served food	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NOB	

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
Cooler	4.5				
Fridge	2.5				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
303	Food items in the refrigerator, freezer, cooler and coffee containers were not labelled. Food items must be labelled with name and date of preparation.	29/10/21
404	Sanitizer bottle was not labelled.	29/10/21
506	Dough machine needs cleaning. Food contact equipment must be kept clean and sanitized to prevent cross-contamination.	29/10/21
607	Premises needs to be organized and cleaned.	Next routine inspection
	Ensure the concentration of the sanitizer solution is appropriate according to the manufacturer's guidelines or 100 ppm for bleach solution.	

