

Establishment Name <b>507162 NWT Ltd. o/a barren ground coffee</b>		Permit Number: <b>4882</b>
Mailing Address <b>Unit B-5103 52nd Street, YK, NT X1A</b>		Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address <b>5103 52nd Street YK, NT</b>		Date of Inspection: (d/m/y) <b>October 25, 2022</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)		NOB (not observed)		Mark "✓" In Box:		R (repeat violation)	
				NO (not in compliance)		NA (not applicable)				CDI (controlled during inspection)	

Compliance Status			CDI	R
Time/Temperature of Potentially Hazardous Foods				
101	Cold holding temperatures ≤ 4°C	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB		
102	Hot holding temperatures ≥ 60°C	<input type="radio"/> YES <input checked="" type="radio"/> NO <input 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 type="radio"/> NA <input checked="" type="radio"/> NOB		
108	Proper thawing procedures	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" type="radio"/> NOB		
Food, Water and Ice from Approved Sources				
301	Food obtained from approved sources	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB		
<input checked="" type="radio"/> 302	Food in good condition, safe and unaltered	<input type="radio"/> YES <input checked="" 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
Personal Hygiene of Food Service Workers				
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		
Potentially Hazardous Foods Protected from Contamination				
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)
Silver Fridge	0.4				
Large chest freezer	-26.3				
Small chest freezer	-27.2				
Dairy (Reptable) Fridge	2.3				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	A routine inspection was conducted today and following is observed:-	
302	Potentially hazardous food was kept at room temperature. It must be stored at or below 4°C. Food items:- eggs (cooked) bacon (cooked), avocado sauce and tomato chutney were discarded during the inspection.	
506	Coffee roasting machine requires cleaning.	
Note:-	Facility requires cleaning.	
Note:-	Bleach sanitizing solution is being used as a food grade sanitizer.	




**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)		NO (not in compliance)		NA (not applicable)		Mark "✓" In Box:		R (repeat violation)		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.							YES	NO	NA	NOB			601	Food contact surfaces properly constructed or located. Acceptable material used.							YES	NO	NA	NOB		
502	Appropriate procedures followed for mechanical and/or manual dishwashing							YES	NO	NA	NOB			602	Hot & cold water available; adequate pressure							YES	NO	NA	NOB		
503	Proper storage of frozen food items							YES	NO	NA	NOB			603	Proper disposal of sewage & waste water							YES	NO	NA	NOB		
504	Food stored in food grade material							YES	NO	NA	NOB			604	Toilet facilities: adequate number, properly constructed, supplied and cleaned							YES	NO	NA	NOB		
505	Equipment and utensils that contact food are corrosion resistant and non-toxic							YES	NO	NA	NOB			605	Adequate lighting; lighting protected							YES	NO	NA	NOB		
506	Equipment in good repair, cleaned and sanitized							YES	NO	NA	NOB			606	Adequate mechanical ventilation;							YES	NO	NA	NOB		
General Sanitation										Premises clean, uncluttered, cleaning and maintenance equipment properly stored								YES	NO	NA	NOB						
701	Garbage & refuse properly disposed and facilities maintained							YES	NO	NA	NOB			Testing Devices/Logging of Temperatures													
702	Non-food contact surfaces properly constructed, in good repair and clean							YES	NO	NA	NOB			801	Working dishwasher temperature and pressure gauges							YES	NO	NA	NOB		
703	Food handlers properly attired and good personal hygiene							YES	NO	NA	NOB			802	Chemical test kits and/ or papers provided							YES	NO	NA	NOB		
704	Adequate protection from vermin and insect pests							YES	NO	NA	NOB			803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)							YES	NO	NA	NOB		
705	Living or sleeping quarters separated from food service area							YES	NO	NA	NOB			Other													
706	Birds or animals other than guide dogs excluded from premises							YES	NO	NA	NOB																
707	Wiping cloths used properly and stored in sanitizing solution							YES	NO	NA	NOB																

[illegible]

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 <input checked="" type="checkbox"/>	Other _____	

Person in Charge Name: Carl Dussenege

Person in Charge Signature: 

Date 25/10/2022

Environmental Health Officer Name:	RITTI MATTOO
Environmental Health Officer Signature:	
Date (d/m/y)	October 25, 2022