Northwest leath and Social Services Per L. 100	Inspection	
Name of Facility or Operation Barry Buckle		d/m/y)
Mailing Address 48054 Mackensie Huy, Hay River XOF DK9		
Physical Address Make		
Type of Inspection Tobacco Routine Complaint Follow-up		
Under authority of the <i>Public Health Act</i> and/or <i>Tobacco Control Act</i> , an inspection of the above listed facility/operation was conducted and the following observations and/or Orders are made. Required Correction Dates are listed.		
Item Number Observations	and Corrective Actions	Correction Date (if applicable)
The chane listed facility	was inspected under the	(ii apprioacie)
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Public Health Officer's Name (print)		
Steven Shen	Public Health Officer's Signature Date (d	12/2×17
Owner/Operator (please print)		
Barry Buckley	Owner/Operator Signature Date (d.	m/y)
Yellowknife Inuvi Ph: (867) 669-8979 Ph: (867) 777-725 Fax: (867) 669-7517 Fax: (867) 7	50 / 777-7220 • Ph: (867) 874-7261	Page 1 of

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