

Establishment Name Mailing Address Physical Address	Permit Number: Pre approval
Routine Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up Inspection <input type="checkbox"/>	Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Inspection: (d/m/y) 13/11/19

**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)	NA (not applicable)	Mark "✓" In Box:	R (repeat violation)	CDI (controlled during inspection)	
Compliance Status			CDI	R	Compliance Status			CDI	R
Time/Temperature of Potentially Hazardous Foods									
101	Cold holding temperatures ≤ 4°C	YES	NO	NA	NOB				
102	Hot holding temperatures ≥ 60°C	YES	NO	NA	NOB				
103	Proper cooking of raw food of animal origin	YES	NO	NA	NOB				
104	Proper cooling time and temperatures	YES	NO	NA	NOB				
105	Adequate equipment to maintain food temperatures	YES	NO	NA	NOB				
106	Proper monitoring of temperatures	YES	NO	NA	NOB				
107	Proper reheating procedures for hot holding	YES	NO	NA	NOB				
108	Proper thawing procedures	YES	NO	NA	NOB				
Food, Water and Ice from Approved Sources									
301	Food obtained from approved sources	YES	NO	NA	NOB				
302	Food in good condition, safe and unaltered	YES	NO	NA	NOB				
303	Food properly labeled	YES	NO	NA	NOB				
Personal Hygiene of Food Service Workers									
201	Hands clean & properly washed	YES	NO	NA	NOB				
202	Adequate handwashing facilities supplied & accessible	YES	NO	NA	NOB				
203	Food handlers free of disease or condition that may spread through food	YES	NO	NA	NOB				
204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	YES	NO	NA	NOB				
205	Food training certification	YES	NO	NA	NOB				
Potentially Hazardous Foods Protected from Contamination									
401	Food separated and protected	YES	NO	NA	NOB				
402	Food contact surfaces cleaned and sanitized	YES	NO	NA	NOB				
403	Facility free of pests (vermin and insects)	YES	NO	NA	NOB				
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES	NO	NA	NOB				
405	Proper disposal of returned, previously served food	YES	NO	NA	NOB				

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
Frigo de liquide	1,0°C				
frigo blanc	3,2°C				

Item Number	Observations and Corrective Actions	Correction Data (if applicable)
106	Lors de l'inspection aucune nourriture était préparée.	
106	Le kiosk n'avait pas de thermomètre dans les réfrigérateurs et le congélateur. Assurez vous que tous les unités de réfrigération/congélation sont équipées avec des thermomètres.	
202	La station de lavage des mains n'était pas équipée avec du papier pour sécher les mains. Du papier à usage unique est requis pour la station de lavage des mains.	
205	L'opérateur n'avait pas la formation d'hygiène et salubrité alimentaire. Assurez vous qu'il y a une personne certifiée sur place en tout temps.	
402/107	Un bac avec du savon et de l'eau javel étendu ensemble était observé lors de l'inspection. Assurez vous d'avoir un bac avec de l'eau et savon pour nettoyer et un bac avec de l'eau de javel à la bonne concentration pour assainir qu'il est pas parfumé.	

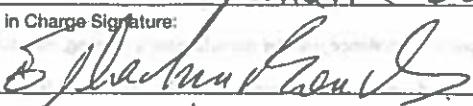
**NON-CRITICAL ITEMS:** Based on the inspection today, the non-critical items identified below are violations of the Food Establishment Safety Regulations. Non-critical items must be corrected by the next routine inspection or a shorter period of time as may be specified by the inspector. Failure to 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.

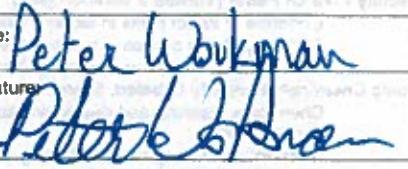
LEGEND Circle One of: YES (in compliance) NO (not in compliance) N0B (not observed) NA (not applicable)			Mark "✓" In Box: R (repeat violation) CDI (controlled during inspection)		
<b>Compliance Status</b>			CDI	R	
<b>Food Equipment and Utensils</b>					
501	Adequate facilities available to wash, rinse and sanitize utensils and/or equipment.	YES NO NA NOB			
502	Appropriate procedures followed for mechanical and/or manual dishwashing	YES NO NA NOB			
503	Proper storage of frozen food items	YES NO NA NOB			
504	Food stored in food grade material	YES NO NA NOB			
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	YES NO NOB			
506	Equipment in good repair, cleaned and sanitized	YES NO NOB			
<b>General Sanitation</b>					
701	Garbage & refuse properly disposed and facilities maintained	YES NO NOB			
702	Non-food contact surfaces properly constructed, in good repair and clean	YES NO NOB			
703	Food handlers properly attired and good personal hygiene	YES NO NA NOB			
704	Adequate protection from vermin and insect pests	YES NO NOB			
705	Living or sleeping quarters separated from food service area	YES NO NA NOB			
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			
<b>Compliance Status</b>					
			CDI	R	
<b>Physical Facilities</b>					
601	Food contact surfaces properly constructed or located. Acceptable material used	YES NO NA NOB			
602	Hot & cold water available; adequate pressure	YES NO NOB			
603	Proper disposal of sewage & waste water	YES NO NOB			
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	YES NO NOB			
605	Adequate lighting; lighting protected	YES NO NOB			
606	Adequate mechanical ventilation;	YES NO NA NOB			
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	YES NO NA NOB			
<b>Testing Devices/Logging of Temperatures</b>					
801	Working dishwasher temperature and pressure gauges	YES 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>					

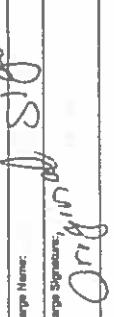
Item Number	Observations and Corrective Actions	Correction Date (If applicable)
802	Il ny avait pas de bandelette de chlore pour vérifier la concentration de l'assainisseur. Des bandes sont requis. CDI	
803	Des registres de température des réfrigérateurs / congélateurs manquaient. Assurez-vous de prendre la température 2x par jour et les enregistrez.	
NB:	Il n'y aura pas d'utilisation de plaque pour cuire car elle crée des vapeurs dans l'air et le kiosque n'a pas de système de ventilation. Depuis août 2019 BB cooking prépare la nourriture dans sa maison pour vendre dans le kiosque. Bouichra s'est portée volontaire d'arrêter de préparer la nourriture dans sa maison et prépare tout sur site.	

**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 Other

Person in Charge Name:	Ellaham Bouehra
Person in Charge Signature:	
Date (d/m/y)	13/11/2019

Environmental Health Officer Name:	Peter Workman
Environmental Health Officer Signature:	
Date (d/m/y)	13/11/2019

Establishment Name:	BB Cooking		Permit Number:	Pre approval		
Mailing Address:	5001 50th Ave. Yellowknife		Permit Post Date:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Address:			Date of Inspection:	13/11/2019		
Resutive Inspection:	<input type="checkbox"/>	Complaints:	<input type="checkbox"/>	Follow-up Inspection:	<input type="checkbox"/>	
If follow-up, date of previous inspection (MM/DD): _____						
<b>Critical Items:</b> Based on the inspection today, the 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.						
<b>Legend - Circle One of:</b> <input checked="" type="checkbox"/> YES (In compliance) <input type="checkbox"/> NO (not in compliance) <input type="checkbox"/> HOB (not observed) <input type="checkbox"/> NA (not applicable) <input type="checkbox"/> Mark ✓ In Box: R (repeat violation) <input type="checkbox"/> CDB (controlled during inspection)						
Compliance Status						
	CH	R	CH	R	CH	
Physical Facilities						
601	Food contact surfaces properly constructed or located. Acceptable internal usage.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
602	Hot & cold water available. Appropriate pressure.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
603	Proper storage of storage & work areas. Total load lists: individual number, property					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
604	Appropriate procedures followed for mechanical and/or manual dishwashing.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
605	Adequate lighting, lighting protected.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
606	Adequate mechanical ventilation.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
607	Premises clean, uncluttered, cleaning and maintenance maintained properly stored.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
Food Equipment and Utensils						
501	Adhesive tactics available to wash, rinse and sanitize utensils and/or equipment.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
502	Appropriate procedures followed for mechanical and/or manual dishwashing.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
503	Proper storage of stored food items.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
504	Food stored in food grade material.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
505	Equipment and utensils that contact food are corrosion resistant and non-reactive.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
506	Equipment in good repair, cleaned and sanitized.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
General Sanitation						
601	Garbage & refuse properly disposed and facilities maintained.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
602	Non-food contact surfaces properly constructed, in good repair and clean.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
603	Food handlers properly shaved and dressed.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
604	Personal hygiene.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
605	Adequate protection from vermin and rodent pests.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
606	Living or sleeping quarters separated from food service area.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
607	Food service area kept clean and orderly.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
608	Baths or areas of other than guide dogs excluded from premises.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
609	Wiping cloths used properly and stored in sanitizing solution.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
Testing Devices/ Logging of Temperatures						
601	Washing machine temperature and pressure.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
602	Chemical test kit and/or equipment provided.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
603	Temperature log kept maintained for refrigeration and food storage units throughout day.					<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB
604	Other _____					
<b>Observations and Corrective Actions</b>						
Item Number:	Description Date of Submission:					
803	Temperature logs for refrigeration and freezer units were not observed. Ensure to take temperatures of units twice a day and maintain a log.					
804	Usage of griddle and hot plate will not be permitted on site as it creates steam and vapors and the kiosk does not have a ventilation system.					
805	Since August 2019 BB cooking has been preparing food in her home to sell at the kiosk. Bauchia has volunteered to stop preparing food in her home and all food preparation will occur on site.					
<b>Food Temperature Observations</b>						
Item Number:	Temp (°C)	Temp (°C)	Item / Location	Temp (°C)	Item / Location	
front drink fridge	10°C					
infinite fridge	32°C					
<b>Observations and Corrective Actions</b>						
At the time of inspection no food was being prepared.						
100. No thermometers were observed in any refrigeration units. Ensure that all refrigeration units are equipped with thermometers.						
202. The handwash station was not equipped with paper towel in the dispenser. Ensure that the handwash station is equipped with single use paper towel in the dispenser.						
205. The operator was not a certified food handler. Ensure that a certified food handler is present during the hours of operation						
402/405 During the inspection a bucket mixed with soap, water and bleach for cleaning was observed. Ensure that you have two separate buckets, one with soap and water for sanitizing and the other with water and no scented bleach for sanitizing.						
807. No chlorine test strips for chlorine was observed. Ensure that test strips are available to verify the sanitizing concentration.						
<b>Enforcement Action:</b> (Mark ✓ if applicable)						
Re-inspection Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Appropriate Date of Re-inspection:				
Person in Charge Name:	Orlyn					
Person in Charge Signature:						
Date:	13/11/2019					
Date of Review:						

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Compliance Status					
	CH	R	CH	R	CH
<b>Personal Hygiene of Food Service Workers</b>					
201	Hands clean & property washed.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Kiosk		
202	Adequate handwashing facilities provided & accessible.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
203	Food handling area of clientele or customer that may spread through food.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
204	Food handlers using protective garments to avoid unnecessary hand contact with food.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
205	Food training certification	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
<b>Potentially Hazardous Foods Protected from Contamination</b>					
301	Food served and protected.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
302	Food contact surfaces cleaned and sanitized.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
303	Facility free pests (insects and rodents).	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
304	Proper monitoring of temperatures used to prevent food contamination.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
305	Proper reheating procedures for holding food.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
306	Proper time and temperature procedures.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
307	Food contact surfaces cleaned and sanitized.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
308	Appropriate equipment to maintain food temperature.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
309	Proper monitoring of temperatures used to prevent food contamination.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
310	Proper reheating procedures for holding food.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
311	Proper time and temperature procedures.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
312	Proper cleaning procedures.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
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419	Proper time and temperature procedures.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
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436	Proper time and temperature procedures.	<input type="checkbox"/> NO <input checked="" type="checkbox"/> HOB			
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438</					