

Establishment Name <i>Bento Sushi</i>	Permit Number: <i>4701</i>
Mailing Address	License Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address <i>250 Old Airport Rd., Yellowknife</i>	License No.:
Routine Inspection <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Follow-up Inspection <input type="checkbox"/>	Date of inspection: (d/m/y) <i>28/10/2022</i>
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) NO (not in compliance) NOB (not observed) NA (not applicable) Mark "✓" in Box: R (repeat violation) 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 checked="" type="radio"/> NA <input type="radio"/> NOB	
104	Proper cooling time & temperatures	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> NA <input 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 checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input 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	
302	Food in good condition, safe & unadulterated	<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
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	
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	

Food Temperature Observations			
Item / Location	Temp (°C)	Item / Location	Temp (°C)
<i>cold display</i>	<i>-0.2</i>		
<i>cold prep</i>	<i>0.1</i>		

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	<i>Please renew Food Establishment Permit - application form provided</i>	

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)	NOB (not observed)	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 storage containers not used for other purposes	YES	NO	NA	NOB	604	Toilet facilities: properly constructed, supplied & 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						Testing Devices/Logging of Temperatures							
701	Garbage & refuse properly disposed and facilities maintained	YES	NO	NA	NOB	801	Proper location of thermometers and thermometers working accurately	YES	NO	NA	NOB		
702	Non-food contact surfaces properly constructed, in good repair and clean	YES	NO	NA	NOB	802	Working dishwasher temperature and pressure gauges	YES	NO	NA	NOB		
703	Food handlers properly attired	YES	NO	NA	NOB	803	Chemical test kits and/ or papers provided	YES	NO	NA	NOB		
704	Adequate protection from vermin and insect pests	YES	NO	NA	NOB	804	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								
706	Premises free of live birds and animals	YES	NO	NA	NOB								

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	<i>Quat surface sanitizer measured @ ~300 ppm</i>	
	<i>no hot holding at time of inspection</i>	

Inspection Results			
Number of Critical Items		Number of Non-Critical Items	
Number of Repeat Critical Items		Number of Repeat Non Critical Items	

Enforcement Action: (Mark "✓", if Applicable)			
Re-Inspection Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Approximate Date of Re-Inspection:		Establishment Closed:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Food Discarded:	Other: _____

Person in Charge Signature: *Huang*
 Date (d/m/y): *28/10/2022*

Inspector Signature: *[Signature]*
 Date (d/m/y): *28/10/2022*