

Establishment Name	Big Momma's Food Truck	Permit Number:	None
Mailing Address	P.O Box 34 Fort McPherson NT	Permit Posted:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Physical Address	322 W.T Nerysoo Dr Fort McPherson	Date of Inspection: (d/m/y)	07/05/20
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) 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	
Time/Temperature of Potentially Hazardous Foods		Personal Hygiene of Food Service Workers			
101	Cold holding temperatures ≤ 4°C	YES NO NA NOB		201	Hands clean & properly washed
102	Hot holding temperatures ≥ 60°C	YES NO NA NOB		202	Adequate handwashing facilities supplied & accessible
103	Proper cooking of raw food of animal origin	YES NO NA NOB		203	Food handlers free of disease or condition that may spread through food
104	Proper cooling time and temperatures	YES NO NA NOB		204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food
105	Adequate equipment to maintain food temperatures	YES NO NA NOB		205	Food training certification
106	Proper monitoring of temperatures	YES NO NA NOB		Potentially Hazardous Foods Protected from Contamination	
107	Proper reheating procedures for hot holding	YES NO NA NOB		401	Food separated and protected
108	Proper thawing procedures	YES NO NA NOB		402	Food contact surfaces cleaned and sanitized
Food, Water and Ice from Approved Sources					
301	Food obtained from approved sources	YES NO NOB		403	Facility free of pests (vermin and insects)
302	Food in good condition, safe and unaltered	YES NO NOB		404	Toxic chemicals properly labeled, stored or used to prevent food contamination
303	Food properly labeled	YES NO NOB		405	Proper disposal of returned, previously served food

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	Pre-operational virtual inspection. No food preparation or storage was observed.	
106	Ensure to have thermometers in all refrigeration units holding potentially hazardous foods.	
202	Equip handwash station with liquid handsoap and single use paper towel in a dispenser before commencing operation.	
402/404	Bleach will be used as a sanitizer. Ensure to clean with soap and water and sanitize with a bleach solution with a concentration of 200ppm (1/2 tsp of bleach (unscented) to 1 litre of water). When preparing solution ensure it is properly labeled when it is not in it's original container	

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	
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.
502	Appropriate procedures followed for mechanical and/or manual dishwashing	YES NO NA NOB		602	Hot & cold water available; adequate pressure
503	Proper storage of frozen food items	YES NO NA NOB		603	Proper disposal of sewage & waste water
504	Food stored in food grade material	YES NO NA NOB		604	Toilet facilities: adequate number, properly constructed, supplied and cleaned
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	YES NO NOB		605	Adequate lighting; lighting protected
506	Equipment in good repair, cleaned and sanitized	YES NO NOB		606	Adequate mechanical ventilation;
General Sanitation		607 Premises clean, uncluttered, cleaning and maintenance equipment properly stored			
701	Garbage & refuse properly disposed and facilities maintained	YES NO NOB		Testing Devices/Logging of Temperatures	
702	Non-food contact surfaces properly constructed, in good repair and clean	YES NO NOB		801	Working dishwasher temperature and pressure gauges
703	Food handlers properly attired and good personal hygiene	YES NO NA NOB		802	Chemical test kits and/ or papers provided
704	Adequate protection from vermin and insect pests	YES NO NOB		803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)
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			

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
502	Food truck has a 2 compartment sink for dishwashing and no multi use utensils.	
602	Due to virtual inspection only pressured water was observed.	
604	Operation is take out only. operator uses washroom in home	
*	Food permit application was submitted on May 8, 2020 - approved	
	Operator unable to sign due to virtual inspection	

Enforcement Action: (Mark "✓", if Applicable)			
Re-Inspection Required:	Yes <input checked="" type="checkbox"/> No <input 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:	Environmental Health Officer Name: Vanessa Agira
Person in Charge Signature:	Environmental Health Officer Signature: Vanessa Agira
Date (d/m/y) 07/05/20	Date (d/m/y) 07/05/20