

Establishment Name Birchwood Coffee K6, Ltd.		Permit Number: 4850
Mailing Address		Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address 5021 4th Street, Yellowknife, NT		Date of Inspection: (d/m/y) October 27, 2022
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 $\leq 4^{\circ}\text{C}$	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
102	Hot holding temperatures $\geq 60^{\circ}\text{C}$	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" 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	
302	Food in good condition, safe and unaltered	<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 type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" 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)
Prep table cooler	2.8	Display cooler	4.5		
Tall glass fridge	4.0	Big freezer	-20.7		
Small white freezer	-21.0	Chest freezer	-23.8		
Small black freezer	3.8				


Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	A routine inspection was conducted today and following was observed:-	
303	Food stored in fridge and freezer not labelled properly. Food must be labelled with name and date of preparation.	Next routine inspection
607	Premises require cleaning especially back dry storage area.	Next routine inspection
Note:-	Danby microwave requires cleaning.	
	- Scoops should not be kept inside the food containers to avoid cross-contamination. Corrected during inspection.	

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				
Food Equipment and Utensils											
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						
General Sanitation											
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						
Physical Facilities											
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						
Testing Devices/Logging of Temperatures											
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						
Other											

[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	Other

Person in Charge Name:	Jawah Scott
Person in Charge Signature:	
Date (d/m/y)	Oct. 27. 22

Environmental Health Officer Name: RITTI MATTOD

Environmental Health Officer Signature: 

Date (d/m/y) October 27, 2022