



**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)	NOB (not observed)	Mark "✓" in Box:		R (repeat violation)
		NO (not in compliance)	NA (not applicable)			CDI (controlled during inspection)
Compliance Status			CDI	R		
<b>Food Equipment and Utensils</b>						
501	Adequate facilities available to wash, rinse and sanitize utensils and/or equipment.	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
502	Appropriate procedures followed for mechanical and/or manual dishwashing	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
503	Proper storage of frozen food items	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
504	Food stored in food grade material	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
506	Equipment in good repair, cleaned and sanitized	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
<b>General Sanitation</b>						
701	Garbage & refuse properly disposed and facilities maintained	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
702	Non-food contact surfaces properly constructed, in good repair and clean	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
703	Food handlers properly attired and good personal hygiene	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
704	Adequate protection from vermin and insect pests	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
705	Living or sleeping quarters separated from food service area	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
706	Birds or animals other than guide dogs excluded from premises	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
707	Wiping cloths used properly and stored in sanitizing solution	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
Compliance Status						
<b>Physical Facilities</b>						
601	Food contact surfaces properly constructed or located. Acceptable material used.	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
602	Hot & cold water available; adequate pressure	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
603	Proper disposal of sewage & waste water	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
604	Toilet facilities; adequate number, properly constructed, supplied and cleaned	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
605	Adequate lighting; lighting protected	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
606	Adequate mechanical ventilation;	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
Testing Devices/Logging of Temperatures						
801	Working dishwasher temperature and pressure gauges	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
802	Chemical test kits and/ or papers provided	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
Other						

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
506	REFRIGERATOR TOP DAMAGED	2020
605	LIGHTING IN FOOD PREP AREA SHOULD BE IMPROVED	2020
506	FREEZER TOP DAMAGED - REFRIGERATE IMMEDIATELY	

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: Patricia Cordero		Environmental Health Officer Name: D. Carr	
Person in Charge Signature: <i>Patricia Cordero</i>		Environmental Health Officer Signature: <i>[Signature]</i>	
Date (d/m/y)		Date (d/m/y) 25/09/19	