

Establishment Name Bruno's Pizzeria	Permit Number: 4746
Mailing Address	License Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Licence No.: NT-14067
Physical Address 5124 53rd St., Yellowknife	Date of Inspection: 18/01/2023 (d/m/y)
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)
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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 checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
103	Proper cooking of raw food of animal origin	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB	
104	Proper cooling time & temperatures	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" type="radio"/> NOB	
<input checked="" type="radio"/> 105	Adequate equipment to maintain food temperatures	<input 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 checked="" type="radio"/> YES <input type="radio"/> NO <input 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	
<input checked="" type="radio"/> 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 ($^{\circ}\text{C}$)	Item / Location	Temp ($^{\circ}\text{C}$)	Item / Location	Temp ($^{\circ}\text{C}$)
display cold 1	1.3	prep cold	2.3	hot hold 1	80.1
frozen hold	-21	frozen hold 2	-26	" " 2	64
display cold 2	1.7	" " 3	-23	display cold 5	2.2
" " 3	0.2	display cold 4	4	hot hold 4	63

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
302	Ensure food labeled "retrigerate after opening" is held @ $\leq 4^{\circ}\text{C}$ - 2 products stored @ ambient temperature - discard	CDI
105	Please monitor walk in frozen hold unit achieves -18°C as required by FFSR section 33(2)(b) - minimum observed during inspection was	

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.	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB			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
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			602	Hot & cold water available; adequate pressure	<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			603	Proper disposal of sewage & waste water	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB
504	Food storage containers not used for other purposes	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB			604	Toilet facilities: properly constructed, supplied & cleaned	<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			605	Adequate lighting; lighting protected	<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			606	Adequate mechanical ventilation;	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB
General Sanitation			Testing Devices/Logging of Temperatures				
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			801	Proper location of thermometers and thermometers working accurately	<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			802	Working dishwasher temperature and pressure gauges	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB
703	Food handlers properly attired	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB			803	Chemical test kits and/ or papers provided	<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			804	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
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	Premises free of live birds and animals	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB					

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	Please renew annual Food Establishment Permit - expired July 3, 2022 - application form provided	
506	Please clean and sanitize "pepsi" cold hold display unit cooler to remove black material on inner surface	
702	Occasionally (e.g., monthly) clean sanitize spice containers. Repair floor where wood subfloor is visible in dough area. Surface sanitizer - 200 ppm FAC. High temp mech. dishwasher - rinse reported 88°C, plate 77°C	

Inspection Results			
Number of Critical Items	1	Number of Non-Critical Items	2
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"/>	Establishment Closed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Approximate Date of Re-Inspection:			Food Discarded: <input type="checkbox"/> Other: <input type="checkbox"/>
Person in Charge Signature			Inspector Signature
Date (d/m/y)	Jan. 18, 2023		Date (d/m/y) 18/01/2023