

Establishment Name Chief Lumallice Complex - Carleton		Permit Number: Applied	
Mailing Address Box 3060, Hay River, NT X0E 1G4		Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address K'atl'o'de'eche First Nation, NT		Date of Inspection: (d/m/y) 7/1/20	
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)	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 ≤ 4°C	YES	NO	NA	NOB	
102	Hot holding temperatures ≥ 60°C	YES	NO	NA	NOB	
103	Proper cooking of raw food of animal origin	YES	NO	NA	NOB	
104	Proper cooling time and temperatures	YES	NO	NA	NOB	
105	Adequate equipment to maintain food temperatures	YES	NO	NA	NOB	
106	Proper monitoring of temperatures	YES	NO	NA	NOB	
107	Proper reheating procedures for hot holding	YES	NO	NA	NOB	
108	Proper thawing procedures	YES	NO	NA	NOB	
Food, Water and Ice from Approved Sources						
301	Food obtained from approved sources	YES	NO	NA	NOB	
302	Food in good condition, safe and unaltered	YES	NO	NA	NOB	
303	Food properly labeled	YES	NO	NA	NOB	

Compliance Status				CDI	R	
Personal Hygiene of Food Service Workers						
201	Hands clean & properly washed	YES	NO	NA	NOB	
202	Adequate handwashing facilities supplied & accessible	YES	NO	NA	NOB	
203	Food handlers free of disease or condition that may spread through food	YES	NO	NA	NOB	
204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	YES	NO	NA	NOB	
205	Food training certification	YES	NO	NA	NOB	
Potentially Hazardous Foods Protected from Contamination						
401	Food separated and protected	YES	NO	NA	NOB	
402	Food contact surfaces cleaned and sanitized	YES	NO	NA	NOB	
403	Facility free of pests (vermin and insects)	YES	NO	NA	NOB	
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES	NO	NA	NOB	
405	Proper disposal of returned, previously served food	YES	NO	NA	NOB	

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
3 door cooler	6				
Freezer	-20				
deep freezer	-18				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
101	No food preparation ongoing during the time of inspection. Large amount of wild meat stored in '3-door cooler' that was checked at 6°C. Food stored at danger zone temperature for more than 7 days. Food visibly rotten and gave off bad smell. FHO ordered all hazardous food at danger zone temperature to be thrown out. The operator is required to do maintenance work on ^{the} refrigeration unit.	7/1/20
106	The temperature ⁱⁿ indicator broken in '3-door ⁱⁿ cooler'. The operator should place a thermometer in the cooler and monitor temperature.	1/2/20
302	Food stored in garbage bags. Garbage bags are not food grade material and contain toxins. The operator must store food in food grade material.	7/1/20

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)
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Compliance Status				CDI	R	
Food Equipment and Utensils						
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	
General Sanitation						
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 type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" 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 type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB	

Compliance Status				CDI	R	
Physical Facilities						
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 type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NA	<input type="radio"/> NOB	
803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB	
Other						

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
402	EHO requires that all food contact surfaces are sanitized with bleach + water (2 ml bleach in 1 liters of water).	7/1/20
303	The operator must label different kind of wild meat for proper identification. Currently no labels observed during inspection.	7/1/20
607	The operator should develop routine cleaning schedule to properly clean non-food contact surfaces.	7/1/20

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

Person in Charge Name:	Sharon Pekok
Person in Charge Signature:	<i>[Signature]</i>
Date (d/m/y)	Jan 7. 2020

Environmental Health Officer Name:	Cheray Rohit
Environmental Health Officer Signature:	<i>[Signature]</i>
Date (d/m/y)	7/1/20