

Establishment NameIkahuk Co-op

Permit Number:37006

Mailing AddressP.O Box 109 Saiphs Harbour NT XOE 0ZD

Permit Posted:☒ Yes ☐ No

Physical Address

Date of Inspection:(d/m/y)08/06/21

Routine Inspection☒ Complaint☐ Follow-up Inspection☐ 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

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 NOB

302 Food in good condition, safe and unaltered

YES NO NOB

303 Food properly labeled

YES NO NOB

Compliance Status

CDI

R

Personal Hygiene of Food Service Workers

201 Hands clean & properly washed

YES NO NOB

202 Adequate handwashing facilities supplied & accessible

YES NO 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 NOB

404 Toxic chemicals properly labeled, stored or used to prevent food contamination

YES NO NOB

405 Proper disposal of returned, previously served food

YES NO NOB

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
deli fridge	2.2	Large chest freezer	-25		
produce fridge	1.6				
dairy fridge	2.8				
Meat freezer	-28				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
106	Place thermometers in deli, produce and dairy fridge	CDI
302	Several canned food products i.e) fruit cups, campbell soup broth were observed passed best before date. Ensure frequent rotation of food.	16/06/21
202	Supply one sink in slush prep room with liquid hand soap and paper towel in a dispenser.	11/06/21
401	Boxes of food in the back storage were observed to be placed directly on the floor. Ensure all food are placed onch/15cm 16/06/21	

**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

Compliance Status

CDI

R

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

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
702	Back storage room floor by receiving area was observed to be deteriorating. Repair floor to be smooth, easily cleanable and non absorbent.	08/08/21
	Wall in slush room behind cash register was observed to be sticky with slush residue Clean wall with soap and water	10/06/21
604	Supply washroom with paper towel in a <u>dispenser</u> .	08/07/21
607	Recommend to install proper mop sink	

Enforcement Action: (Mark "✓", If Applicable)

Re-Inspection Required: Yes☒ No☐

Establishment Closed: Yes☐ No☒

Approximate Date of Re-Inspection:

Food Discarded:

Other:

Person in Charge Name:Angella Keagalk

Person in Charge Signature:akeagalk

Date (d/m/y)8/6/2021

Environmental Health Officer Name:Vanessa Agrie

Environmental Health Officer Signature:Vanessa Agrie

Date (d/m/y)08/06/21