

Establishment Name	Cynthia Stewart	Permit Number:	New Permit
Mailing Address	P.O. Box 1802, Inuvik, NT X0E 0T0	Permit Posted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	4 Gwich'in Road, Inuvik	Date of Inspection:	January 16, 2021
Routine Inspection <input checked="" type="checkbox"/> Initial 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.

<b>LEGEND</b>	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
<b>Time/Temperature of Potentially Hazardous Foods</b>			
101	Cold holding temperatures $\leq 4^{\circ}\text{C}$	YES NO NA NOB	
102	Hot holding temperatures $\geq 60^{\circ}\text{C}$	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	
<b>Food, Water and Ice from Approved Sources</b>			
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
<b>Personal Hygiene of Food Service Workers</b>			
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	
<b>Potentially Hazardous Foods Protected from Contamination</b>			
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 ( $^{\circ}\text{C}$ )	Item / Location	Temp ( $^{\circ}\text{C}$ )
Frigidaire fridge:	4.5°C	GE Fridge:	2.0°C
Freezer:	-12°C, -17°C	Freezer:	-19°C
Freezer chest:	> -17°C		

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
Note:	Initial inspection of home kitchen. No food preparation or handling at time of inspection.	
106	Ensure that all cold storage units (fridges and freezers) are equipped with thermometers, and that temperatures are regularly monitored. Operator also currently possesses internal thermometer for verifying internal temperature of hot foods.	Immediately
301	Ensure that all meat and fish products offered to the public are obtained from legally requested and reputable sources.	—



**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	Compliance Status	
Food Equipment and Utensils			Physical Facilities			
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	NA	NOB	
506	Equipment in good repair, cleaned and sanitized	YES	NO	NA	NOB	
General Sanitation			Testing Devices/Logging of Temperatures			
701	Garbage & refuse properly disposed and facilities maintained	YES	NO	NA	NOB	
702	Non-food contact surfaces properly constructed, in good repair and clean	YES	NO	NA	NOB	
703	Food handlers properly attired and good personal hygiene	YES	NO	NA	NOB	
704	Adequate protection from vermin and insect pests	YES	NO	NA	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	
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)
502	Kitchen is supplied with a 2-compartment dishwashing sink, and a domestic dishwasher. Method of dishwashing using 2 sinks was reviewed with the operator. Note: The domestic dishwasher is not capable of, and cannot be used for disinfection.	
702	Thoroughly clean the stove hood fan guard/ screen.	As soon as possible
	No other observations made at time of inspection.	

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

Person in Charge Name:	Cynthia Stewart
Person in Charge Signature:	[Signature]
Date (d/m/y)	Jan 18/21

Environmental Health Officer Name:	Shawn Hardy
Environmental Health Officer Signature:	[Signature]
Date (d/m/y)	January 18, 2021