Establishment Name	A Drobt 1	Man	0.00	# [Ha 11		Permit Number:	20572		
Mailing Address DO DO	E Var	IN	Mari	u	VICO	*1	Permit Posted:	tt, 9919 Ves □ No		
Physical Address Physical Address	J XOE	101	VV	1	:/ ~ 1/	11	Date of Inspection:	122 1	Ola	
Routine Inspection D Complain	M MOACI / Note Tollow-uj				I/S, M		(d/m/y) ious inspection (d/m/y)	pri 30, I	019	
V						191 3	<u> </u>			
CRITICAL ITEMS: Based on the ems must be corrected at the time of inspens may result in revocation or suspensions.	pection or controlled in	n a ma	nner th	at will n	ot pose a	food safet	y threat. Failure to imm	hment Safety Regunediately correct or	lations contro	Critical I critical
	in compliance) ot in compliance)			served licable		Mark"	ADMINISTRAÇÃO DOS DOS DESTRUIRAS DE PROPERTOR DE PROPERTOR DE LA COMPANSIÓN DE LA COMPANSIÓ	eat violation) ntrolled during in	spectio	n)
Compliance Status		CDI R		Compliance Status					CDI	R
Time/Temperature of Potenti	ally Hazardous Foo	ods	r 5			Persona	I Hygiene of Food S	Service Workers		
 101 Cold holding temperatures ≤ 4°C 102 Hot holding temperatures ≥60°C 	YES NO NA NOB				Hands cle			YES NO NOB		
	YES NO NA NOB	#37		202	accessible		ng facilities supplied &	YES NO NOB		
Proper cooking of raw food of animal origin	YES NO NA NOB			203		dlers free or ad through t	f disease or condition that	YES NO NA NOB		
104 Proper cooling time and temperatures	YES NO NA MOB			204	Food hand	dlers using	proper utensils to avoid	1201101111	-	
105 Adequate equipment to maintain food				204		ary hand co epared foo		YES NO NA NOB		
temperatures 106 Proper monitoring of temperatures	YES NO NA NOB	0- 10	BOH	205	Food train			YES NO NA NOB		
107 Proper reheating procedures for hot holding					Potentia	Ily Haza	rdous Foods Protec	ted from Conta	minati	on
Proper thawing procedures	YES NO NA MOB	Vice	BILLE !	-	Food sep			YES NO NA NOB		
Food, Water and Ice from	Approved Sources	S		402	sanitized	tact surface	s cleaned and	YES NONA NOB		- 2
301 Food obtained from approved sources	YESNO NOB			403	,		(vermin and insects)	YES'NO NOB		
Food in good condition, safe and unaltered	VES NO NOB			404			erly labeled, stored or contamination	MES NO NOB		31
303 Food properly labeled	XES NO NOB			405	Proper dis		turned, previously	YES NO NOB		
					J Served lot	Ju .		TEO NO	50. r	
	Food	Tem	perat	ure C	bserva	tions				
The second second	Temp					Temp	пр			emp
Item / Location	Item / Location (°C) Item / Location				ocation		(°C)			
Whitepool be trigerate	Dr: 3.00	1	59	HSH	acto	1				-
whitened Lagezer	: -25°C		1	em	pera	have	1 19 19 19 19 19 19			
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Mark Train Tay (Supramula Train)			7	35.3			A STATE OF STATE OF			
		-1-20		Trail Acres		HERE L	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		
Item	Observat				-Al A -	41			Corre	
Number Observations and Corrective Actions							N 66 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Da (if appl		
Viole - No Lood Nous	odlaw at	6)	11.0	p	Sin	esta	0.4			
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in the Kind	610		J		1			-	Jun	edia
WALL BELLEVILLE										
									121	
4										
-						3				

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.

	: YES (in compliance) NOB (not NO (not in compliance) NA (not								nection)	
Compliance Status		CDI	R_		Compliance Status			CDI	R	
Food Equipment an	d Utensils					Physical Facil	ities			
Adequate facilities available to wash, rinse	VES NO NA NOB			601		act surfaces properly constructed or	YES NO NA NOB	3		
501 and sanitize utensils and/or equipment. Appropriate procedures followed for	YES NO NA NOB		100 4	n III	LIETH H	cceptable material used.		OLE?		
502 mechanical and/or manual dishwashing	YES NO NA NOB					water available; adequate pressure		10.5	153.15	
503 Proper storage of frozen food items					Toilet facil	posal of sewage & waste water ities: adequate number, properly	MES NO NOB	NTP.		
Food stored in food grade material Equipment and utensils that contact food are	YES NO NA NOB	1 4	7 6	604	18 =	d, supplied and cleaned				
505 corrosion resistant and non-toxic Equipment in good repair, cleaned and	YES NO NOB			4	- 9	lighting; lighting protected		0		
506 sanitized	WES NO NOB			606		mechanical ventilation; clean, uncluttered, cleaning and	VES NO NA NOB			
General Sanita	ation			607		ce equipment properly stored	YES NO NA NOB			
Garbage & refuse properly disposed and facilities maintained	YES NO NOB					Testing Devices/Logging				
Non-food contact surfaces properly constructed, in good repair and clean	YES NO NOB		1	801		shwasher temperature and pressure	YES NO NA NOB	KTIERITY.	No.	
Food handlers properly attired and good personal hygiene	YES NO NA NOB		Fig. Enc.	802	Chemical	test kits and/ or papers provided	YES NO NA NOB			
Adequate protection from vermin and insect pests	YES NO NOB			803	Temperatu	re logs maintained for refrigerated its (non-regulatory requirement)	YES NO NA NOB			
Living or sleeping quarters separated from	YES NO NA NOB				otorage ar	Other				
705 food service area Birds or animals other than guide dogs	YES NO NA NOB	57-15			17 11 22 11 22	San Alaka San San Maria	o bryskin eithir i			
706 excluded from premises Wiping cloths used properly and stored		_				, en, . Ababa	Tan Food	rests	5	
707 in sanitizing solution	YES NO NA NOB		in annual	0.146	AND REAL		L. L. Strank	Miles		
- Repair Hear (also seven	Covember Surface al police box surf bent:	100	ne Le g	017 Ris raps	repo Enem in	"extended are The Floor file) (leanable and	ea" ((0)	Million to July 20	ati se no As Jula	
	E	nfo	rcem	ent A	Action:	(Mark "√", if Applicable)				
Re-Inspection Required: Yes No No					Establishment Closed Yes No					
Approximate Date of Re-Inspection:				Food Dis	scarded Other	really georgenia	100			
Person in Charge Name: Person in Charge Signature: Date (d/m/y) May 7 2 20 19				Environmental Health Officer Name: Shawn Havely Environmental Health Officer Signature: Date (d/m/y) Date						