

Sovernment of Gouvernment des Northwest Territories Territoires du Nord-Ouest

FOOD ESTABLISHMENT INSPECTION REPORT

Section 1: Facility Info	ormation				A CONTRACTOR	
Establishment Name	Down	Home	Cook	14)	*	
Address	727 /	3190/04	Crescent	Yelbuk.	nife	
Facility Type	Home	barrel	Load DI	LOU OLLO		
Report Type	Routine	Complaint	Follow-Up	Pre-operational	Consultation	Other
Date of Report	30 197	2027		Permit Number		

Environmental Health inspections under the authority of the Public Health Act determine the level of compliance with the Food Establishment Safety Regulation (FESR). Violations cited in this report shall be corrected within the time frame specified. Failure to comply with the requirements may result in the suspension of the permit and/or regulatory enforcement.

Circle suggests compliance status. N/O = Not observed; N/A = Not Applicable; CDI = Corrected during inspection; R = Repeated non-compliance

	Compliance Item	C	omp	liano	ce	CDI	R		Topic	1	:om	pliar	ice	CDI
1	Obtained a valid food establishment permit.	THE	NO	N/O	N/A			23	Proper use and storage of clean utensils	(TB	NO	N/C	N/A	
	The permit is posted in a conspicuous location.	YES	NO	N/O	N/A			24	Appropriate maintenance of food contact surfaces	195	NO	N/C	N/A	
	Risk assessment - extensive food preparation.	YES	NO	N/O	N/A		- 1	25	Appropriate maintenance of non-food contact surfaces	(Ygs	NO	N/C	N/A	
7	Risk assessment - minimal food preparation.	YES	NO	N/O	Ø/8			26	No room with food used for sleeping purposes	YES	NO	N/C	1	
	Risk assessment - intermediate food preparation.	Œ	NO	N/O	N/A			27	Dipper well with running water	YES	NO	N/C	N/A	
	Cold holding and storage of food below 4°C or 40°F.	Sa.	NO	N/O	N/A			28	Food grade products for food contact surface sanitization	0	NO	N/C	N/A	
	Frozen food holding and storage below -18°C or 0°F.	6	NO	N/O	N/A		0.	29	Food contact surfaces washed>rinsed>sanitized after each use	10	NO	N/C	N/A	
	Proper food cooling method used	1	NO	N/o	N/A			30	Appropriate two-compartment sink available and used	YES	NO	N/C	N/A	
	Food is cooked to a high enough safe internal temperature.	®	NO	N/O	N/A	100		31	Appropriate three-compartment sink available and used	YES	NC	N/C	N/A	
	Hot holding food to a safe internal temperature of 60°C (140°F).	F	NO	N/O	N/A			32	The proper method used for manual dishwashing	(8)	NC) N/C	N/A	
	The facility uses a proper re-heating method.	(FE)	NO	N/O	N/A			33	The high-temperature dishwasher is operating appropriately	YE	NC	N/0	A/N C	
	Monitoring of food safety temperatures.	(38)	NO	N/O	N/A			34	Low-temperature dishwasher operating appropriately	YES	NC) N/C	N/A	
1	Proper hand hygiene practice by food handlers.	YE	NO	N/O	N/A			35	Floors, walls, and ceilings are maintained in a sanitary condition	0	NC) N/0	O N/A	
1	Acceptable personal hygiene and behaviour or practices.	YE	NO	N/O	N/A			36	Sanitary maintenance of staff / public washrooms	YES) NC) N/0	O N/A	L
5	Certified food handler in a supervisory role.	YE	NO	N/O	N/A		3	37	Lighting adequate for food preparation/cleaning	0	NC) N/C	O N/A	L
5	Free from infectious disease and confirmation of non- infection.	YES	МО	N/O	N/A			38	Mechanical ventilation operable where required	1) N/(O N/A	L
,	All foods are obtained from acceptable sources.	YES	NO	N/O	N/A			39	Adequate garbage and fiquid waste management	190	NC) N/0	O N/A	
В	Separate raw foods storage and handling.	YES	NO	N/O	N/A			40	General housekeeping and sanitation are satisfactory	YES	NC) N/	O N/A	1
9	Food is protected from potential contamination and adulteration.	6	ND	N/O	N/A			41	Pest control / adequate protection of pests	YE) NO) N/	O N/A	
)	Toxic/poisonous substances are stored separately from food	65	NO	N/O	N/A			42	Exclusion of live animals on the premises	YES	(MC	N/4	O N/A	
i,	Supply of hot and cold running water under pressure.	19	NO	N/O	N/A			43	Observation of health hazards	YES	(FIR	5 N/	O N/A	-
2	Handwashing stations are provided & adequately supplied	YES	NO	N/O	N/A						_			1

Section 3: Inspection Outcome	NAME OF THE OWNER, WHEN PARTY OF THE OWNER, WHEN THE OWNER, WH	HINDS NO.	E-TANKS THE THE RELEASE	ALC: NO
Satisfactory Compliance	Follow Up Required (Date)		Item(s) Seized or Discarded	
Permit Revoked	Warning Letter Issued	-	Fine Issued	

Section 4: Signature					
Person In Charge	Environmental Health Officer				
and the second second					
Name: (AMILLE M. BROWNER	Name: Co./12 Merz				
Title: OWNEK	Title: £/40				