

Establishment Name	Fast Eddie's Food	Permit Number:	
Mailing Address	P.O. Box 19G Aklavik NT X0E 0A0	Permit Posted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	426 Smith Rd Aklavik NT X0E 0A0	Date of Inspection:	4/6/19 <span style="float: right;">19/06/20</span>
Previous Inspection(s):	Commercial <input type="checkbox"/> Establishment <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 or:		YES (In compliance) NO (not in compliance)		NOS (not observed) NA (not applicable)		Mark ✓ * In Box:			
						R (repeat violation) CDI (controlled during inspection)			
Compliance Status				CDI	R	Compliance Status		CDI	R
Time/Temperature of Potentially Hazardous Foods									
101	Cold holding temperatures ≤ 4°C	YES	NO	NA	NOS				
102	Hot holding temperatures ≥ 60°C	YES	NO	NA	NOS				
103	Proper cooking of raw food of animal origin	YES	NO	NA	NOS				
104	Proper cooking time and temperatures	YES	NO	NA	NOS				
105	Adequate equipment to maintain food temperatures	YES	NO	NA	NOS				
106	Proper monitoring of temperatures	YES	NO	NA	NOS				
107	Proper reheating procedures for hot holding	YES	NO	NA	NOS				
108	Proper thawing procedures	YES	NO	NA	NOS				
Food, Water and Ice from Approved Sources									
301	Food obtained from approved sources	YES	NO	NA	NOS				
302	Food in good condition, safe and unspoiled	YES	NO	NA	NOS				
303	Food properly labeled	YES	NO	NA	NOS				
Potentially Hazardous Foods Protected from Contamination									
401	Food separated and protected	YES	NO	NA	NOS				
402	Food contact surfaces cleaned and sanitized	YES	NO	NA	NOS				
403	Festive free of pests (vermin and insects)	YES	NO	NA	NOS				
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES	NO	NA	NOS				
405	Proper disposal of returned, previously served food	YES	NO	NA	NOS				

Item Number	Observations and Corrective Actions	
	A pre-operational virtual inspection was conducted. No food preparation was observed. Fast Eddie's does take-out and delivery only and uses single-use disposal items.	
301	All food is obtained from Stanton's	
202.	Ensure to equip handwash station with liquid hand soap in a dispenser prior to opening	
502/707	Ensure to have a sanitizing solution available during the hours of operation. Example of food grade sanitizer - 1/2 tsp of unscented bleach to 1 litre of water for a concentration of about 100ppm. Use solution after cleaning equipment/surface and change solution regularly throughout the day	

NWT141 MDT14

**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)					
<b>Compliance Status</b>			CDI	R	<b>Compliance Status</b>			CDI	R			
<b>Food Equipment and Utensils</b>					<b>Physical Facilities</b>							
561	Adequate facilities available to wash, rinse and sanitize utensil and/or equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	561	Food contact surfaces properly constructed or located Acceptable material used.	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB
562	Appropriate procedures followed for mechanical and/or manual dishwashing	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> NOB	567	Hot & cold water available; adequate pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> NOB	
563	Proper storage of frozen food items	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> NOB	563	Proper disposal of sewage & waste water. Toilet facilities: adequate number, properly constructed, supplied and cleaned.	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB
564	Food stored in good grade material	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> NOB	564	Toilets: adequate number, properly constructed, supplied and cleaned.	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB
565	Equipment and utensils that contact food are corrosion resistant and non-toxic	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	565	Adequate lighting; lighting protected	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB
566	Equipment in good repair, cleaned and sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> NOB	566	Adequate mechanical ventilation; premises clean, uncluttered, cleaning and maintenance equipment properly stored.	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB
<b>General Sanitation</b>					<b>Testing Devices/Logging of Temperatures</b>							
781	Garbage & refuse properly disposed and facilities maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	801	Working dishwasher temperature and pressure gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB
782	Non-food contact surfaces properly constructed, in good repair and clean	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB	802	Chemical test kits and/or papers provided	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB
783	Floor surfaces properly stored and good personal hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> NOB	803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input checked="" type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB
784	Adequate protection from vermin and insect pests	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB		Other					
785	Living or sleeping quarters separated from food service areas	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB							
786	Birds or animals other than guide dogs excluded from premises	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input type="checkbox"/> NOB							
787	Hanging cloths used properly and stored by appropriate action	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> NOB							

Item Number	Observations and Corrective Actions	Correction C size (if applicable)
501	The establishment has a 7 compartment sink for ware washing. 1 sink = wash/rinse. 2 <sup>nd</sup> sink to sanitize with bleach solution.	
506	Clean refrigeration units prior to placing food in them.	
607	Hot and cold water under pressure, do were not observed due to the nature of inspection and the truck was not in operation.	

**Enforcement Action:** (Mark ✓, if Applicable)

Re-inspection Required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Establishment Closed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
-------------------------	---	-----------------------------	----------------------	------------------------------	--

Person In Charge Name: operator unable to sign due to  
Person In Charge Signature: virtual inspection.

Detalj

Environmental Health Officer Name: Vanessa Agua  
Environmental Health Officer Signature:  
Vanessa Agua