

**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.

Compliance Status	CDI	R	Compliance Status	CDI	R
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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

[illegible]

**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						

[illegible]

<b>Enforcement Action:</b> (Mark "✓", if Applicable)			
Re-Inspection Required:      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Establishment Closed      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Approximate Date of Re-Inspection:		Food Discarded      Other _____	
Person in Charge Name:		Environmental Health Officer Name:	
Person in Charge Signature:		Environmental Health Officer Signature:	
Date (d/m/y)		Date (d/m/y)	