

Establishment Name	Fatburger		Permit Number:	4849
Mailing Address			License Posted:	License No.:
Physical Address	#1 - 100 Borden Dr., Yellowknife		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Routine Inspection <input checked="" type="checkbox"/>	Complaint <input checked="" type="checkbox"/>	Follow-up Inspection <input type="checkbox"/>	Date of Inspection: (d/m/y)	13/06/2022
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 of:	YES (in compliance)	NOB (not observed)	Mark "✓" in Box:	R (repeat violation)	CDI (controlled during inspection)
			NO (not in compliance)	NA (not applicable)			
Compliance Status				CDI	R		
Time/Temperature of Potentially Hazardous Foods							
101	Cold holding temperatures ≤ 4°C	YES	NO	NA	NOB		
102	Hot holding temperatures ≥ 60°C	YES	NO	NA	NOB		
103	Proper cooking of raw food of animal origin	YES	NO	NA	NOB		
104	Proper cooling time & 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		
Food, Water and Ice from Approved Sources							
301	Food obtained from approved sources	YES	NO	NA	NOB	see note	
302	Food in good condition, safe & unadulterated	YES	NO	NA	NOB		
303	Food properly labeled	YES	NO	NA	NOB		
Personal Hygiene of Food Service Workers							
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		
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	NA	NOB		
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES	NO	NA	NOB		

Food Temperature Observations			
Item / Location	Temp (°C)	Item / Location	Temp (°C)
Frozen hold walk-in	-20	hot hold 1	
cold hold "	1.2	2	76.0
		3	
		4	

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	EHO discussed public complaint and provided direction and information	CDI
101	Lemonaid drink dispenser is not maintaining ≤ 4°C - unit taken out of service - investigate concern - product is marked "keep refrigerated" by manufacturer	CDI

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 storage containers not used for other purposes	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	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	Premises free of live birds and animals	YES	NO	NA	NOB							
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: properly constructed, supplied & cleaned	YES	NO		NOB							
605	Adequate lighting; lighting protected	YES	NO		NOB							
606	Adequate mechanical ventilation;	YES	NO	NA	NOB							
Testing Devices/Logging of Temperatures												
801	Proper location of thermometers and thermometers working accurately	YES	NO	NA	NOB							
802	Working dishwasher temperature and pressure gauges	YES	NO	NA	NOB							
803	Chemical test kits and/ or papers provided	YES	NO	NA	NOB							
804	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	YES	NO	NA	NOB							

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
506	EHO recommends repair of high-temp mechanical dishwash	
704	If exterior door in food prep area will be left open for cooling/ventilation, please provide a screen	
604	Ensure paper towels are available in ♀ Washroom	
301	Ensure physical separation between uninspected meat and inspected meat in walk-in freezer	

Inspection Results			
Number of Critical Items		Number of Non-Critical Items	
Number of Repeat Critical Items		Number of Repeat Non Critical Items	

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

Person in Charge Signature Date (d/m/y)	Inspector Signature Date (d/m/y) 13/06/20
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