

Establishment Name	Fort Smith Arena Catering	Permit Number:	100460
Mailing Address	NP 2312	Permit Posted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	13 Rupert Ave., Fort Smith	Date of Inspection:	21/03/2019
Routine Inspection <input type="checkbox"/>	Complaint <input type="checkbox"/>	Follow-up Inspection <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.

<b>LEGEND</b>		Circle One of:	YES (In compliance)	NOB (not observed)	Mark "✓" in Box:		R (repeat violation)
			NO (not in compliance)	NA (not applicable)			CDI (controlled during inspection)

Compliance Status			CDI	R
<b>Time/Temperature of Potentially Hazardous Foods</b>				
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 and 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		
<b>Food, Water and Ice from Approved Sources</b>				
301	Food obtained from approved sources	YES NO NA NOB		
302	Food in good condition, safe and unaltered	YES NO NA NOB		
303	Food properly labeled	YES NO NA NOB		

Compliance Status			CDI	R
<b>Personal Hygiene of Food Service Workers</b>				
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		
205	Food training certification	YES NO NA NOB		
<b>Potentially Hazardous Foods Protected from Contamination</b>				
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		
405	Proper disposal of returned, previously served food	YES NO NA NOB		

Food Temperature Observations			
Item / Location	Temp (°C)	Item / Location	Temp (°C)
display cooler	4		
freezers x 2	-12		


Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	No RTE food being handled at time of inspection	
205	Please ensure there's at least one person on-site with food safety training (e.g., NWT Food Safety Course) - contact AC to check for next local course offering - on-line courses are available	


**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>Food Equipment and Utensils</b>												
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							
<b>General Sanitation</b>												
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							
<b>Compliance Status</b>						CDI	R					
<b>Physical Facilities</b>												
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							
<b>Testing Devices/Logging of Temperatures</b>												
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							
<b>Other</b>												

[illegible]

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

Person in Charge Name:	Janie Heson
Person in Charge Signature:	
Date (d/m/y)	MARCH 21, 2019

Environmental Health Officer Name:	Colin McRae
Environmental Health Officer Signature:	
Date (d/m/y)	21/03/2019