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| Establishment Name Lutsel Ke Dene Lodge General Partnership Inc | Permit Number: Not yet |
| Mailing Address P.O. Box 1470, 4402 1st Street, Old Frontier Lodge | Permit Posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Physical Address Lot 1, Group 966, Plan 289 - Near Lutsel Ke, NT | Date of Inspection: (d/m/y) June 8, 2022 |
| Routine Inspection <input checked="" 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.

| | | | | | |
|------------------------------|--|------------------------|---------------------|---------------------------------------|--|
| LEGEND 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 |
|--|--|---------------|-----|---|
| 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 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 | | |
| Food, Water and Ice from Approved Sources | | | | |
| 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 |
|---|---|---------------|-----|---|
| 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 | | |
| 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 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) | Item / Location | Temp (°C) |
| Fridge 1 | 2.4 | Walk-in-cooler | -0.5 | | |
| Fridge 2 | 2.9 | Walk-in-freezer | -18.0 | | |
| Steel Fridge | 3.9 | Fridge (staff area) | 2.9 | | |
| Freezer | 20.7 | | | | |

| Item Number | Observations and Corrective Actions | Correction Date (if applicable) |
|-------------|---|---------------------------------|
| | Pre-operational inspection is conducted today at the facility and the following is observed:- | |
| 302 | Food items in the dry storage area requires a checking for expiry date or best before dates. | |
| | Note:- Ice machine needs / requires cleaning. | |
| | - Prep line fridge not being used as out of order. | |
| 605 | Covers of the lights requires replacement and few requires the covering. | |
| | Note:- Walk-in freezer must have no carpets. The floors should be easily cleanable. | |
| | - The dishwasher is not in working condition and requires to be repaired. | |

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 | Compliance Status | | | | | | CDI | R |
| Food Equipment and Utensils | | | | | | Physical Facilities | | | | | | | | | |
| 501 | Adequate facilities available to wash, rinse and sanitize utensils and/or equipment. | YES | NO | NA | NOB | 601 | Food contact surfaces properly constructed or located. Acceptable material used. | YES | NO | NA | NOB | | | | |
| 502 | Appropriate procedures followed for mechanical and/or manual dishwashing | YES | NO | NA | NOB | 602 | Hot & cold water available; adequate pressure | YES | NO | NA | NOB | | | | |
| 503 | Proper storage of frozen food items | YES | NO | NA | NOB | 603 | Proper disposal of sewage & waste water | YES | NO | NA | NOB | | | | |
| 504 | Food stored in food grade material | YES | NO | NA | NOB | 604 | Toilet facilities: adequate number, properly constructed, supplied and cleaned | YES | NO | NA | NOB | | | | |
| 505 | Equipment and utensils that contact food are corrosion resistant and non-toxic | YES | NO | NA | NOB | 605 | Adequate lighting; lighting protected | YES | NO | NA | NOB | | | | |
| 506 | Equipment in good repair, cleaned and sanitized | YES | NO | NA | NOB | 606 | Adequate mechanical ventilation; | YES | NO | NA | NOB | | | | |
| General Sanitation | | | | | | 607 | Premises clean, uncluttered, cleaning and maintenance equipment properly stored | YES | NO | NA | NOB | | | | |
| 701 | Garbage & refuse properly disposed and facilities maintained | YES | NO | NA | NOB | Testing Devices/Logging of Temperatures | | | | | | | | | |
| 702 | Non-food contact surfaces properly constructed, in good repair and clean | YES | NO | NA | NOB | 801 | Working dishwasher temperature and pressure gauges | YES | NO | NA | NOB | | | | |
| 703 | Food handlers properly attired and good personal hygiene | YES | NO | NA | NOB | 802 | Chemical test kits and/ or papers provided | YES | NO | NA | NOB | | | | |
| 704 | Adequate protection from vermin and insect pests | YES | NO | NA | NOB | 803 | Temperature logs maintained for refrigerated storage units (non-regulatory requirement) | YES | NO | NA | NOB | | | | |
| 705 | Living or sleeping quarters separated from food service area | YES | NO | NA | NOB | Other | | | | | | | | | |
| 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 | | | | | | | | | | |

[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: CORREY MYERS

Person in Charge Signature: [Signature]

Date (d/m/y) JUNE 8th, 2022

| | |
|---|--------------|
| Environmental Health Officer Name: | RITTI MATTIO |
| Environmental Health Officer Signature: | Ritti Mattio |
| Date (d/m/y) | June 8, 2022 |