

Establishment Name <i>Rgo Laker General Store</i>	Permit Number: <i>2405</i>
Mailing Address	License Posted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Licence No.:
Physical Address <i>Gamat.</i>	Date of Inspection: (d/m/y) <i>22/09/2022</i>
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 $\leq 4^{\circ}\text{C}$	YES NO NA NOB		
102 Hot holding temperatures $\geq 60^{\circ}\text{C}$	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 NOB		
302 Food in good condition, safe & unadulterated	YES NO NOB		
303 Food properly labeled	YES NO NOB		

Compliance Status		CDI	R
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		
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		

Food Temperature Observations			
Item / Location	Temp ($^{\circ}\text{C}$)	Item / Location	Temp ($^{\circ}\text{C}$)
<i>display cold</i>	<i>1 3.3</i>	<i>frozen chest</i>	<i>1 -23</i>
<i>" "</i>	<i>2 4.4</i>	<i>" "</i>	<i>2 -25</i>
		<i>" "</i>	<i>3 -30</i>

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
101	Currently, there is insufficient cold storage capacity for products requiring a storage temperature of $\leq 4^{\circ}\text{C}$ - product is being stored in ambient cold storage areas - $\sim 6-8^{\circ}\text{C}$ at inspection	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)	NOB (not observed)	Mark "✓" in Box:		R (repeat violation)	CDI (controlled during inspection)
				NO (not in compliance)	NA (not applicable)				

Compliance Status				CDI	R
Food Equipment and Utensils					
501	Adequate facilities available to wash, rinse and sanitize utensils and/or equipment.	YES NO <u>NA</u> NOB			
502	Appropriate procedures followed for mechanical and/or manual dishwashing	YES NO <u>NA</u> NOB			
503	Proper storage of frozen food items	<u>YES</u> NO NA NOB			
504	Food storage containers not used for other purposes	<u>YES</u> NO NA NOB			
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	<u>YES</u> NO NOB			
506	Equipment in good repair, cleaned and sanitized	<u>YES</u> NO NOB			
General Sanitation					
701	Garbage & refuse properly disposed and facilities maintained	<u>YES</u> NO NOB			
702	Non-food contact surfaces properly constructed, in good repair and clean	<u>YES</u> NO NOB			
703	Food handlers properly attired	<u>YES</u> NO NA NOB			
704	Adequate protection from vermin and insect pests	<u>YES</u> NO NOB			
705	Living or sleeping quarters separated from food service area	<u>YES</u> NO NA NOB			
706	Premises free of live birds and animals	<u>YES</u> NO NA NOB			

Compliance Status				CDI	R
Physical Facilities					
601	Food contact surfaces properly constructed or located. Acceptable material used	<u>YES</u> NO NA NOB			
602	Hot & cold water available; adequate pressure	<u>YES</u> NO NOB			
603	Proper disposal of sewage & waste water	<u>YES</u> NO NOB			
604	Toilet facilities: properly constructed, supplied & cleaned	<u>YES</u> NO NOB			
605	Adequate lighting; lighting protected	<u>YES</u> NO NOB			
606	Adequate mechanical ventilation;	<u>YES</u> NO NA NOB			
Testing Devices/Logging of Temperatures					
801	Proper location of thermometers and thermometers working accurately	<u>YES</u> NO NA NOB			
802	Working dishwasher temperature and pressure gauges	<u>YES</u> NO <u>NA</u> NOB			
803	Chemical test kits and/ or papers provided	<u>YES</u> NO <u>NA</u> NOB			
804	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<u>YES</u> NO NA <u>NOB</u>			


Item Number	Observations and Corrective Actions	Correction Date (if applicable)

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: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Approximate Date of Re-Inspection: _____		Food Discarded	Other _____

Person In Charge Signature
Priscilla Bekale

Date (d/m/y) *22-09-2022*

Inspector Signature


Date (d/m/y) *22/09/2022*