

Establishment Name	Gameti Motel	Permit Number:	2406
Mailing Address		License Posted:	Licence No.:
Physical Address	Gameti	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Routine Inspection <input checked="" type="checkbox"/>	Complaint <input type="checkbox"/>	Date of Inspection: (d/m/y)	22/09/2022
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 <input checked="" type="checkbox"/> 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 ($^{\circ}\text{C}$)
Display cold	2.3	reach in freezer	-23
reach in cold 1	3.0	" " 2	-20
" " 2	2.2	freezer chest	-22

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
202	No handwash station in kitchen; 3-compartment sink is currently being used as hand sink - best practice would be a separate hand wash station	


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			501	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			502	Hot & cold water available; adequate pressure		YES	NO	NA	NOB		
503	Proper storage of frozen food items		YES	NO	NA	NOB			503	Proper disposal of sewage & waste water		YES	NO	NA	NOB		
504	Food storage containers not used for other purposes		YES	NO	NA	NOB			504	Toilet facilities: properly constructed, supplied & cleaned		YES	NO	NA	NOB		
505	Equipment and utensils that contact food are corrosion resistant and non-toxic		YES	NO	NA	NOB			505	Adequate lighting; lighting protected		YES	NO	NA	NOB		
506	Equipment in good repair, cleaned and sanitized		YES	NO	NA	NOB			506	Adequate mechanical ventilation;		YES	NO	NA	NOB		
General Sanitation								Testing Devices/Logging of Temperatures									
701	Garbage & refuse properly disposed and facilities maintained		YES	NO	NA	NOB			801	Proper location of thermometers and thermometers working accurately		YES	NO	NA	NOB		
702	Non-food contact surfaces properly constructed, in good repair and clean		YES	NO	NA	NOB			802	Working dishwasher temperature and pressure gauges		YES	NO	NA	NOB		
703	Food handlers properly attired		YES	NO	NA	NOB			803	Chemical test kits and/ or papers provided		YES	NO	NA	NOB		
704	Adequate protection from vermin and insect pests		YES	NO	NA	NOB			804	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											
706	Premises free of live birds and animals		YES	NO	NA	NOB											

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	FAC measured @ 0.02, TAC 0.05	

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

Person in Charge Signature	
Date (d/m/y)	22-09-2022

Inspector Signature _____

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