Establishment Name Gastown NT Ltd.	(mobile unit) Permit Number: 4737
Mailing Address P. O. Box 541	X1A 2N4 Permit Posted: ☐ Yes 5√ No
Physical Address 356 Old Ar Port R	ad Date of Inspection: 21/55/21
Routine Inspection Complaint D Follow-up Inspection	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.

				served) licable)	Mark" ✓ " in Box: R (repeat violation) CDI (controlled during inspection)					
Compliance Status			CDI	R	4 T		CDI	R		
	Time/Temperature of Potential	ly Hazardous Foo	ods	215	All a Si	Personal Hyglene of	Food Service	Workers	11	
101	Cold holding temperatures ≤ 4°C	YES NO NA NOB			201 Hands cl	ean & properly washed	(ZE) NO		71.	$\overline{}$
102	Hot holding temperatures ≥60°C	YES NO NA (NOB)		3f. 1	Adequate accessib	a handwashing facilities supple		$\overline{}$		
103	Proper cooking of raw food of animal origin	YES NO NA NOB			may spre	ndlers free of disease or conc and through food	fition that ESNO	NA NOB		
104	Proper cooling time and temperatures	YES NO NA NOB				ndlers using proper utensils to sary hand contact with	o avoid			
105	Adequate equipment to maintain food	YES NO NA NOB	I de l			repared food	YES NO	NA NOB		
106	Proper monitoring of temperatures	YES NO NA NOB			205) Food tra	ining certification	YESNO	BON AN		
107	Proper reheating procedures for hot holding				Potentia	ally Hazardous Foods	Protected fro	m Conta	minati	on
108	Proper thawing procedures	YES NO NA VIOR		201	401 Food se	parated and protected	YES NO	NA NOB		
Food, Water and Ice from Approved Sources					402 Food contact surfaces cleaned and sanitized YES NO NA NOB					
301	Food obtained from approved sources	YES NO NOB			403 Facility fi	ee of pests (vermin and inse	cts) (FES)NO	NOS		
302	Food in good condition, safe and unaltered	YES NO (NOB)			used to p	emicals properly labeled, stor prevent food contamination	YES NO	NOB	īī	
303	Food properly labeled	YES NO NOB			405 Proper d	sposal of returned, previousled	YES NO	NOB		

	Temp		Temp		Temp
Item / Location	(°C)	Item / Location	(°C)	item / Location	(°C)
ment Fridge 1	1.8	Markey			
neat Endac 2	2.3	mitted of this left tries at a		的图 图 M 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	
neat Fridge 2 Bandwich Cooler	1.9	The state of the s			
		240 235			_

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	A preoperational inspection of the Gas Town NT Ltd Secondary food establishment was	
	conducted today.	
002		
	not running water The sperator is working	1
	to correct this and will notify the inspect	dr .
	upon completion.	
	Two (2) natur samples were taken.	
202	Provide Liquid hand soap in a dispenser for	
	the hand sink	
WT1411/09	14	

NON-CRITICAL ITEMS: Based on the inspection today, the non-critical items identified below are violations of the Food Establishment Safety Re tions. 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 any time limits for corrections specified in this notice may result in revocation or suspension of your Food Establishment Permit and closure of your establish

NOB (not observed)

YES (in compliance)

LEGEND Circle One of:

LEGEND Circ		S (in compliance) (not in compliance)		(not ob not app		Mark ⁴✓	1 1	peat violation) ontrolled during in	spectio
C	ompliance St	atus	CDI	R		Compli	ance Status	Word Hard St.	CDI
	Food Equipment	t and Utensils					Physical Facili	itles	
	lities available to wash, rintensils and/or equipment.					ontact surfaces po . Acceptable mate	roperly constructed or erial used.	YES NO NA NOB	
	rocedures followed for nd/or manual dishwashing	VES NO NA NOB		=15	G02 Hot & c	old water availab	le; adequate pressure	YES NO NOB	
503 Proper storag	e of frozen food items	YES NO NA NOB	(Estable		603 Proper	disposal of sewar	e & waste water	VES NO NOB	
	food grade material	YES NO NA YOR			Toilet f	acilities: adequate ected, supplied an	number, properly d cleaned	YES NO NOB	
505 corrosion resis	d utensils that contact foo stant and non-toxic	VESNO NOB	17700		605 Adequa	ite lighting; lightin	g protected	YES NO NOB	
506 sanitized	good repair, cleaned and	YES NO NOB				ste mechanical ve		YES NO NA NOB	
	General Sa	initation				es clean, unclutte nance equipment	red, cleaning and properly stored	YES NO NA NOB	Seat I
Garbage & ref	fuse properly disposed an	d (ES)NO NOB				Testing De	vices/Logging o	f Temperatures	
Non-food cont	act surfaces properly n good repair and clean	YES NO NOB			Working 801 gauges		perature and pressure	YES NO NA NOB	
Food handlers 703 personal hygis	properly attired and good						papers provided	VESNO NA NOB	
	ection from vermin and in				Temper	rature logs mainta	ined for refrigerated tory requirement)	YES NO NA NOB	
Living or sleep '05 food service a	oing quarters separated fro				Helen		Other		
Birds or anima	als other than guide dogs premises	(XES)NO NA NOB	155		46	V	1		
Wiping cloths 707 in sanitizing so	used properly and stored	YES NO NA NOB					die v	PR 3 (1) (1) (1)	N- II
02/ AL	read of	opening	-1-	all	600			urface	2
D+ av	non non			nit		rfac	20 00 00 00	STOZ	
0	yanea	a solub	·	11	1300	11 0	wach	- water	
56	111131	3 SUINT	LOC		5ctw	een 10	20-200	ماطرح	
10	NIOVINE	can be		13	5 16	ڪ لک کا	CUSSIC	1	
11	- Using h	uping Cl	0-1	ny	2 -1-11	6 2C 7	houra	hesto	100
10	4 56	ach/wa	HE	^ .	SUAIT	13119	SOINT	on who r	7
_ no	ot in us	<u>e</u> .			-X -70"	POLA	cle capt	D Floor	ng.
		Er	nfor	ceme		1: (Mark "√", i	f Applicable)		
e-Inspection Requir	red: Yes 🖸					shment Closed	Yes 🖯	No	NI I
pproximate Date of	Re-Inspection: 22	.05.21		-	Food I	Discarded	Other	10	
erson in Charge N	lame: Jamie	8ge			Environm	ental Health Offic	cer Name: Chlo-	e leTourn	eau
erson in Charge S	ignature:	pl.			Environm	ental Health Offic	cer Signature:	la	20.944
ate	500.62	110			Date	0:/			
/m/y)	11/49	1/21		20	(d/m/y)	1//	5/1/	The state of	3