

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 | | |
| Food Equipment and Utensils | | | | | | | |
| 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 | NA | NOB | | |
| 506 | Equipment in good repair, cleaned and sanitized | YES | NO | NA | NOB | | |
| General Sanitation | | | | | | | |
| 701 | Garbage & refuse properly disposed and facilities maintained | YES | NO | NA | NOB | | |
| 702 | Non-food contact surfaces properly constructed, in good repair and clean | YES | NO | NA | NOB | | |
| 703 | Food handlers properly attired and good personal hygiene | YES | NO | NA | NOB | | |
| 704 | Adequate protection from vermin and insect pests | YES | NO | NA | 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 | | |
| Physical Facilities | | | | | | | |
| 601 | Food contact surfaces properly constructed or located. Acceptable material used. | YES | NO | NA | NOB | | |
| 602 | Hot & cold water available; adequate pressure | YES | NO | NA | NOB | | |
| 603 | Proper disposal of sewage & waste water | YES | NO | NA | NOB | | |
| 604 | Toilet facilities: adequate number, properly constructed, supplied and cleaned | YES | NO | NA | NOB | | |
| 605 | Adequate lighting; lighting protected | YES | NO | NA | NOB | | |
| 606 | Adequate mechanical ventilation; | YES | NO | NA | NOB | | |
| 607 | Premises clean, uncluttered, cleaning and maintenance equipment properly stored | YES | NO | NA | NOB | | |
| Testing Devices/Logging of Temperatures | | | | | | | |
| 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 | | |
| Other | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Item Number | Observations and Corrective Actions | Correction Date (if applicable) |
|-------------|---|---------------------------------|
| 501/506 | Mechanical dishwasher may not be providing an adequate sanitizer concentration. | |
| | - please investigate if operating correctly | |
| | - manual dishwashing until corrected | |
| | - EHO provided test strips and directions | |
| | Hand sanitizer solution (80% ETOH) not recommended for use as a hard surface sanitizer. | |

| 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: | Samuel Park |
| Person in Charge Signature: | <i>[Signature]</i> |
| Date (d/m/y) | Nov. 3/20 |

| | |
|---|--------------------|
| Environmental Health Officer Name: | Colin Merz |
| Environmental Health Officer Signature: | <i>[Signature]</i> |
| Date (d/m/y) | 03/11/2020 |