Establishment Name	d Rang	0 6	Bar	-			Permit Number:	1763	***************************************	
Mailing Address				7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	58 T 11		Permit Posted:	☐ Yes ☐ No		
Physical Address 5010-50th St., Yellowknite							Date of Inspection: (d/m/y))
Routine Inspection Con	ate of previ	revious inspection (d/m/y);								
ERITICAL ITEMS: Based or ems must be corrected at the time of ems may result in revocation or suspense.	inspection or controlle	d in a ma tablishme	anner that	t will no t and c	ot pose a closure of	food safet your estab	y threat. Failure to in blishment.			
	O (not in compliance)		not appli			IVIGIN		controlled during in	spectio	n)
Compliance Status			R				pliance Statu		CDI	R
Time/Temperature of Pote	entially Hazardous I	Foods				Persona	I Hygiene of Food			
101 Cold holding temperatures ≤ 4°C	YES NO NA NO	В		201		ean & prope		YES NO NOB		
Hot holding temperatures ≥60°C	YES NO NA NO)B		202	Adequate		ing facilities supplied &	ES NO NOB		
103 Proper cooking of raw food of animal				203	Food har	ndlers free o	f disease or condition th			
origin	YES NO NA NO					ad through to adlers using	proper utensils to avoid			
104 Proper cooling time and temperature105 Adequate equipment to maintain foo)B		204		sary hand co		FE NO NA NOB		
temperatures	ES NO NA NO			205		ining certific		VES NO NA NOB		
Proper monitoring of temperatures	VES NO NA NO				Potentia	ally Haza	rdous Foods Prote		minat	ion
107 Proper reheating procedures for hot 108 Proper thawing procedures	120110000			401		parated and		(YES)NO NA NOB		
	YES NO NA NO			402			es cleaned and	3		
Food, Water and Ice for				402	sanitized		(vermin and insects)	YES NO NA NOB		
Food obtained from approved source	es (ES NO NO	В		403			perly labeled, stored or			
Food in good condition, safe and unaitered	YES NO NO	В			used to p	prevent food	contamination	YES NO NOB	SSELVED STREET	
303 Food properly labeled	MES NO NO	В		405	Proper d		eturned, previously	YES NO (NOB)		
cold hold				Item / Location (°C)			Item / Location			remp (°C)
item Number	Observ	ations	and C	orrec	ctive A	ctions			D	ection ate
									(ii api	nicable)
	5					11 A				
		W 177					**************************************			
	33,744									
	3 7	1								
								9		

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)			(not ob not app		in box it (repeate treatment)							
Compliance Status			R		Compliance Status					R		
Food Equipment and Utensils			1822		Physical Facilities							
Adequate facilities available to wash, rinse				601	Food contact surfaces properly constructed or located. Acceptable material used.							
Appropriate procedure followed for	WES NO NA NOB						adequate pressure	YES NO NOB				
mechanical and/or manual dishwashing	YES NO NA NOB					sposal of sewage &		YES NO NOB				
Proper storage of frozen food items					Toilet fac	lities: adequate nu	ımber, properly	VES NO NOB				
Food stored in food grade material Equipment and utensils that contact food are	YES NO NA NOB					ed, supplied and c		FES NO NOB				
corrosion resistant and non-toxic	VES NO NOB			605	Adequate	lighting; lighting p	rotected	10				
sanitized	YES NO NOB			606		mechanical ventil		KES NO NA NOB		_		
General Sanitation			Statement	607		nce equipment pro	operly stored	TES NO NA NOB				
Garbage & refuse properly disposed and facilities maintained	YES NO NOB			300				of Temperatures				
Non-food contact surfaces properly	YES NO NOB			801	Working of gauges	dishwasher temper	rature and pressure	YES NO NA NOB				
702 constructed, in good repair and clean Food handlers properly attired and good	YES NO NA NOB				A194 M	test kits and/ or pa	apers provided	YES NO NA NOB				
703 personal hygiene Adequate protection from vermin and insect					Tempera	ture logs maintaine nits (non-regulator	ed for refrigerated	YES NO NA NOB				
704 pests Living or sleeping quarters separated from	YES NO NOB		\vdash	803	siorage u	ino (non-regulator	Other	, LEG NO MA (NOB)				
705 food service area Birds or animals other than guide dogs	VES NO NA NOB		-							11		
706 excluded from premises Wiping cloths used properly and stored	YES NO NA NOB			-		A CONTRACTOR						
707 in sanitizing solution	YES NO NA NOB							<u> </u>				
	invesor I dish provide	l's leo	cke ash.	"Ste	un	opera kil c strip	King C On Fire	ed dire				
Hand san: For use a						Account to the second						
eg see the first transfer and the second	:	nto	rcem	ent	Action	I. (Mark "√", if	Applicable)					
Re-Inspection Required: Yes	No				Establis	shment Closed	Yes [No □		T		
Approximate Date of Re-Inspection:		55		12	Food D	iscarded	Other					
Person in Charge Name: Sam Person in Charge Signature:	wel Park	2				ental Health Office		olin Mei	h 2			
Date (d/m/y) Nov. 3/26					Date (d/m/y) 03/11/2020							