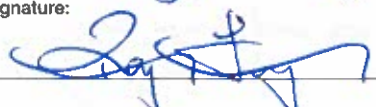



NON-CRITICAL ITEMS: Based on the inspection today, the non-critical items identified below are violations of the Food Establishment Safety Regulations. Non-critical items must be corrected by the next routine inspection or a shorter period of time as may be specified by the inspector. Failure to comply 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.	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
502	Appropriate procedures followed for mechanical and/or manual dishwashing	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
503	Proper storage of frozen food items	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
504	Food stored in food grade material	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	<input checked="" type="radio"/>	YES	<input type="radio"/> NO		<input type="radio"/> NOB								
506	Equipment in good repair, cleaned and sanitized	<input checked="" type="radio"/>	YES	<input type="radio"/> NO		<input type="radio"/> NOB								
General Sanitation								Testing Devices/Logging of Temperatures						
701	Garbage & refuse properly disposed and facilities maintained	<input checked="" type="radio"/>	YES	<input type="radio"/> NO		<input type="radio"/> NOB								
702	Non-food contact surfaces properly constructed, in good repair and clean	<input checked="" type="radio"/>	YES	<input type="radio"/> NO		<input type="radio"/> NOB								
703	Food handlers properly attired and good personal hygiene	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
704	Adequate protection from vermin and insect pests	<input checked="" type="radio"/>	YES	<input type="radio"/> NO		<input type="radio"/> NOB								
705	Living or sleeping quarters separated from food service area	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
706	Birds or animals other than guide dogs excluded from premises	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
707	Wiping cloths used properly and stored in sanitizing solution	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
601	Food contact surfaces properly constructed or located. Acceptable material used.	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
602	Hot & cold water available; adequate pressure	<input checked="" type="radio"/>	YES	<input type="radio"/> NO		<input type="radio"/> NOB								
603	Proper disposal of sewage & waste water	<input checked="" type="radio"/>	YES	<input type="radio"/> NO		<input type="radio"/> NOB								
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	<input checked="" type="radio"/>	YES	<input type="radio"/> NO		<input type="radio"/> NOB								
605	Adequate lighting; lighting protected	<input checked="" type="radio"/>	YES	<input type="radio"/> NO		<input type="radio"/> NOB								
606	Adequate mechanical ventilation;	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB								
Other														

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
702	Please repair opening next to urinal in washroom repair floor in front of fryer (bare wood visible)	2 weeks
607	Premise areas in receiving area should be kept clear	
	Food safety resources provided.	
	Probe Thermometers x2 provided	

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 Name: RAY FUNG	Environmental Health Officer Name: Colin Moore
Person in Charge Signature: 	Environmental Health Officer Signature: 
Date (d/m/y):	Date (d/m/y): 11/01/2021