




Environmental Health Inspection Report

Name of Facility or Operation Great Slave Lake Tours - Winter Cabin Kitchen	Date (d/m/y) 15/02/2019
Mailing Address 47091 Mackenzie Hwy Hay River, NT X0E0R9	
Physical Address Great Slave Lake, Yellowknife, NT	
Type of Inspection <input type="checkbox"/> Tobacco <input checked="" type="checkbox"/> Other: Winter Cabin <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up	

Under authority of the Public Health Act and/or Tobacco Control Act, an inspection of the above listed facility/operation was conducted and the following observations and/or Orders are made. Required Correction Dates are listed.

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	Conducted inspection for fish filleting cabin located on ice lake (frozen), fish smoker & small cabin kitchen to prepare/cook fish for tourists. Below is detail of Observations & Recommendations	
①	Fish Filleting Cabin - Floor & Walls are made of wood. Provide smooth, non-toxic, non absorbent & easily cleanable covering for floor & walls for proper cleaning & disinfection.	Sep.30/2019
②	Kitchen - Chlorine bleach soln. is tested at below/lower conc. than required level (100 ppm). Provided demonstration on preparing 100 ppm chlorine disinfectant soln. Ensure to follow directions.	corrected
③	Kitchen - Provide ventilation hood for stove to vent out smoke, grease & vapours.	Sep.30/2019
④	NT Food Establishment Permit expired on Feb. 01/2019. Renew the permit.	-

Public Health Officer's Name (print) Angim Syed	<input checked="" type="checkbox"/>  Public Health Officer's Signature	15/02/2019 Date (d/m/y)
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Owner/Operator (please print) Shawn Budley	<input checked="" type="checkbox"/>  Owner/Operator's Signature	15 Feb 2019 Date (d/m/y)
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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.


Food Temperature Observations							
Item / Location	Temp (°C)		Item / Location	Temp (°C)		Item / Location	Temp (°C)

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	601	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	602	Hot & cold water available; adequate pressure					YES	NO	NA	NOB
503	Proper storage of frozen food items					YES	NO	NA	NOB	603	Proper disposal of sewage & waste water					YES	NO	NA	NOB
504	Food stored in food grade material					YES	NO	NA	NOB	604	Toilet facilities: adequate number, properly constructed, supplied and cleaned					YES	NO	NA	NOB
505	Equipment and utensils that contact food are corrosion resistant and non-toxic					YES	NO	NA	NOB	605	Adequate lighting: lighting protected					YES	NO	NA	NOB
506	Equipment in good repair, cleaned and sanitized					YES	NO	NA	NOB	606	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	Working dishwasher temperature and pressure gauges					YES	NO	NA	NOB
702	Non-food contact surfaces properly constructed, in good repair and clean					YES	NO	NA	NOB	802	Chemical test kits and/ or papers provided					YES	NO	NA	NOB
703	Food handlers properly attired and good personal hygiene					YES	NO	NA	NOB	803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)					YES	NO	NA	NOB
704	Adequate protection from vermin and insect pests					YES	NO	NA	NOB	Other									
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										

[illegible]

Enforcement Action: (Mark "✓", if Applicable)			
Re-Inspection Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> <div>Establishment Closed</div> <div>Yes <input type="checkbox"/></div> <div>No <input checked="" type="checkbox"/></div> </div>
Approximate Date of Re-Inspection:		Food Discarded	Other _____

Person in Charge Name: Shawn Buckley
 Person in Charge Signature: [Signature]
 Date (d/m/y) September 07, 2018

Environmental Health Officer Name:	Arjun Singh
Environmental Health Officer Signature:	
Date (d/m/y)	07/09/2018