

Establishment Name <u>Hay River Curling Club</u>		Permit Number: <u>Applied</u>	
Mailing Address <u>Box 4400, HR, NT X0E 1G3</u>		Permit Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address <u>77 Woodland Dr, HR, NT X0E 1G3</u>		Date of Inspection: (d/m/y) <u>24/01/2020</u>	
Routine Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up Inspection <input type="checkbox"/> 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.

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)	
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Compliance Status				CDI	R	
Time/Temperature of Potentially Hazardous Foods						
101	Cold holding temperatures ≤ 4°C	<u>YES</u>	NO	NA	NOB	
102	Hot holding temperatures ≥ 60°C	<u>YES</u>	NO	NA	<u>NOB</u>	
103	Proper cooking of raw food of animal origin	<u>YES</u>	NO	<u>NA</u>	NOB	
104	Proper cooling time and temperatures	<u>YES</u>	NO	<u>NA</u>	NOB	
105	Adequate equipment to maintain food temperatures	<u>YES</u>	NO	NA	NOB	
106	Proper monitoring of temperatures	<u>YES</u>	NO	NA	NOB	
107	Proper reheating procedures for hot holding	<u>YES</u>	NO	NA	NOB	
108	Proper thawing procedures	<u>YES</u>	NO	NA	NOB	
Food, Water and Ice from Approved Sources						
301	Food obtained from approved sources	<u>YES</u>	NO	NA	NOB	
302	Food in good condition, safe and unaltered	<u>YES</u>	NO	NA	NOB	
303	Food properly labeled	<u>YES</u>	NO	NA	NOB	

Compliance Status				CDI	R	
Personal Hygiene of Food Service Workers						
201	Hands clean & properly washed	<u>YES</u>	NO	NA	NOB	
202	Adequate handwashing facilities supplied & accessible	<u>YES</u>	NO	NA	NOB	
203	Food handlers free of disease or condition that may spread through food	<u>YES</u>	NO	NA	NOB	
204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	<u>YES</u>	NO	NA	NOB	
205	Food training certification	<u>YES</u>	NO	NA	NOB	
Potentially Hazardous Foods Protected from Contamination						
401	Food separated and protected	<u>YES</u>	NO	NA	NOB	
402	Food contact surfaces cleaned and sanitized	<u>YES</u>	NO	NA	NOB	
403	Facility free of pests (vermin and insects)	<u>YES</u>	NO	NA	NOB	
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	<u>YES</u>	NO	NA	NOB	
405	Proper disposal of returned, previously served food	<u>YES</u>	NO	NA	NOB	

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

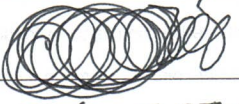
Item Number	Observations and Corrective Actions	Correction Date (if applicable)
-	No food preparation ongoing during the time of inspection.	
-	Only low risk food items are available in the facility.	
205	EHO will notify the next operator on next food safety course in community.	
-	The operator rent out the facility for outside private events. The current permit covers all activity organized by the curling club.	

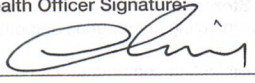
NON-CRITICAL ITEMS: Based on the inspection today, the non-critical items identified below are violations of the Food Establishment Safety Regulations. Non-critical items must be corrected by the next routine inspection or a shorter period of time as may be specified by the inspector. Failure to comply 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)	NOB (not observed)	Mark "✓" in Box:		R (repeat violation)			
				NO (not in compliance)	NA (not applicable)			CDI (controlled during inspection)			
Compliance Status				CDI	R	Compliance Status					
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	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
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	602	Hot & cold water available; adequate pressure	<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	603	Proper disposal of sewage & waste water	<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	604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	<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"/> NA	<input type="radio"/> NOB	605	Adequate lighting; lighting protected	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
506	Equipment in good repair, cleaned and sanitized	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<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
General Sanitation						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
701	Garbage & refuse properly disposed and facilities maintained	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	Testing Devices/Logging of Temperatures					
702	Non-food contact surfaces properly constructed, in good repair and clean	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	801	Working dishwasher temperature and pressure gauges	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NA	<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	802	Chemical test kits and/ or papers provided	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" 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"/> NA	<input type="radio"/> NOB	803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NA	<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	Other					
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 type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NA	<input type="radio"/> NOB						

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
502	EHO requires that operator only use 'Sanitize' cycle in the dishwasher.	
	The facility is maintained in compliance with applicable regulation. EHO has no other recommendation at the time of inspection.	

Enforcement Action: (Mark "✓", if Applicable)			
Re-Inspection Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Establishment Closed
			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Approximate Date of Re-Inspection:	Food Discarded <input type="checkbox"/> Other <input type="checkbox"/>		

Person in Charge Name:	DAVIDA DELOREY
Person in Charge Signature:	
Date (d/m/y)	Jan 24, 2020

Environmental Health Officer Name:	Cherry Point
Environmental Health Officer Signature:	
Date (d/m/y)	24/01/2020