

Establishment Name HAY RIVER GOLF CLUB		Permit Number:
Mailing Address		Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address 25003 Fairway Dr. Hay, N.		Date of Inspection: (d/m/y) 06/07/2022
Routine Inspection <input checked="" 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)	
------------------------------	--	---	---	---	--

Compliance Status			CDI	R
Time/Temperature of Potentially Hazardous Foods				
101	Cold holding temperatures $\leq 4^{\circ}\text{C}$	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB		
102	Hot holding temperatures $\geq 60^{\circ}\text{C}$	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" type="radio"/> NOB		
103	Proper cooking of raw food of animal origin	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" type="radio"/> NOB		
104	Proper cooling time and temperatures	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" type="radio"/> NOB		
105	Adequate equipment to maintain food temperatures	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB		
106	Proper monitoring of temperatures	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB		
107	Proper reheating procedures for hot holding	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" type="radio"/> NOB		
108	Proper thawing procedures	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input checked="" type="radio"/> NOB		
Food, Water and Ice from Approved Sources				
301	Food obtained from approved sources	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB		
302	Food in good condition, safe and unaltered	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB		
303	Food properly labeled	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NOB		

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

Food Temperature Observations					
Item / Location	Temp ($^{\circ}\text{C}$)	Item / Location	Temp ($^{\circ}\text{C}$)	Item / Location	Temp ($^{\circ}\text{C}$)
PEPSI Refrigerator	1.2°C				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
202	The operator (Julian Crook) mentioned during the inspection that a designated sink, just for handwashing would be installed in the food preparation area by the end of July 2022. They are temporarily using one of the sink in the 2 compartment meat sink for handwashing.	07/2022
	- limited food handling ongoing onsite.	
	- Education provided onsite on proper disinfection by using bleach solution.	


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.	YES	NO	NA	NOB	501	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	502	Hot & cold water available; adequate pressure	YES	NO	NA	NOB
503	Proper storage of frozen food items	YES	NO	NA	NOB	503	Proper disposal of sewage & waste water	YES	NO	NA	NOB
504	Food stored in food grade material	YES	NO	NA	NOB	504	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	505	Adequate lighting; lighting protected	YES	NO	NA	NOB
506	Equipment in good repair, cleaned and sanitized	YES	NO	NA	NOB	506	Adequate mechanical ventilation;	YES	NO	NA	NOB
General Sanitation						507	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	YES	NO	NA	NOB
701	Garbage & refuse properly disposed and facilities maintained	YES	NO	NA	NOB	Testing Devices/Logging of Temperatures					
702	Non-food contact surfaces properly constructed, in good repair and clean	YES	NO	NA	NOB	801	Working dishwasher temperature and pressure gauges	YES	NO	NA	NOB
703	Food handlers properly attired and good personal hygiene	YES	NO	NA	NOB	802	Chemical test kits and/ or papers provided	YES	NO	NA	NOB
704	Adequate protection from vermin and insect pests	YES	NO	NA	NOB	803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	YES	NO	NA	NOB
705	Living or sleeping quarters separated from food service area	YES	NO	NA	NOB	Other					
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"/>	Establishment Closed:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Approximate Date of Re-Inspection:			Food Discarded	Other _____

Person in Charge Name:	LILLIAN CROOK
Person in Charge Signature:	L Crook
Date (d/m/y)	6/7/22

Environmental Health Officer Name:	Wong, NIKAMS
Environmental Health Officer Signature:	
Date (d/m/y)	06/07/2022