

Establishment Name	Highway Restaurant	Permit Number:	2830
Mailing Address	P.O Box 1601 Inuvik NT X0E 0T0	Permit Posted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	185 Mackenzie Road Inuvik	Date of Inspection: (d/m/y)	02/07/21
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 ≤ 4°C	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
102	Hot holding temperatures ≥60°C	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
103	Proper cooking of raw food of animal origin	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> NOB	
104	Proper cooling time and temperatures	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> NOB	
105	Adequate equipment to maintain food temperatures	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
106	Proper monitoring of temperatures	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
107	Proper reheating procedures for hot holding	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	✓
108	Proper thawing procedures	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
Food, Water and Ice from Approved Sources			
301	Food obtained from approved sources	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
302	Food in good condition, safe and unaltered	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
303	Food properly labeled	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
Compliance Status		CDI	R
Personal Hygiene of Food Service Workers			
201	Hands clean & properly washed	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOB	
202	Adequate handwashing facilities supplied & accessible	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOB	
203	Food handlers free of disease or condition that may spread through food	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
205	Food training certification	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
Potentially Hazardous Foods Protected from Contamination			
401	Food separated and protected	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
402	Food contact surfaces cleaned and sanitized	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
403	Facility free of pests (vermin and insects)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
405	Proper disposal of returned, previously served food	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOB	

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
Condiment fridge	2.8	line freezer	-4	battered fish	67
Prep fridge -chicken	5.2	walk in cooler	3.4	chicken strips	71
Prep fridge bacon	5.8	reefer	1.4		
gravity	70	bruschetta sauce	6.4		


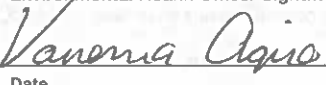
Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	At time of inspection food preparation was observed	
105	Prep fridge and fridge by stove temperatures were adjusted to ensure all foods in the unit are held at 4°C or less	CDI
107	Battered fish and chicken strips were observed not to be reheated to 74°C. Cook was directed to reheat to 74°C and to monitor reheating temperatures	CDI
201	No handwashing was observed at time of inspection. Ensure employees wash hands prior to putting on disposable gloves and wash hands before putting on new gloves when changing tasks	
202	Ensure paper towel at hand wash stations are place in dispensers	12/07/21

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
Food Equipment and Utensils			
501	Adequate facilities available to wash, rinse and sanitize utensils and/or equipment.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
502	Appropriate procedures followed for mechanical and/or manual dishwashing	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB	
503	Proper storage of frozen food items	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
504	Food stored in food grade material	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
506	Equipment in good repair, cleaned and sanitized	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOB	
General Sanitation			
701	Garbage & refuse properly disposed and facilities maintained	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
702	Non-food contact surfaces properly constructed, in good repair and clean	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOB	
703	Food handlers properly attired and good personal hygiene	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
704	Adequate protection from vermin and insect pests	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
705	Living or sleeping quarters separated from food service area	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
706	Birds or animals other than guide dogs excluded from premises	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
707	Wiping cloths used properly and stored in sanitizing solution	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB	
Physical Facilities			
601	Food contact surfaces properly constructed or located. Acceptable material used.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
602	Hot & cold water available; adequate pressure	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
603	Proper disposal of sewage & waste water	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOB	
605	Adequate lighting; lighting protected	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOB	
606	Adequate mechanical ventilation;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
Testing Devices/Logging of Temperatures			
801	Working dishwasher temperature and pressure gauges	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
802	Chemical test kits and/ or papers provided	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/> NOB	
803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/> NOB	
Other			

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
401	Ensure scoops for dry goods and ice are placed in a manner that prevents contamination.	
205	Reminder. Ensure a certified food handler is always present during hours of operation.	8/08/21
506	Mixer bowl was observed with food debris. Ensure to clean and sanitize equipment when not in use.	
605	Provide light covers in dry storage area.	
702	Ceiling panels in kitchen were observed to be missing. Replace missing tiles	16/07/21

Enforcement Action: (Mark "✓", if Applicable)			
Re-Inspection Required:	Yes <input checked="" type="checkbox"/> No <input 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:	Paul Clark	Environmental Health Officer Name:	Vanessa Agio
Person in Charge Signature:		Environmental Health Officer Signature:	
Date (d/m/y)	8/7/21	Date (d/m/y)	8/07/21