Establishment Name	HOLMAN ESKIMO Co-OP	**Permit Number:**	100158 EXP AP 7/2016
Mailing Address	ULUKHAKTOK ID # 4206	**Permit Posted:**	☒ Yes ☐ No
Physical Address		**Date of Inspection: (d/m/y)**	May 31/16
Routine Inspection ☒	**Complaint** ☐	**Follow-up Inspection** ☐	**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	YES NO NA NOB		
102	Hot holding temperatures ≥60°C	YES NO NA NOB		
103	Proper cooking of raw food of animal origin	YES NO NA NOB		
104	Proper cooling time and temperatures	YES NO NA NOB		
105	Adequate equipment to maintain food temperatures	YES NO NA NOB		
106	Proper monitoring of temperatures	YES NO NA NOB		
107	Proper reheating procedures for hot holding	YES NO NA NOB		
108	Proper thawing procedures	YES NO NA NOB		
Food, Water and Ice from Approved Sources				
301	Food obtained from approved sources	YES NO NOB		
302	Food in good condition, safe and unaltered	YES NO NOB		
303	Food properly labeled	YES NO NOB		

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

Food Temperature Observations

Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
CHEST FREEZER	-15	COOLERS	4°C		
"	-17				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	NO HEALTH CONCERNS NOTED AT THE TIME OF THIS INSPECTION.	
	CURRENT FOOD PERMIT TO BE DISPLAYED.	

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.

HOLMAN ESKIMO CO-OP May 31/16

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.	YES NO NA NOB		
502	Appropriate procedures followed for mechanical and/or manual dishwashing	YES NO NA NOB		
503	Proper storage of frozen food items	YES NO NA NOB		
504	Food stored in food grade material	YES NO NA NOB		
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	YES NO NOB		
506	Equipment in good repair, cleaned and sanitized	YES NO NOB		
General Sanitation				
701	Garbage & refuse properly disposed and facilities maintained	YES NO NOB		
702	Non-food contact surfaces properly constructed, in good repair and clean	YES NO NOB		
703	Food handlers properly attired and good personal hygiene	YES NO NA NOB		
704	Adequate protection from vermin and insect pests	YES NO NOB		
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		

Compliance Status			CDI	R
Physical Facilities				
601	Food contact surfaces properly constructed or located. Acceptable material used.	YES NO NA NOB		
602	Hot & cold water available; adequate pressure	YES NO NOB		
603	Proper disposal of sewage & waste water	YES NO NOB		
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	YES NO NOB		
605	Adequate lighting; lighting protected	YES NO NOB		
606	Adequate mechanical ventilation;	YES NO NA NOB		
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	YES NO NA NOB		
Testing Devices/Logging of Temperatures				
801	Working dishwasher temperature and pressure gauges	YES NO NA NOB		
802	Chemical test kits and/ or papers provided	YES NO NA NOB		
803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	YES NO NA NOB		
Other				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)

Enforcement Action: (Mark "✓", if Applicable)

Re-Inspection Required: Yes ☐ No ☐

Approximate Date of Re-Inspection:

Establishment Closed Yes ☐ No ☐

Food Discarded | Other _____

Person in Charge Name: Danny Gallant

Person in Charge Signature:

Date (d/m/y)

Environmental Health Officer Name: BRIAN CRAIG

Environmental Health Officer Signature:

Date (d/m/y)