Establishment Name: SideDoor - Hope's Haven	Permit Number: 4766
Mailing Address: Box 3, 5114 52 Street, Yellowknife NT, X1A 1T6	Permit Posted: ✓ Yes No
Physical Address: 5114 52 Street, Yellowknife NT	Date of Inspection: 19-Oct-2020 (d/m/y)
Routine Inspection ✓ Complaint Follow-up Inspection	If follow-up 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 Regulation. 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.

LEGE	MD.	ompliance) in compliance)			not observ ot applicat	
	<b>Compliance Status</b>		CDI	R		Compliance Status
7	ime/Temperature of Potentia	lly Hazardous	Food	ls		Personal Hygiene of Food S
101	Cold holding temperature ≤ 4°C	YES NO NA NOB			201	Hands clean & properly washed
102	Hot holding temperature ≥ 60°C	YES NO NA NOB			202	Adequate handwashing facilities supplied & accessible
103	Proper cooking of raw food of animal origin	YES NO NA NOB			203	Food handlers free of disease or condition that may spread through food
104	Proper cooling time and temperatures	YES NO NA NOB				Food handlers using proper utensils to avoid
105 Adequate equipment to maintain food temperature		YES NO NA NOB			204	unnecessary hand contact with cooked/prepared food
106	Proper monitoring of temperature	YES NO NA NOB			205	Food training certification
107	Proper reheating procedure for hot holding	YES NO NA NAB		=	Po	tentially Hazardous Foods Protec
108	Proper thawing procedure	WES NO NA NOB			401	Food separated and protected
	Food, Water and Ice from A	pproved Sour	ces		402	Food contact surface cleaned and sanitized
301	Food obtained from approved sources	WEND NOB			403	Facility free of pests (vermin and insects)
302	Food in good condition, safe and unaltered	YES NO NOB			404	Toxic chemicals properly labelled, stored or used to prevent food contamination
303	Food properly labeled	YES NO NOB			405	Proper disposal of returned, previously served food

	Compliance Status							
	Personal Hygiene of Food S	ervice Worke	rs					
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	YÉS NO NA NOB						
204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	YÉS NO NA NOB						
205	Food training certification	YES NO NA NOB						
Po	tentially Hazardous Foods Protect	ed from Contai	ninati	on				
401	Food separated and protected	YES NO NA NOB						
402	Food contact surface cleaned and sanitized	YES NO NA NOB						
403	Facility free of pests (vermin and insects)	YES NO NOB						
404	Toxic chemicals properly labelled, stored or used to prevent food contamination	YES NO NOB						
405	Proper disposal of returned, previously served food	YES NO NOB						

	LS,	Food Temperature O	bservations		
Item/Location	Temp (°C)	Item/Location	Temp (°C)	Item/Location	Temp (°C)
Dining area refrigerator	1.8	Kitchen refrigerator 2	3.8	41-1-1-1-1-1	
Dining area freezer	-12.0	Kitchen freezer 2	-18.0		
Kitchen refrigerator 1	2.0			77	
Kitchen freezer 1	-15.3				

Item Number	Observation and Corrective Action	Correction Date (M spplicable)
402	Food contact surfaces must be cleaned and sanitized. An approved sanitizer must be used.	19-Oct-20
	F-29 was observed on-site as a food grade sanitizer. This must be used as instructed on the	U
	product label.	
		I T

NON-CRITICAL ITEMS: Based on the inspection today, the noncritical items identified below are violations of the Food Establishment Safety Regulation. 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.

LEGE	ND :	Circle One of:		ompliance in complia				not observ ot applicab	- "
	(	Compliance	Status			CDI	R		
		Food Equipn	nent and	Utensi	ls	arr.	PELCO.	18.00	(3)
501	and sanitize u	llities available to wa itensils and/or equip	ment.	YES NO N	A NOB			601	Foo
502		procedures followed nd/or manual dishw		YES NO N	A NOB			602	Hot pre
503	Proper storag	e of frozen food iter	TIS	YES NO N	A NOB			603	Pro
504	Food stored i	n food grade materi	al	<b>Y</b> ES NO N	A NOB			604	Toi cor
505		nd utensils that cont resistant and non-to		WES NO	NOB			605	Ad
506	Equipment in and sanitized	good repair, cleane	d	YJES NO	NOS			606	Ad
		Genera	l Sanita	tion			1677	607	Pre ma
701	Garbage & re facility maint	fuse properly dispos sined	ed and	YES NO	NOB				
702		itact surface properl in good repair and c	•	WS NO	NOB			801	We pre
703	Food handler personal hygi	s properly attired an ene	d good	¥£s NO N	A NOB			802	Chi
704	Adequate pro	tection from vermin	and insect	VEZ NO	NOB			803	Ter refi req
705	705 Living or sleeping quarters separated from food service area								
706	Birds or anim excluded from	als other than guide n premises	dogs	YES NO N	A NOB			:::	
707	Wiping cloths sanitizing solu	used properly and s	tored in	YES NO N	A NØB				

21-Oct-2020

Date (d/m/y):

	Compliance Status		CDI			
16	Physical Facilit	ties				
601	Food contact surfaces properly construction 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	WES NO NOB				
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	YZS NO NOB	i			
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	f Temperature	:S			
801	Working dishwasher temperature and pressure gauges	YES NÓ 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 <b>Ų</b> Ó NA NOB				
	Other					

21-Oct-2020

R (repeat violation)

Mark "√" in Box:

Item Number	Observation and Corrective Action	Correction Date (if applicable)
502	Appropriate procedures for manual dish washing were highlighted during the inspection as	19-Oct-20
	wash, rinse, sanitize and air dry. No rinse is to occur after sanitizing.	
Note	In August 2019, amendments to the Food Establishment Safety Regulations were released.	
	Where utensils that are repeatedly used in the handling of food, a two compartment sink is	
	not sufficient.	
	Until such time as a commercial grade dishwasher is installed or a third sink is installed, the	19-Oct-20
-	operator may proceed by doing an initial scrape and rinse in the first sink, running the dishes	
	in the residential grade mechanical dishwasher and sanitizing in the second sink, followed by	
	an air dry step.	

Jan an dry step.			
		MANUAL PROPERTY.	
	Enforcement A	Actio	ON: (Mark 🗸, if Applicable)
Re-Inspection Required: Yes	√ No		Establishment Closed: Yes 🗸 No
Approximate Date of Re-Inspection:			Food Discarded Other:
		7	
Person in Charge Name: NO MOZU	lu Khumalo		Environmental Health Officer Name: Chloe LeTourneau
Person in Charge Signature	3	7	Environmental Health Officer Signature:

Date (d/m/y):



## Northwest Territories Territoires du Nord-Ouest

	mental Health inspection Report		Date (d/m/y)				
	cility or Operation		1	L9-Oct-2020	İ		
	Door - Hope's Haven						
Mailing Add	dress 3, 5114 52 Street, Yellowknife NT, X1A 1T6						
Physical Ad							
5114	52 Street, Yellowknife						
Type of Ins				= 11	}		
Tobaco	Other: Public Health Act	✓ Routine	Complaint	Follow-up			
Under author and /or Orde	ority of the Public Health Act and/or Tobacco Control Act, an inspection of t ers are made. Required Correction Dates are listed.	the above listed facility/ope	ration was conduct	ted and the followi			
ltem Number	Observations and Co	rrective Actions			Correction Data (if applicable)		
	A routine environmental health inspection inspection of t	his facility was conduc	ted on October	19, 2020.			
	Hand sinks throughout the facility, including those used b	y the youth on the up	oer level should	l be equipped	22-Oct-2020		
	with liquid hand soap in a dispenser and paper towel in a						
	With right hand south in a dispersion						
	and and discussion	end during the inspect	lon.				
	COVID-19 mitigation measures were reviewed and discus	sea darrille the maker	10111				
			0.1.6.4.4.6.	turan differen			
	It is recommended that shared or communal items that cannot be laundered or disinfected between different						
	users including board games, puzzles, books, be managed						
	This can be achieved by holding used items for a period of 72 hours or 3 days or by removing them.						
					.		
Public H	ealth Officer's Name (print)	x	ea		Oct-2020		
	Chloe LeTourneau	Public Health Uniter 5-5	skarure	Dat	te (d/m/y)		
Owner/	Operator (please print) Naxulu Khymalo for Side Door	Owner/Operator & Signat			01-0ct-2020		
L V VV	nuculu Mumalo for mule poor	Camerioberami 23/8/19/	(d) (d)				
	Yellowknife				Page		
	Ph: (867) 767-9066 ext: 49262 Fax: (867) 669-7517	Environmental He	ealth@gov.nt.	<u>ca</u>	1 of 1		