


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.		<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 checked="" 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					
504	Food storage containers not used for other purposes		<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"/> NOB					
506	Equipment in good repair, cleaned and sanitized		<input checked="" type="radio"/> YES	<input type="radio"/> NO		<input type="radio"/> NOB					
General Sanitation						Testing Devices/Logging of Temperatures					
701	Garbage & refuse properly disposed and facilities maintained		<input checked="" type="radio"/> YES	<input type="radio"/> NO		<input type="radio"/> NOB					
702	Non-food contact surfaces properly constructed, in good repair and clean		<input checked="" type="radio"/> YES	<input type="radio"/> NO		<input type="radio"/> NOB					
703	Food handlers properly attired		<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input 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"/> 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					
706	Premises free of live birds and animals		<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					
602	Hot & cold water available; adequate pressure		<input checked="" type="radio"/> YES	<input type="radio"/> NO		<input type="radio"/> NOB					
603	Proper disposal of sewage & waste water		<input checked="" type="radio"/> YES	<input type="radio"/> NO		<input type="radio"/> NOB					
604	Toilet facilities: properly constructed, supplied & cleaned		<input checked="" type="radio"/> YES	<input type="radio"/> NO		<input type="radio"/> NOB					
605	Adequate lighting; lighting protected		<input checked="" type="radio"/> YES	<input type="radio"/> NO		<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					
801	Proper location of thermometers and thermometers working accurately		<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB					
802	Working dishwasher temperature and pressure gauges		<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NA	<input type="radio"/> NOB					
803	Chemical test kits and/ or papers provided		<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB					
804	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)		<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB					

Item Number	Observations and Corrective Actions	Correction Date (If applicable)
702	Glass in entrance door fractured, but no sharp edge observed at time of inspection - if sharp edge occurs, then replace	
	Please renew FEP permit - application provided	

Inspection Results			
Number of Critical Items	1	Number of Non-Critical Items	1
Number of Repeat Critical Items		Number of Repeat Non Critical Items	

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

Person In Charge Signature	
Date (d/m/y)	20 JAN 2023

Inspector Signature	
Date (d/m/y)	20/01/2023