

REVIEWED
By Colleen Lauzon at 3:50 pm, Mar 24, 2022

LEGEND	Circle One of:	YES (In compliance)	NOB (not observed)	Mark "✓" in Box:	R (repeat violation)
		NO (not in compliance)	NA (not applicable)		CDI (controlled during inspection)

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		
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		

[illegible]

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="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 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"/> NA	<input type="radio"/> NOB						
506	Equipment in good repair, cleaned and sanitized	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB						
General Sanitation											
701	Garbage & refuse properly disposed and facilities maintained	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<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"/> NA	<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"/> NA	<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						
Physical Facilities											
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"/> NA	<input type="radio"/> NOB						
603	Proper disposal of sewage & waste water	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB						
604	Toilet facilities: properly constructed, supplied & cleaned	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB						
605	Adequate lighting, lighting protected	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<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						
Testing Devices/Logging of Temperatures											
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 checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB						
803	Chemical test kits and/ or papers provided	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB						
804	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NA	<input type="radio"/> NOB						

Item Number	Observations and Corrective Actions	Correction Date (If applicable)
	<p>Pre-opening inspection.</p> <p>- Observations</p> <p>The two compartment sink has been designated only for handwashing.</p> <p>- A high temperature dishwasher will be used for dishwashing (rinse cycle was at 85°C).</p> <p>- Education and food safety resources were provided to the operator at the time of the inspection.</p> <p>Based on the inspection today The EHO has no objection on the opening of the Food establishment.</p>	

Inspection Results			
Number of Critical Items	0	Number of Non-Critical Items	0
Number of Repeat Critical Items	0	Number of Repeat Non Critical Items	0

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	Inspector Signature
Date (d/m/y)	Date (d/m/y)
14/03/22	14/03/22

Person In Charge Signature	Inspector Signature
Date (d/m/y)	Date (d/m/y)
14/03/22	14/03/22