

Establishment Name Korea House		Permit Number: 4770
Mailing Address		Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address 5103 50th Street, Yellowknife, NT		Date of Inspection: (d/m/y) October 26, 2022
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	Compliance Status								CDI	R
Time/Temperature of Potentially Hazardous Foods										Personal Hygiene of Food Service Workers									
101	Cold holding temperatures ≤ 4°C	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB				201	Hands clean & properly washed	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			
102	Hot holding temperatures ≥ 60°C	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB				202	Adequate handwashing facilities supplied & accessible	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			
103	Proper cooking of raw food of animal origin	<input type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB				203	Food handlers free of disease or condition that may spread through food	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			
104	Proper cooling time and temperatures	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB				204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			
105	Adequate equipment to maintain food temperatures	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB				205	Food training certification	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			
106	Proper monitoring of temperatures	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB				Potentially Hazardous Foods Protected from Contamination									
107	Proper reheating procedures for hot holding	<input type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB				401	Food separated and protected	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			
108	Proper thawing procedures	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB				402	Food contact surfaces cleaned and sanitized	<input type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB			
Food, Water and Ice from Approved Sources										403	Facility free of pests (vermin and insects)	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			
301	Food obtained from approved sources	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB				404	Toxic chemicals properly labeled, stored or used to prevent food contamination	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			
302	Food in good condition, safe and unaltered	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB				405	Proper disposal of returned, previously served food	<input type="radio"/>	YES	<input type="radio"/> NO	<input checked="" type="radio"/> NOB				
<input checked="" type="radio"/> 303	Food properly labeled	<input checked="" type="radio"/>	YES	<input checked="" type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB													

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
Walk-in-cooler	-1.3	Chest freezer 1	-20.6	Rice cooker (hot holding)	70.2
Walk-in-freezer	-21.1	Chest freezer 2	-25.6		
Tall white fridge 1	5.3	Prep table cooler	-1.1		
Tall white fridge 2	3.6	Prep table (top)	1.9		



Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	A routine inspection was conducted today and following was observed:-	
303	Foods in the fridge and prep table cooler are not labelled with name and date of preparation. Foods must be labelled with name and date of preparation.	
302	No test strips available at the time of inspection. Test strips for chlorine provided to operator.	
	No other concerns were observed at the time of inspection.	

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.	YES	NO	NA	NOB	501	Food contact surfaces properly constructed or located. Acceptable material used.	YES	NO	NA	NOB
502	Appropriate procedures followed for mechanical and/or manual dishwashing	YES	NO	NA	NOB	602	Hot & cold water available; adequate pressure	YES	NO	NA	NOB
503	Proper storage of frozen food items	YES	NO	NA	NOB	603	Proper disposal of sewage & waste water	YES	NO	NA	NOB
504	Food stored in food grade material	YES	NO	NA	NOB	604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	YES	NO	NA	NOB
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	YES	NO	NA	NOB	605	Adequate lighting; lighting protected	YES	NO	NA	NOB
506	Equipment in good repair, cleaned and sanitized	YES	NO	NA	NOB	606	Adequate mechanical ventilation;	YES	NO	NA	NOB
General Sanitation					Testing Devices/Logging of Temperatures						
701	Garbage & refuse properly disposed and facilities maintained	YES	NO	NA	NOB	801	Working dishwasher temperature and pressure gauges	YES	NO	NA	NOB
702	Non-food contact surfaces properly constructed, in good repair and clean	YES	NO	NA	NOB	802	Chemical test kits and/ or papers provided	YES	NO	NA	NOB
703	Food handlers properly attired and good personal hygiene	YES	NO	NA	NOB	803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	YES	NO	NA	NOB
704	Adequate protection from vermin and insect pests	YES	NO	NA	NOB	Other					
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						

[illegible]

Enforcement Action: (Mark "✓", If Applicable)				
Re-Inspection Required:	Yes <input type="checkbox"/>	No <input checked="" 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: HE YONG CHUNG	Environmental Health Officer Name: RITTI MATTOO
Person in Charge Signature: 	Environmental Health Officer Signature: 
Date (d/m/y): Oct 26th / 2022	Date (d/m/y): October 26, 2022