



FOOD ESTABLISHMENT INSPECTION REPORT

NT-14250

Section 1: Facility Information

Establishment Name	Larga Kitikmeot Ltd					
Address	5602-50th Ave, Yellowknife					
Facility Type	FE					
Report Type	<input checked="" type="radio"/> Routine	<input type="radio"/> Complaint	<input type="radio"/> Follow-Up	<input type="radio"/> Pre-operational	<input type="radio"/> Consultation	<input type="radio"/> Other
Date of Report	Feb. 1, 2023			Permit Number		

Environmental Health inspections under the authority of the Public Health Act determine the level of compliance with the Food Establishment Safety Regulation (FESR). Violations cited in this report shall be corrected within the time frame specified. Failure to comply with the requirements may result in the suspension of the permit and/or regulatory enforcement.

Circle suggests compliance status. N/O = Not observed; N/A = Not Applicable; CDI = Corrected during inspection; R = Repeated non-compliance

Section 2: Compliance Summary

	Compliance Item	Compliance	CDI	R		Topic	Compliance	CDI	R
1	Obtained a valid food establishment permit.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			23	Proper use and storage of clean utensils	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
2	The permit is posted in a conspicuous location.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			24	Appropriate maintenance of food contact surfaces	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
3	Risk assessment - extensive food preparation.	YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input checked="" type="radio"/>			25	Appropriate maintenance of non-food contact surfaces	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
4	Risk assessment - minimal food preparation.	YES <input type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input checked="" type="radio"/>			26	No room with food used for sleeping purposes	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
5	Risk assessment - intermediate food preparation.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			27	Dipper well with running water	YES <input type="radio"/> NO <input type="radio"/> N/O <input checked="" type="radio"/> N/A <input type="radio"/>		
6	Cold holding and storage of food below 4°C or 40°F.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			28	Food grade products for food contact surface sanitization	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
7	Frozen food holding and storage below -18°C or 0°F.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			29	Food contact surfaces washed>rinsed>sanitized after each use	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
8	Proper food cooling method used.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			30	Appropriate two-compartment sink available and used	YES <input type="radio"/> NO <input type="radio"/> N/O <input checked="" type="radio"/> N/A <input type="radio"/>		
9	Food is cooked to a high enough safe internal temperature.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			31	Appropriate three-compartment sink available and used	YES <input type="radio"/> NO <input type="radio"/> N/O <input checked="" type="radio"/> N/A <input type="radio"/>		
10	Hot holding food to a safe internal temperature of 60°C (140°F).	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			32	The proper method used for manual dishwashing	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
11	The facility uses a proper re-heating method.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			33	The high-temperature dishwasher is operating appropriately	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
12	Monitoring of food safety temperatures.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			34	Low-temperature dishwasher operating appropriately	YES <input type="radio"/> NO <input type="radio"/> N/O <input checked="" type="radio"/> N/A <input type="radio"/>		
13	Proper hand hygiene practice by food handlers.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			35	Floors, walls, and ceilings are maintained in a sanitary condition	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
14	Acceptable personal hygiene and behaviour or practices.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			36	Sanitary maintenance of staff / public washrooms	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
15	Certified food handler in a supervisory role.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			37	Lighting adequate for food preparation/cleaning	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
16	Free from infectious disease and confirmation of non-infection.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			38	Mechanical ventilation operable where required	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
17	All foods are obtained from acceptable sources.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			39	Adequate garbage and liquid waste management	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
18	Separate raw foods storage and handling.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			40	General housekeeping and sanitation are satisfactory	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
19	Food is protected from potential contamination and adulteration.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			41	Pest control / adequate protection of pests	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
20	Toxic/poisonous substances are stored separately from food.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			42	Exclusion of live animals on the premises	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
21	Supply of hot and cold running water under pressure.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>			43	Observation of health hazards	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>		
22	Handwashing stations are provided & adequately supplied.	YES <input checked="" type="radio"/> NO <input type="radio"/> N/O <input type="radio"/> N/A <input type="radio"/>							

Section 3: Inspection Outcome

Satisfactory Compliance	<input checked="" type="checkbox"/>	Follow Up Required (Date)		Item(s) Seized or Discarded	
Permit Revoked	<input type="checkbox"/>	Warning Letter Issued		Fine Issued	

Section 4: Signature

Person In Charge	Environmental Health Officer
Name: ETHAN MACKENZIE	Name: EHO
Title: EXECUTIVE CHEF	Title: COLM M...



Section 5: Temperature and Sanitization Records

Food	Holding Type	Temperature	Food	Holding Type	Temperature

Equipment	Description	Temperature	Equipment	Description	Temperature

Warewashing Unit	Sanitization Method	Sanitizer Name	Sanitizer Type	Strength (ppm)	Temperature

Section 6: Inspection Details

Act and Regulation excerpts in this report are for information only and not the basis for legal or judicial determinations. Please verify the most current version of the Act and Regulation for correct sections and wordings.

Walk in cold  $0.9^{\circ}\text{C}$  *al*  
" frozen  $-26$   
chest frozen  $\times 2$   $-23$   
hot hold  $> 60^{\circ}\text{C}$   
high temp dishwasher reports  $86^{\circ}\text{C}$ , plate  
level measured @  $78^{\circ}\text{C}$   
display cold hold  $0.7^{\circ}\text{C}$   
hard surface sanitization (Quat)  $\sim 200-300 \text{ ppm}$   
  
EHO has no recommendations for improvement  
at time of inspection