

Establishment Name <b>Lizards Lounge &amp; Lanes</b>		Permit Number: <b>100573</b>	
Mailing Address <b>10-66 Woodland Dr, HR, NT X0E1G1</b>		Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address <b>10-66 Woodland Dr, HR, NT X0E1G1</b>		Date of Inspection: (d/m/y)	<b>14/11/2019</b>
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)		NOB (not observed)		NO (not in compliance)		NA (not applicable)		Mark "✓" in Box:		R (repeat violation)		CDI (controlled during inspection)	
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Compliance Status				CDI	R		
<b>Time/Temperature of Potentially Hazardous Foods</b>							
101	Cold holding temperatures ≤ 4°C	YES	NO	NA	NOB		
102	Hot holding temperatures ≥ 60°C	YES	NO	NA	NOB		
103	Proper cooking of raw food of animal origin	YES	NO	NA	NOB		
104	Proper cooling time and temperatures	YES	NO	NA	NOB		
105	Adequate equipment to maintain food temperatures	YES	NO	NA	NOB		
106	Proper monitoring of temperatures	YES	NO	NA	NOB		
107	Proper reheating procedures for hot holding	YES	NO	NA	NOB		
108	Proper thawing procedures	YES	NO	NA	NOB		
<b>Food, Water and Ice from Approved Sources</b>							
301	Food obtained from approved sources	YES	NO	NA	NOB		
302	Food in good condition, safe and unaltered	YES	NO	NA	NOB		
303	Food properly labeled	YES	NO	NA	NOB		

  

Compliance Status				CDI	R		
<b>Personal Hygiene of Food Service Workers</b>							
201	Hands clean & properly washed	YES	NO	NA	NOB		
202	Adequate handwashing facilities supplied & accessible	YES	NO	NA	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		
205	Food training certification	YES	NO	NA	NOB		
<b>Potentially Hazardous Foods Protected from Contamination</b>							
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	NA	NOB		
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES	NO	NA	NOB		
405	Proper disposal of returned, previously served food	YES	NO	NA	NOB		

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
-	No Food preparation <del>served</del> occurs at the facility. Only ice and lemon wedges are available at the facility. Other food are low risk, prepacked, ready to eat foods.	
-	The Facility mainly used by private citizens or organisations for private events.	
-	All food are served in single use-disposable serving items.	



**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.	YES NO <u>NA</u> NOB				
502	Appropriate procedures followed for mechanical and/or manual dishwashing	YES NO <u>NA</u> NOB				
503	Proper storage of frozen food items	<u>YES</u> NO NA NOB				
504	Food stored in food grade material	<u>YES</u> NO NA NOB				
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	<u>YES</u> NO NOB				
506	Equipment in good repair, cleaned and sanitized	<u>YES</u> NO NOB				
General Sanitation						
701	Garbage & refuse properly disposed and facilities maintained	<u>YES</u> NO NOB				
702	Non-food contact surfaces properly constructed, in good repair and clean	<u>YES</u> NO NOB				
703	Food handlers properly attired and good personal hygiene	<u>YES</u> NO NA NOB				
704	Adequate protection from vermin and insect pests	<u>YES</u> NO NOB				
705	Living or sleeping quarters separated from food service area	<u>YES</u> NO NA NOB				
706	Birds or animals other than guide dogs excluded from premises	<u>YES</u> NO NA NOB				
707	Wiping cloths used properly and stored in sanitizing solution	YES NO <u>NA</u> NOB				
Physical Facilities						
601	Food contact surfaces properly constructed or located. Acceptable material used.	<u>YES</u> NO NA NOB				
602	Hot & cold water available; adequate pressure	<u>YES</u> NO NOB				
603	Proper disposal of sewage & waste water	<u>YES</u> NO NOB				
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	<u>YES</u> NO NOB				
605	Adequate lighting; lighting protected	<u>YES</u> NO NOB				
606	Adequate mechanical ventilation;	YES NO <u>NA</u> NOB				
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	<u>YES</u> NO NA NOB				
Testing Devices/Logging of Temperatures						
801	Working dishwasher temperature and pressure gauges	YES NO <u>NA</u> NOB				
802	Chemical test kits and/ or papers provided	YES NO <u>NA</u> NOB				
803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	YES NO <u>NA</u> NOB				
Other						

[illegible]

<b>Enforcement Action:</b> (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: Nicholas Kimble

Person in Charge Signature: Nicholas Kimble

Date (d/m/y) 14/10/2019

Environmental Health Officer Name:	Chiray Rohit
Environmental Health Officer Signature:	Chiray
Date (d/m/y)	14/11/2019