Routine Inspection	Complaint	Follow-up Inspection		evious inspection (d/m/	
Physical Address 124		-	TRACE I	Date of Inspection:	6/07/2020
Mailing Address BOX	2716 Inc	DINT NT XOE	OTO	Permit Posted:	□ Yes Ø No
Establishment Name	lad Trapp	er Bar		Application C	on provided

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.

NO (not in compliance) N				•	served) licable)	Mark"✓ " in Box: R (repeat violation) CDI (controlled during inspection)					
			CDI R		Compliance Status				R		
	Time/Temperature of Potentiall	y Hazardous Fo	ods	alis		Personal Hyglene of I	Food Service Worker	5			
101	Cold holding temperatures ≤ 4°C	YES NO NA (NOB)			201 Hands o	lean & properly washed	YES NO (NOB				
102	Hot holding temperatures ≥60°C	YES NO NA (VOE)			202) Adequa	e handwashing facilities suppli ple					
103	Proper cooking of raw food of animal origin	YES NO(NA) NOB				ndlers free of disease or condi ead through food					
104 105	Proper cooling time and temperatures	YES NO NA NOB	73-10-0		204 unneces	ndiers using proper utensils to sary hand contact with	SST III		۲,		
105	Adequate equipment to maintain food temperatures	YES NO NA NOB	-66		- 3	prepared food	YES NO NA (NOB		-		
106	Proper monitoring of temperatures	YES NO NA (NOB)				ining certification	YES NO NA (OB	-			
107 Proper reheating procedures for hot holding YES NO NOB				Potentially Hazardous Foods Protected from Contamination							
10B	Proper thawing procedures	YES NOWA NOB		19233	401 Food se	parated and protected	YES NO NA NOB)			
Food, Water and Ice from Approved Sources				(402) Food co	ntact surfaces cleaned and	YES NO NA NOB					
301	Food obtained from approved sources	YES NO (NÓB)			403 Facility	free of pests (vermin and insec					
302	Food in good condition, safe and unaltered	YES NO (NOB)			used to	nemicals properly labeled, store prevent food contamination	YES NO NOB				
303	Food properly labeled	YES NO (NOB)			405 Proper	disposal of returned, previously lood	YES NO (NOB				

	Fo	od Temperature Ob			
Item / Location	Temp (°C)	Item / Location	Temp (*C)	Item / Location	Temp (°C)
		11/2			
unib iii /a chi	EGE ASSTOL 2 D		Hert 2/3 July 16	ALCONOMIC POLICE AND	
South the sense	Edicional S	the contract to the	-h rogital he	West local transmission	
	of lands	200052			

Observations and Corrective Actions	Correction Date (If applicable)
At time of inspection the bar was closed due to Covid19 and was in the process of re-opening no food on premises.	
Before re-opening ensure all handwash stations are equipped with liquid hand some and paper towelin a dispense	
Provide copy of food safety certification of bartender.	
Ensure bleach sanitizer solution used to sanitize tables is at 200 ppm (1/2 tsp of bleach to 1 lite of water)	
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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 NO (no		NOB (not observed) NA (not applicable) Mark "✓" in Box:				R (repeat violation) CDI (controlled during inspection)				
Compliance Status			R		Compliance Status					R
Food Equipment an	d Utensiis				Physical Facilities					
Adequate facilities available to wash, rinse and sanitize utensils and/or equipment.	ESNO NA NOB	20,00		601		ct surfaces pro-	perly constructed or	WES NO NA NOB		
Appropriate procedures followed for mechanical and/or manual dishwashing	YES NO NA NOB					-	adequate pressure		SEAT TO	
603 Proper storage of frozen food items	YES NO NA NOB		- troo	603	Proper disp	osal of sewage	& waste water	YES NO NOB		-
64 Food stored in food grade material Equipment and utensils that contact food are	YES NO(NA) NOB			604	Toilet facilit	ties: adequate r d, supplied and	number, properly cleaned	YES NO NOB	100	
605 corrosion resistant and non-toxic	YES NO NOB			605	Adequate li	ighting; lighting	protected	YES NO NOB		
Equipment in good repair, cleaned and sanitized	YES NO NOB		0.010	606	Adequate n	nechanical vent	tilation	YES NO NA NOB		
General Sanita	ation		1000	607	Premises c maintenant	lean, uncluttere ce equipment p	ed, cleaning and roperly stored	YES NO NA NOB	NIST.	
Garbage & refuse properly disposed and 701 facilities maintained	VES NO NOB					Testing Dev	ices/Logging o	of Temperatures		
Non-food contact surfaces properly 702 constructed, in good repair and clean	YESNO NOB			801	Working dis	shwasher temp	erature and pressure	YES NO NA NOB		
Food handlers properly attired and good personal hygiene	YES NO NA NOB	1 1	- 10	802	Chemical to	est kits and/ or i	papers provided	VES NO NA NOB	1	
Adequate protection from vermin and insect					Temperatu	re logs maintair	ned for refrigerated		AUTO I	
04 pests Living or sleeping quarters separated from	(ES)10 NOB			803	storage uni	ts (non-regulate	ory requirement)	YES NO NA NOB		1100
705 food service area	YES NO(NA NOB						Other			
Birds or animals other than guide dogs excluded from premises	YES NO NA NOB				1021 1517		I has it to my	NOW SCHOOL STATE		
Wiping cloths used properly and stored in sanitizing solution	YES NO NA NOB							The second		
observed at 1 Ensure to subm	nit per	nit	a	ppl	catio	<u>n</u>				
The ball of the same of the sa	- A POP A	nfor	cem	ent /	Action:	(Mark "√", if	f Aunticobio)	78 10 10 10 10 10 10 10 10 10 10 10 10 10		
			2011			\mark * ,11	100 100	بمس		
Re-Inspection Required: Yes No.				_ -	Establish	ment Closed	Yes L	No KQ		
Approximate Date of Re-Inspection:	h .4	2			Food Dise	carded	Other	and There is a second	-0	
Person in Charge Name:	c/1 /7,	1)	71	7	Environmen	ital Health Offic	cer Name: \/a >	essa Aa		
Person in Charge Signature:					1/	Health Office	cer Signature:	way rig	114	
Date (d/m/y) 06/07/20		10	700		Date	0/07/	00	701	oca .	