

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.

| Food Temperature Observations | | | | | |
|-------------------------------|-----------|----------------------|-----------|-----------------|-----------|
| Item / Location | Temp (°C) | Item / Location | Temp (°C) | Item / Location | Temp (°C) |
| walk in frozen | -24 | cold hold | | ice cream | 2.1 |
| cold | 4 | frozen hold x 2 ≤ 21 | | | |
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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 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 | Compliance Status | | CDI | R |
| Food Equipment and Utensils | | | | | Physical Facilities | | | | |
| 501 | Adequate facilities available to wash, rinse and sanitize utensils and/or equipment. | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 502 | Appropriate procedures followed for mechanical and/or manual dishwashing | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 503 | Proper storage of frozen food items | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 504 | Food storage containers not used for other purposes | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 505 | Equipment and utensils that contact food are corrosion resistant and non-toxic | <input checked="" type="radio"/> | YES | NO | | NOB | | | |
| 506 | Equipment in good repair, cleaned and sanitized | <input checked="" type="radio"/> | YES | NO | | NOB | | | |
| General Sanitation | | | | | Testing Devices/Logging of Temperatures | | | | |
| 701 | Garbage & refuse properly disposed and facilities maintained | <input checked="" type="radio"/> | YES | NO | | NOB | | | |
| 702 | Non-food contact surfaces properly constructed, in good repair and clean | <input checked="" type="radio"/> | YES | NO | | NOB | | | |
| 703 | Food handlers properly attired | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 704 | Adequate protection from vermin and insect pests | <input checked="" type="radio"/> | YES | NO | | NOB | | | |
| 705 | Living or sleeping quarters separated from food service area | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 706 | Premises free of live birds and animals | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 601 | Food contact surfaces properly constructed or located. Acceptable material used. | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 602 | Hot & cold water available; adequate pressure | <input checked="" type="radio"/> | YES | NO | | NOB | | | |
| 603 | Proper disposal of sewage & waste water | <input checked="" type="radio"/> | YES | NO | | NOB | | | |
| 604 | Toilet facilities: properly constructed, supplied & cleaned | <input checked="" type="radio"/> | YES | NO | | NOB | | | |
| 605 | Adequate lighting; lighting protected | <input checked="" type="radio"/> | YES | NO | | NOB | | | |
| 606 | Adequate mechanical ventilation; | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 801 | Proper location of thermometers and thermometers working accurately | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 802 | Working dishwasher temperature and pressure gauges | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 803 | Chemical test kits and/ or papers provided | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |
| 804 | Temperature logs maintained for refrigerated storage units (non-regulatory requirement) | <input checked="" type="radio"/> | YES | NO | NA | NOB | | | |

| Item Number | Observations and Corrective Actions | Correction Date (If applicable) |
|-------------|---|---------------------------------|
| | <i>EHO has no recommendations at time of inspection</i> | |
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| | | |
| | <i>Manual dishwash rinse ~ 300 ppm Quat</i> | |

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

| 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: <input type="checkbox"/> Other: <input type="checkbox"/> |

| | |
|----------------------------|-------------------------------|
| Person in Charge Signature | <i>Michael R. [Signature]</i> |
| Date (d/m/y) | <i>08/30/22</i> |

| | |
|---------------------|--------------------|
| Inspector Signature | <i>[Signature]</i> |
| Date (d/m/y) | <i>30/08/2022</i> |