

|  |                                      |   |   |
|--|--------------------------------------|---|---|
| Establishment Name                                     | Northern Store 248 - Fort Good Hope  | Permit Number:                                | 1710  |
| Mailing Address  | P.O Box 21 Fort Good Hope NT XOE 0N0 | Permit Posted:                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical Address                                       |                                      | Date of Inspection:<br>(d/m/y)                | 15/12/21  |
| 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 |                      |                                    |     |   |
| Time/Temperature of Potentially Hazardous Foods          |   |                     |                        |                    |                     |                   |                      |                                    |     |   |
| 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               |                      |                                    |     |   |
| Food, Water and Ice from Approved Sources                |   |                     |                        |                    |                     |                   |                      |                                    |     |   |
| 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               |                      |                                    |     |   |
| Personal Hygiene of Food Service Workers                 |   |                     |                        |                    |                     |                   |                      |                                    |     |   |
| 201  | Hands clean & properly washed   |                     |                        |                    |                     | YES               | NO                   | 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 |   |
| Potentially Hazardous Foods Protected from Contamination |   |                     |                        |                    |                     |                   |                      |                                    |     |   |
| 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) |
| Dairy cooler                  | 0.4       | Produce cooler   | 0.2       | Walk in produce cooler  | 0         |
| Deli cooler                   | -1.4      | Sandwich cooler  | -2.4      | Walk in dairy cooler    | 1.0       |
| Frozen food freezer           | -31       | Hot & Fat fridge | 1.2       | Walk in freezer         | -35       |
| frozen meat freezer           | -33       | F'rcal freezer   | -22       | Ice cream choot freezer | -30       |

| Item Number | Observations and Corrective Actions   | Correction Date (if applicable) |
|-------------|---|---------------------------------|
|             | At time of inspection no food preparation was observed  |                                 |
| 302.        | Some medication were observed to be expired along with a few food items passed best before date. Ensure frequent date checking. | CDI                             |
| 202/        | Hand wash sink in the food prep room had no hot water Supply  | 30/12/2023                      |
| 002.        | hot water to hand sink.   |                                 |

Note Overall the store was well maintained and clean.

| LEGEND                             |  | Circle One of: |  | YES (in compliance) |    | NOB (not observed)       |     | NA (not applicable) |  | Mark "✓" In Box: |   | R (repeat violation)                           |  | CDI (controlled during inspection) |    |    |     |  |  |              |  |  |  |  |  |     |   |  |  |     |    |    |     |  |  |     |   |  |  |     |    |    |     |  |  |
|------------------------------------|--|----------------|--|---------------------|----|--------------------------|-----|---------------------|--|------------------|---|--|--|------------------------------------|----|----|-----|--|--|--------------|--|--|--|--|--|-----|---|--|--|-----|----|----|-----|--|--|-----|---|--|--|-----|----|----|-----|--|--|
| <b>Compliance Status</b>           |  |                |  | CDI                 | R  | <b>Compliance Status</b> |     |                     |  | CDI              | R   |  |  |                                    |    |    |     |  |  |              |  |  |  |  |  |     |   |  |  |     |    |    |     |  |  |     |   |  |  |     |    |    |     |  |  |
| <b>Food Equipment and Utensils</b> |  |                |  |                     |    |                          |     |                     |  |                  |   | <b>Physical Facilities</b>                     |  |                                    |    |    |     |  |  |              |  |  |  |  |  |     |   |  |  |     |    |    |     |  |  |     |   |  |  |     |    |    |     |  |  |
| 501                                | Adequate facilities available to wash, rinse and sanitize utensils and/or equipment. |                |  | YES                 | NO | NA                       | NOB |                     |  | 601              | 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 |  |  |              |  |  |  |  |  |     |   |  |  |     |    |    |     |  |  |     |   |  |  |     |    |    |     |  |  |
| <b>General Sanitation</b>          |  |                |  |                     |    |                          |     |                     |  |                  |   | <b>Testing Devices/Logging of Temperatures</b> |  |                                    |    |    |     |  |  |              |  |  |  |  |  |     |   |  |  |     |    |    |     |  |  |     |   |  |  |     |    |    |     |  |  |
| 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 |                     |  | 705              | Living or sleeping quarters separated from food service area                            |  |  | YES                                | NO | NA | NOB |  |  | <b>Other</b> |  |  |  |  |  | 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 |  |  |
| 705                                | Living or sleeping quarters separated from food service area                         |                |  | YES                 | NO | NA                       | NOB |                     |  | <b>Other</b>     |   |  |  |                                    |    |    |     |  |  |              |  |  |  |  |  |     |   |  |  |     |    |    |     |  |  |     |   |  |  |     |    |    |     |  |  |
| 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 |  |  |              |  |  |  |  |  |     |   |  |  |     |    |    |     |  |  |     |   |  |  |     |    |    |     |  |  |
| 707                                | Wiping cloths used properly and stored in sanitizing solution                        |                |  | YES                 | NO | NA                       | NOB |                     |  |                  |   |  |  |                                    |    |    |     |  |  |              |  |  |  |  |  |     |   |  |  |     |    |    |     |  |  |     |   |  |  |     |    |    |     |  |  |

| Item Number | Observations and Corrective Actions |  | Correction Date (if applicable) |
|-------------|-------------------------------------|--|---------------------------------|
|             |                                     |  |                                 |
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|             |                                     |  |                                 |

| Enforcement Action: (Mark "✓", if Applicable) |     |                                     |       |                                     |
|---|-----|-------------------------------------|-------|-------------------------------------|
| Re-Inspection Required:                       | Yes | <input checked="" type="checkbox"/> | No    | <input type="checkbox"/>            |
| Approximate Date of Re-Inspection:            |     |                                     |       |                                     |
| Establishment Closed                          | Yes | <input type="checkbox"/>            | No    | <input checked="" type="checkbox"/> |
| Food Discarded                                |     |                                     | Other |                                     |

|                             |                       |
|-----------------------------|-----------------------|
| Person in Charge Name:      | <i>Lloyd De Laney</i> |
| Person in Charge Signature: | <i>Lloyd De Laney</i> |
| Date<br>(d/m/y)             | Dec 15 2021           |

|   |   |
|---|---|
| Environmental Health Officer Name:      | Vanessa Agira   |
| Environmental Health Officer Signature: |  |
| Date<br>(d/m/y)                         | 15/12/21  |