

Northwest Territories Gouvernement des Territoires du Nord-Ouest

## FOOD ESTABLISHMENT INSPECTION REPORT

| Section 1: Facility Information |  |   |  |  |  |  |  |  |  |  |
|---------------------------------|--|---|--|--|--|--|--|--|--|--|
| Establishment Name              | NTHSSA - Fort Sim  | NTHSSA - Fort Simpson Health Centre                     |  |  |  |  |  |  |  |  |
| Address                         | P.O. Box 246, Fort   | P.O. Box 246 , Fort Simpson , NT X0E 0N0                |  |  |  |  |  |  |  |  |
| Facility Type                   | Program: Food - Fa   | Program: Food - Facility: Facility Based Food Operation |  |  |  |  |  |  |  |  |
| Report Type                     | Routine X Complaint Follow-Up Pre-operational Consultation Other |   |  |  |  |  |  |  |  |  |
| Date of Report                  | 06/Apr/2023 Permit Number NT-14144                               |   |  |  |  |  |  |  |  |  |

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

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

| Section 3: Inspection Outcome |   |                           |  |                             |  |  |  |  |  |
|-------------------------------|---|---------------------------|--|-----------------------------|--|--|--|--|--|
| Satisfactory Compliance       | × | Follow Up Required (Date) |  | Item(s) Seized or Discarded |  |  |  |  |  |
| Permit Revoked                |   | Warning Letter Issued     |  | Fine Issued                 |  |  |  |  |  |

| Section 4: Signature   |                              |  |  |  |  |  |
|------------------------|------------------------------|--|--|--|--|--|
| Person In Charge       | Environmental Health Officer |  |  |  |  |  |
| Sgaunduson             |                              |  |  |  |  |  |
| Name: Sheila Gunderson | Name: Colin Merz             |  |  |  |  |  |
| Title: Supervisor      | Title: Public Health Officer |  |  |  |  |  |

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| Section 5: Temperature and Sanitization Records |              |             |      |              |             |  |  |  |  |
|---|--------------|-------------|------|--------------|-------------|--|--|--|--|
| Food  | Holding Type | Temperature | Food | Holding Type | Temperature |  |  |  |  |
|   |              | С           |      |              | С           |  |  |  |  |
|   |              | С           |      |              | С           |  |  |  |  |
|   |              | С           |      |              | С           |  |  |  |  |
|   |              | С           |      |              | С           |  |  |  |  |
|   |              | С           |      |              | С           |  |  |  |  |

| Equipment       | Description | Temperature | Equipment | Description | Temperature |
|-----------------|-------------|-------------|-----------|-------------|-------------|
| Walk-In Freezer | #2          | -18C        |           |             | С           |
| Walk-In Cooler  | #1          | 2.1 C       |           |             | С           |
| Walk-In Cooler  | #3          | 1 C         |           |             | С           |
|                 |             | С           |           |             | С           |
|                 |             | С           |           |             | С           |

| Warewashing Unit | Sanitization Method | Sanitizer Name | Sanitizer Type | Strength (ppm) | Temperature |
|------------------|---------------------|----------------|----------------|----------------|-------------|
| Hobart           | High Temperature    |                | 3/2/2          |                | 84 C        |
|                  |                     |                |                |                | С           |
|                  |                     |                |                |                | С           |
|                  |                     |                |                |                | С           |
|                  |                     |                |                |                | С           |

## **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.

33. High-Temperature Dishwasher is operating appropriately and verified.

Observation: EHO recommends replacement of elder's care side high temperature mechanical dishwasher

35. Floors, walls, and ceilings are maintained in a sanitary condition and good repair

Observation: Wall tiles require repair, investigate long-term solution.

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