

Establishment Name: Parish Hall Community Kitchen		Permit Number: NT-14136
Mailing Address: P.O. Box 3258, Inuvik, NT X0E 0T0		Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: Our Lady of Victory Parish, 180 Mackenzie Road, Inuvik, NT		Date of Inspection: 24-Nov-2022 (d/m/y)
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 Regulation. 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	
Time/Temperature of Potentially Hazardous Foods						
101	Cold holding temperature ≤ 4°C	YES	NO	NA	NOB	✓
102	Hot holding temperature ≥ 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 temperature	YES	NO	NA	NOB	
106	Proper monitoring of temperature	YES	NO	NA	NOB	
107	Proper reheating procedure for hot holding	YES	NO	NA	NOB	
108	Proper thawing procedure	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	
Compliance Status						
Personal Hygiene of Food Service Workers						
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	
Potentially Hazardous Foods Protected from Contamination						
401	Food separated and protected	YES	NO	NA	NOB	
402	Food contact surface cleaned and sanitized	YES	NO	NA	NOB	
403	Facility free of pests (vermin and insects)	YES	NO	NA	NOB	
404	Toxic chemicals properly labelled, 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)
GE fridge (initial temp: 6.0C)	2.5				
GE freezer (initial temp: -12C)	-18.0				
Danby chest freezer	-21.5				


Item Number	Observations and Corrective Actions	Correction Date (If applicable)
	Conducted a pre-operational inspection (kitchen has not been in operation for several months).	
	No food preparation occurred at time of inspection.	
	Current food establishment permit is expired and must be renewed prior to operation.	
101, 503	Temperature of both refrigerator and freezers was adjusted accordingly during inspection.	CDI
106	Provide indicating storage thermometers for all refrigerator and freezer units.	8-Dec-2022
	Use these thermometers to regular verify your cold storage unit temperatures.	
	Observed that facility is equipped with adequate (calibration-capable) internal thermometers.	
205	Valid food safety training certification has been provided for multiple food handlers.	

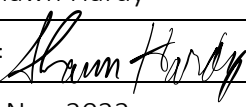
NON-CRITICAL ITEMS: Based on the inspection today, the noncritical items identified below are violations of the Food Establishment Safety Regulation. Non-critical items must be corrected by the next routine inspection or a shorter period of time as may be specified by the inspector. Failure to comply 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	NA	NOB	
502	Appropriate procedures followed for mechanical and/or manual dishwashing	YES	NO	NA	NOB	
503	Proper storage of frozen food items	YES	NO	NA	NOB	✓
504	Food stored in food grade material	YES	NO	NA	NOB	
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	YES	NO	NA	NOB	
506	Equipment in good repair, cleaned and sanitized	YES	NO	NA	NOB	
General Sanitation						
701	Garbage & refuse properly disposed and facility maintained	YES	NO	NA	NOB	
702	Non-food contact surface properly constructed, in good repair and clean	YES	NO	NA	NOB	
703	Food handlers properly attired and good personal hygiene	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	
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	
Physical Facilities						
601	Food contact surfaces properly construction or located. Acceptable material used.	YES	NO	NA	NOB	
602	Hot & cold water available, adequate pressure	YES	NO	NA	NOB	
603	Proper disposal of sewage & waste water	YES	NO	NA	NOB	
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	YES	NO	NA	NOB	
605	Adequate lighting, lighting protected	YES	NO	NA	NOB	
606	Adequate mechanical ventilation	YES	NO	NA	NOB	
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	YES	NO	NA	NOB	
Testing Devices/Logging of Temperatures						
801	Working dishwasher temperature and pressure gauges	YES	NO	NA	NOB	
802	Chemical test kits and/or papers provided	YES	NO	NA	NOB	
803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	YES	NO	NA	NOB	
Other						

Item Number	Observations and Corrective Actions	Correction Date (If applicable)
604	Clean the ceiling fan vent screens in both washrooms	28-Nov-22
702	Re-do the caulking to seal the countertop gap, directly behind the dish sinks.	15-Dec-22
	No additional observations made at time of inspection.	

Enforcement Action: (Mark "✓", if Applicable)			
Re-Inspection Required:	Yes	✓ No	
Approximate Date of Re-Inspection:			
Establishment Closed:	Yes	✓ No	
Food Discarded		Other: _____	

Person in Charge Name: Sheila O'Kane
Person in Charge Signature: 
Date (d/m/y): 25-Nov-2022

Environmental Health Officer Name: Shawn Hardy
Environmental Health Officer Signature: 
Date (d/m/y): 25-Nov-2022