

Establishment Name <b>Pelican's Breakfast Room</b>		Permit Number: <b>2342 (expired)</b>
Mailing Address		Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address <b>152 McDougal Rd, Fort Smith, NT, X0E 0P0</b>		Date of Inspection: <b>June 16, 2022</b> (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 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.

<b>LEGEND</b> Circle One of:		YES (In compliance)	NOB (not observed)	Mark "✓" in Box: R (repeat violation) CDI (controlled during inspection)
		NO (not in compliance)	NA (not applicable)	

Compliance Status			CDI	R
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		

Compliance Status			CDI	R
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 NOB		

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
Fridge	2.4°C				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	A routine inspection is conducted today at the facility and the following is observed at the time of inspection:-	
202	Hand washing station is not equipped with single use paper towel.	corrected immediately
802	No test strips are available to verify strength of the sanitizing solution.	
Note:- Education is provided to the staff regarding how to use bleach and it's recipe to mix. Test strips are provided for chlorine (bleach) sanitizer.		
205	There must be one food handler on site at all times that	

**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)	NO (not in compliance)	NOB (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		NOB				
506	Equipment in good repair, cleaned and sanitized	YES	NO		NOB				
General Sanitation									
701	Garbage & refuse properly disposed and facilities maintained	YES	NO		NOB				
702	Non-food contact surfaces properly constructed, in good repair and clean	YES	NO		NOB				
703	Food handlers properly attired and good personal hygiene	YES	NO	NA	NOB				
704	Adequate protection from vermin and insect pests	YES	NO		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 constructed or located. Acceptable material used.	YES	NO	NA	NOB				
602	Hot & cold water available; adequate pressure	YES	NO		NOB				
603	Proper disposal of sewage & waste water	YES	NO		NOB				
604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	YES	NO		NOB				
605	Adequate lighting; lighting protected	YES	NO		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)
	holds a valid food safety certificate.	
	Note:- One of the toilet is out of order and requires to be repaired.	

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:	Other: _____

Person in Charge Name:	Juice Moses
Person in Charge Signature:	Juice Moses
Date (d/m/y)	June 16, 2022

Environmental Health Officer Name:	RITTI MATTOO
Environmental Health Officer Signature:	Ritti Mattoo
Date (d/m/y)	June 16, 2022