

Establishment Name	Kaegers Store	Permit Number:	2320
Mailing Address	Box 46, Fort Smith, NT, XOE OPO	Permit Posted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	76 Bryant St, Fort Smith, NT, XOE OPO	Date of Inspection:	June 19, 2022
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)	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
Time/Temperature of Potentially Hazardous Foods				Personal Hygiene of Food Service Workers			
101	Cold holding temperatures $\leq 4^{\circ}\text{C}$	YES NO NA NOB		201	Hands clean & properly washed	YES NO NOB	
102	Hot holding temperatures $\geq 60^{\circ}\text{C}$	YES NO NA NOB		202	Adequate handwashing facilities supplied & accessible	YES NO NOB	
103	Proper cooking of raw food of animal origin	YES NO NA NOB		203	Food handlers free of disease or condition that may spread through food	YES NO NA NOB	
104	Proper cooling time and temperatures	YES NO NA NOB		204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	YES NO NA NOB	
105	Adequate equipment to maintain food temperatures	YES NO NA NOB		205	Food training certification	YES NO NA NOB	
106	Proper monitoring of temperatures	YES NO NA NOB		Potentially Hazardous Foods Protected from Contamination			
107	Proper reheating procedures for hot holding	YES NO NA NOB		401	Food separated and protected	YES NO NA NOB	
108	Proper thawing procedures	YES NO NA NOB		402	Food contact surfaces cleaned and sanitized	YES NO NA NOB	
Food, Water and Ice from Approved Sources				403	Facility free of pests (vermin and insects)	YES NO NOB	
301	Food obtained from approved sources	YES NO NOB		404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES NO NOB	
302	Food in good condition, safe and unaltered	YES NO NOB		405	Proper disposal of returned, previously served food	YES NO NOB	
303	Food properly labeled	YES NO NOB					

Food Temperature Observations					
Item / Location	Temp ($^{\circ}\text{C}$)	Item / Location	Temp ($^{\circ}\text{C}$)	Bakery Item / Location	Kitchen Temp ($^{\circ}\text{C}$)
Freezer (frozen produce)	-22.1 $^{\circ}\text{C}$	Hot holding unit	64.7 $^{\circ}\text{C}$	Freezer	-2.3 $^{\circ}\text{C}$
Freezer	-30.8 $^{\circ}\text{C}$	Display fridge (meat)	2.5 $^{\circ}\text{C}$	Freezer	-19.9 $^{\circ}\text{C}$
Desert Freezer	-26.7 $^{\circ}\text{C}$	Display fridge (dairy)	-0.2 $^{\circ}\text{C}$	Walk-in-cooler (produce)	0.3 $^{\circ}\text{C}$
Chest freezer	-32.4 $^{\circ}\text{C}$	Display fridge (eggs)	1.9 $^{\circ}\text{C}$	Walk-in-freezer	-25.8 $^{\circ}\text{C}$

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	A routine inspection is conducted today and at the time of form inspection, following is observed:-	
201	Bakery staff did not wash hands prior to wearing gloves. Hands must be washed prior to wearing gloves and in between changing gloves.	
202	This is a repeated infraction. The facility requires a dedicated, separate handwashing sink at bakery prep area, meat packaging area and fresh produce preparation plus packaging area. It is a regulatory requirement and the operator must make active effort to install sinks in the above mentioned areas. This would allow for effective handwashing by employees.	- Aug 20, 2022
707	Wiping cloth used to clean and sanitize food counter tops 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.

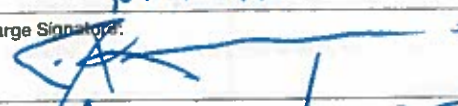
LEGEND Circle One of: YES (In compliance) NO (not in compliance) NOB (not observed) NA (not applicable) Mark "✓" in Box: R (repeat violation) CDI (controlled during inspection)


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 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

Compliance Status		CDI	R
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; Premises clean, uncluttered, cleaning and maintenance equipment properly stored	YES	NO NA NOB
607		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)
	come in contact with food must be designated only for food contact surfaces.	
607	Walk-in cooler and freezer's floor, food products were not kept above floor (at least 6 inches above floor).	
802	Test strips available to verify the strength of sanitizing solution are expired. EHO provided the meat and bakery prep areas staff with test strips. Facility use chlorine as sanitizer. The strength of sanitizer should be 100ppm.	
Note:-	Expired medicine (Flintstone Vit C and Iron). Baby food (Gerber - Organic biologique Puree - mango apple Pear) has passed best before date. EHO informed front manager Tannish.	Corrected immediately

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

Person in Charge Name:	NICK KAESER
Person in Charge Signature:	
Date (d/m/y)	June 20/2022

Environmental Health Officer Name:	RITTI MATTOO
Environmental Health Officer Signature:	
Date (d/m/y)	June 19, 2022

Environmental Health Inspection Report

Name of Facility or Operation	Kaessers Store	Date (d/m/y)	June 19, 2022
Mailing Address	Box 46, Fort Smith, NT, XOE OPO		
Physical Address	76 Bryant Street Fort Smith, NT, XOE OPO		
Type of Inspection	<input type="checkbox"/> Tobacco <input checked="" type="checkbox"/> Other: Food Establishment Safety Regulation <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up		

Under authority of the *Public Health Act* and/or *Tobacco Control Act*, an inspection of the above listed facility/operation was conducted and the following observations and/or Orders are made. Required Correction Dates are listed.

[illegible]

Public Health Officer's Name (print) RITTI MATTOO	X  Public Health Officer's Signature	June 19, 2022 Date (d/m/y)
Owner/Operator (please print) NICK KASER	X  Owner/Operator's Signature	June 20, 2022 Date (d/m/y)