Est	ablishment Name Ravan	26							Permit Number	09	4	79	27
Ma	iling Address								Permit Posted:	G Yes □ N	lo		
Phy	sical Address 5030 - 5	0 xx 5	K.	40/1	2	, fr	i Ke		Date of Inspection:	03/11	1/2	02	20
Rou	itine Inspection E Complaint			nspection					vious inspection (d/m/y	;			
items n		ction or contro of your Food E compliance)	illed in a Establisi N	manner hment Pe OB (not	that ermit obse	will no and o	ot pose a losure of	food safe your esta	ety threat. Failure to im ablishment.		ect or c		
		in compliand	ce) N	IA (not a	ppii	cable				ontrolled durir	ng Insp	ectio	on)
	Compliance State			DI R					pliance Statu			CDI	R
	Time/Temperature of Potential	The second secon		S		204	11. 1. 1		al Hygiene of Food	-	kers		
and the second	Cold holding temperatures ≤ 4°C fot holding temperatures ≥60°C	YES NO NA I			-	201			erly washed ning facilities supplied &	NO N	NOB		
	roper cooking of raw food of animal	YES NO NA	NOP	912	-		accessibi	0	of disease or condition the		NOB		
	rigin	YES NO NA	NOB	-		203	may spre	ad through	food	YESNO NA	10B		
105 A	roper cooling time and temperatures dequate equipment to maintain food	YES NO NA N	_			204	unnecess cooked/p	ary hand o		YES NO NA	16B		
106 P	roper monitoring of temperatures	TES NO NA N	МОВ			the same of		ning certifi		ESNO NA		1	
	roper reheating procedures for hot holding roper thawing procedures	TEO NO IN			-			-	irdous Foods Prote	The state of the s		inat	ion
100 1	Food, Water and Ice from A	YES NO NA	_	13 / 13 / 1	-	401		arated and tact surfac	es cleaned and	NO NA 1			
301 F	ood obtained from approved sources		IOB		-	403	sanitized Facility fr	ee of pests	(vermin and insects)	NO NA I	OB		
-	ood in good condition, safe and	6					Toxic che	micals pro	perly labeled, stored or				
	naltered	_	IOB			405			contamination elumed, previously		IOB		
303 F	ood properly labeled	TESNO N	ЮВ		_		served fo	od		YES NO	®	- 2	
3		Fo	ood Te	emper	atu	re O	bserva	tions					
	CMR-PE.	Temp			133			Temp				T	emp
_	Item / Location	(°C)	-	Item / Lo	catio	on		(°C)	ltem /	Location		+	(°C)
CO	ld hold XZ	7			MAG	T)B							
	0711	Sample of D	B4.301C	The state of			Will T	CHECKEN		NA SUSTA			
		arto will						occupied in	Calling and a				
					110	CL							
										- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		_	
Item Numbe		Obser	vatio	ns and	Co	rrec	tive Ac	tions				Corre Da (If appl	te
					-1.3	May 6						(ii =pp	
	s giler acito	(0)(0)(0) [[]		171118			10 11 1		I become a		_		
	10 mg P-11 P2 - 11 mg	The Control	-	O LONG.		data.		100			7	_	
				197	20	977	8				1		
		FIGURE	V DC			H		III) ORII II		Shill will	- 1		
	-										+		
											+	-	-
	5							17.75	6.4u6 - 13e				
											1		The second
											+	_	
											-	3	- 5
				1074.59						(280)	- 1		

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)				bserved; plicable;								
Compliance Status			R		Compliance Statu				CDI	R		
Food Equipment an	d Utenslis		in Close	in.	N.H.	Ph	ysical Facili	ties				
Adequate facilities available to wash, rinse			Food contact surfaces properly					NO NA NOB				
501 and santize utensils and/or equipment. Appropriate procedures followed for	YES NONA NOB			100	SHEET OF	cceptable material us	3 E 3	A				
502 mechanical and/or manual dishwashing	ESNO NA NOB					l water available; ade		A STATE OF THE STA	reduction.			
503 Proper storage of frozen food items	TES NO NA NOB			2000	Toilet facil	posal of sewage & w lities: adequate numb		TES NO NOB	_			
Food stored in food grade material Equipment and utensils that contact food are			1000	604	constructe	ed, supplied and clear	ied	MO NOB				
505 corrosion resistant and non-toxic Equipment in good repair, cleaned and	NO NOB			605	Adequate	lighting; lighting prote	cted	ES NO NOB		-		
06 sanitized	YES NOB			606		mechanical ventilatio		NO NA NOB		-		
General Sanita	ation			607	maintenar	ce equipment prope	rly stored	MO NA NOB				
Garbage & refuse properly disposed and '01 facilities maintained	MES NO NOB					Testing Devices	s/Logging o	f Temperatures				
Non-food contact surfaces properly	FES NO NOB		-	204	Working d	ishwasher temperatu	e and pressure	ESNO NA NOB	0.77	391		
702 constructed, in good repair and clean Food handlers properly attired and good real personal hygiene	NO NA NOB	6:	F 19	n (196)		toet kite and/	p provided	FESNO NA NOB	Sec.			
Adequate protection from vermin and insect	0		100		Temperati	test kits and/ or paper ure logs maintained for	r refrigerated					
CO4 pests Living or sleeping quarters separated from				803	storage units (non-regulatory requirement) Other		YES NO NA NOB		18			
05 food service area Birds or animals other than guide dogs	NO NA NOB		Umile:			Tangor Page						
06 excluded from premises Wiping cloths used properly and stored	YES NO NA NOB	_					con a militar		e Central			
07 in sanitizing solution	VESNO NA NOB			Ш		+67				_		
506 Mechanic an adeg	leare in	Ver V.r	Lis	ike	It	N=	Hing Con	Pirack,		50		
						W -				¢ ne		
	Eı	nfor	cem	ent A	ction:	(Mark "√", if Appl	icable)					
Re-Inspection Required: Yes No No No					Establishment Closed Yes No No							
pproximate Date of Re-Inspection:	1 7 K				Food Dis	carded	Other					
Person in Charge Name: 6 4 tain Doubset					Environmental Health Officer Name: Colly Merz							
Person in Charge Signature:				Environmental Health Officer Signature:								
Date / / J				0	ate	03/1						



Government of Northwest Territories Territoires du Nord-Ouest

Environmental Health Inspection Report	4777
Name of Facility or Operation The Rovets	Date (d/m/y)
Mailing Address	10/1/201
Physical Address CO30 - 50 th St. lellai.let	21/0
Physical Address 5030 - 50 15	aint Follow-up
Under authority of the Public Health Act and/or Tobacco Control Act, an inspection of the above listed facility/opera observations and/or Orders are made. Required Correction Dates are listed.	
Item Number Observations and Corrective Actions	Correction Date (if applicable)
EHO Verition Mechanical dist	show her
Finel ringe [OCI-] Measure	
	4
Public Health Officer's Name (print)	
Coll's Mer 2 Public Health Officer's Signature	06/1/2020 Date (d/m/y)
Owner/Operator (please print)	101111202
Toni Enns Owner/Operator's Signature	Date (d/m/y)

Yellowknife

Ph: (867) 767-9066 ext: 49262 Fax: (867) 669-7517 Environmental_Health@gov.nt.ca

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