



FOOD ESTABLISHMENT INSPECTION REPORT

Section 1: Facility Information

Establishment Name	Real Good Food					
Address	30 Wright Crescent Hay River NT X0E 0R2					
Facility Type	Program: Food - Facility: Home Based Food Operation					
Report Type	Routine X	Complaint	Follow-Up	Pre-operational	Consultation	Other
Date of Report	01/May/2024			Permit Number	NT-14517	

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



Section 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.	YES			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.	YES			30	Appropriate two-compartment sink available and used	YES		
9	Food is cooked to a high enough safe internal temperature.	N/O			31	Appropriate three-compartment sink available and used	N/A		
10	Hot holding food to a safe internal temperature of 60°C (140°F).	N/O			32	The proper method used for manual dishwashing	YES		
11	The facility uses a proper re-heating method.	N/O			33	The high-temperature dishwasher is operating appropriately	N/A		
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	YES		
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-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.	N/O			41	Pest control / adequate protection of pests	YES		
20	Toxic/poisonous substances are stored separately from food.	N/A			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	N0		
22	Handwashing stations are provided & adequately supplied.	YES							

Section 3: Inspection Outcome

Satisfactory Compliance	X	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
	
Name: Christine Abela	Name: Michael Swystun
Title: Owner	Title: Public Health Officer



Section 5: Temperature and Sanitization Records					
Food	Holding Type	Temperature	Food	Holding Type	Temperature
		C			C
		C			C
		C			C
		C			C
		C			C

Equipment	Description	Temperature	Equipment	Description	Temperature
		C			C
		C			C
		C			C
		C			C
		C			C

Warewashing Unit	Sanitization Method	Sanitizer Name	Sanitizer Type	Strength (ppm)	Temperature
					C
					C
					C
					C
					C

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.

46. EHO closing comments

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Observation: Conducted routine inspection with with Christine. Facility was clean and well maintained at the time of inspection.