

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.

Compliance Status		CDI	R	Compliance Status		CDI	R
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Personal Hygiene of Food Service Workers				
201	Hands clean & properly washed	YES	NO	NOB
202	Adequate handwashing facilities supplied & accessible	YES	NO	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
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	NOB
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES	NO	NOB

[illegible]

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 storage containers not used for other purposes	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	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	Premises free of live birds and animals	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: properly constructed, supplied & cleaned	YES	NO		NOB								
605	Adequate lighting; lighting protected	YES	NO		NOB								
606	Adequate mechanical ventilation;	YES	NO	NA	NOB								
Testing Devices/Logging of Temperatures													
801	Proper location of thermometers and thermometers working accurately	YES	NO	NA	NOB								
802	Working dishwasher temperature and pressure gauges	YES	NO	NA	NOB								
803	Chemical test kits and/ or papers provided	YES	NO	NA	NOB								
804	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	YES	NO	NA	NOB								

[illegible]

Inspection Results			
Number of Critical Items		Number of Non-Critical Items	
Number of Repeat Critical Items		Number of Repeat Non Critical Items	

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

Person In Charge Signature	
SY PHU HUYNH	
Date (d/m/y)	Jan 25/2023

Inspector Signature	
Date (d/m/y)	25/01/2023