

Establishment Name <u>Ecole St Patrick High School's "Rock Cafe"</u>		Permit Number: <u>100445</u>	
Mailing Address <u>P.O. Box 2880 Yellowknife, NT X1A 2R2</u>		Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address <u>5010 44 Street, Yellowknife, NT</u>		Date of Inspection: (d/m/y) <u>30. Oct. 19</u>	
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) NO (not in compliance)		NOB (not observed) NA (not applicable)		Mark "✓" in Box:		R (repeat violation) 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 ≤ 4°C	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	201	Hands clean & properly washed	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB	
102	Hot holding temperatures ≥ 60°C	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB	202	Adequate handwashing facilities supplied & accessible	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB	
103	Proper cooking of raw food of animal origin	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB	203	Food handlers free of disease or condition that may spread through food	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NOB	
104	Proper cooling time and temperatures	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB	204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NOB	
105	Adequate equipment to maintain food temperatures	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	205	Food training certification	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB	
106	Proper monitoring of temperatures	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	Potentially Hazardous Foods Protected from Contamination					
107	Proper reheating procedures for hot holding	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB	401	Food separated and protected	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
108	Proper thawing procedures	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB	402	Food contact surfaces cleaned and sanitized	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
Food, Water and Ice from Approved Sources						403	Facility free of pests (vermin and insects)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB	
301	Food obtained from approved sources	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB		404	Toxic chemicals properly labeled, stored or used to prevent food contamination	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB	
302	Food in good condition, safe and unaltered	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB		405	Proper disposal of returned, previously served food	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NOB	
303	Food properly labeled	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB							

Food Temperature Observations					
Item / Location		Temp (°C)	Item / Location		Temp (°C)
Cooler #1		3.7°C	Freezer		-25.1°C
Cooler #2		3.9°C	Chest freezer		-28.2°C
Cooler #3		4.2°C			
Prep cooler		3.7°C			

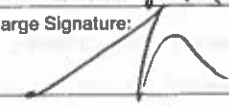

Item Number	Observations and Corrective Actions	Correction Date (If applicable)
	There was no food handling observed at the time of inspection.	
NOTES	(502) Ensure the students follow proper manual dishwashing procedures when any dishes, utensils, etc are not put through the mechanical dishwasher. This includes a sanitizing step.	
	(702) Some of the countertop seams were observed to be worn out. Ensure all surfaces are durable, easy to clean, in good working order and used and operated in a manner that ensures the safe and sanitary handling of food. It is recommended to remove and re-seam as needed, replace with a suitable material or similar.	
	(802) It is recommended that chlorine test strips be provided and used when bleach sanitizing solution is prepared. For surfaces that will or	

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	Compliance Status				CDI	R
Food Equipment and Utensils				Physical Facilities							
501	Adequate facilities available to wash, rinse and sanitize utensils and/or equipment.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	601	Food contact surfaces properly constructed or located. Acceptable material used.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
502	Appropriate procedures followed for mechanical and/or manual dishwashing	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	602	Hot & cold water available; adequate pressure	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB	
503	Proper storage of frozen food items	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	603	Proper disposal of sewage & waste water	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB	
504	Food stored in food grade material	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB	
505	Equipment and utensils that contact food are corrosion resistant and non-toxic	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB		605	Adequate lighting; lighting protected	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB	
506	Equipment in good repair, cleaned and sanitized	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB		606	Adequate mechanical ventilation;	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
General Sanitation				Premises clean, uncluttered, cleaning and maintenance equipment properly stored							
701	Garbage & refuse properly disposed and facilities maintained	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB		607		<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
702	Non-food contact surfaces properly constructed, in good repair and clean	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB		Testing Devices/Logging of Temperatures					
703	Food handlers properly attired and good personal hygiene	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	801	Working dishwasher temperature and pressure gauges	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
704	Adequate protection from vermin and insect pests	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NOB		802	Chemical test kits and/ or papers provided	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
705	Living or sleeping quarters separated from food service area	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB
706	Birds or animals other than guide dogs excluded from premises	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB	Other					
707	Wiping cloths used properly and stored in sanitizing solution	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NA	<input checked="" type="radio"/> NOB						

Item Number	Observations and Corrective Actions	Correction Date (If applicable)
606	The mechanical ventilation was not functional at the time of the inspection. The individual "working stations" and respective ovens were observed to not be equipped with any active ventilation mechanism. Ensure the facility is equipped with adequate ventilation to areas that are subject to the generation of and accumulation of steam, condensation, vapours, odours, smoke, fumes, grease or excessive heat. It is recommended that a plan be created within 6 months for how the facility will meet this requirement.	6 months +

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 type="checkbox"/>
Approximate Date of Re-Inspection:		Food Discarded	Other _____

Person in Charge Name: <u>Nichole Thomas</u>	Environmental Health Officer Name: <u>Chloe Tourneau</u>
Person in Charge Signature: 	Environmental Health Officer Signature: 
Date (d/m/y): <u>01/11/19</u>	Date (d/m/y): <u>01 NOV 19</u>