



## FOOD ESTABLISHMENT INSPECTION REPORT

### Section 1: Facility Information

|                    |   |                                    |                                    |  |                                       |                                |
|--------------------|---|------------------------------------|------------------------------------|--|---------------------------------------|--------------------------------|
| Establishment Name | Royal Canadian Legion Branch #250                       |                                    |                                    |  |                                       |                                |
| Address            | 7 Veterans Rd Hay River NT X0E 0R8                      |                                    |                                    |  |                                       |                                |
| Facility Type      | Program: Food - Facility: Facility Based Food Operation |                                    |                                    |  |                                       |                                |
| Report Type        | Routine <input checked="" type="checkbox"/>             | Complaint <input type="checkbox"/> | Follow-Up <input type="checkbox"/> | Pre-operational <input type="checkbox"/> | Consultation <input type="checkbox"/> | Other <input type="checkbox"/> |
| Date of Report     | 14/Febr/2024  |                                    |                                    | Permit Number                            | NT-13879                              |                                |

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.                    | YES        |     |   | 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.                                 | N/O        |     |   | 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         | YES        |     |   |
| 12 | Monitoring of food safety temperatures.                          | YES        |     |   | 34 Low-temperature dishwasher operating appropriately                 | N/A        |     |   |
| 13 | Proper hand hygiene practice by food handlers.                   | NO         |     | X | 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. | YES        |     |   | 41 Pest control / adequate protection of pests                        | YES        |     |   |
| 20 | Toxic/poisonous substances are stored separately from food.      | YES        |     |   | 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                                      | NO         |     |   |
| 22 | Handwashing stations are provided & adequately supplied.         | YES        |     |   |   |            |     |   |

### Section 3: Inspection Outcome

|                         |   |                           |            |                             |  |
|-------------------------|---|---------------------------|------------|-----------------------------|--|
| Satisfactory Compliance | X | Follow Up Required (Date) | 02/14/2024 | Item(s) Seized or Discarded |  |
| Permit Revoked          |   | Warning Letter Issued     |            | Fine Issued                 |  |

### Section 4: Signature

#### Person In Charge

#### Environmental Health Officer

Name: Chelsea Simister

Name: Michael Swystun

Title: Manager

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.

1. Facility obtained a valid NWT Environmental Health Food Establishment permit.

- Observation: Food permit just expired. Please ensure a new food permit renewal application is submitted.

13. Proper hand hygiene practice by food handlers

- Observation: Handwash sink was blocked at the time of inspection. Hand-wash sink was cleared and made available at the time of inspection.