

Establishment Name	Salt River First Nations Community Hall	Permit Number:	2323
Mailing Address	P.O. Box 960 Fort Smith, NT, X0E 0P0	Permit Posted:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address	192 McDougall Road, Fort Smith, NT X0E 0P0	Date of Inspection:	Dec 5, 2022
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.

<b>LEGEND</b>	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)
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Compliance Status			CDI	R
<b>Time/Temperature of Potentially Hazardous Foods</b>				
101	Cold holding temperatures ≤ 4°C	YES NO NA NOB		
102	Hot holding temperatures ≥ 60°C	YES NO NA NOB		
103	Proper cooking of raw food of animal origin	YES NO NA NOB		
104	Proper cooling time and temperatures	YES NO NA NOB		
105	Adequate equipment to maintain food temperatures	YES NO NA NOB		
106	Proper monitoring of temperatures	YES NO NA NOB		
107	Proper reheating procedures for hot holding	YES NO NA NOB		
108	Proper thawing procedures	YES NO NA NOB		
<b>Food, Water and Ice from Approved Sources</b>				
301	Food obtained from approved sources	YES NO NA NOB		
302	Food in good condition, safe and unaltered	YES NO NA NOB		
303	Food properly labeled	YES NO NA NOB		

Compliance Status			CDI	R
<b>Personal Hygiene of Food Service Workers</b>				
201	Hands clean & properly washed	YES NO NA NOB		
202	Adequate handwashing facilities supplied & accessible	YES NO NA 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		
205	Food training certification	YES NO NA NOB		
<b>Potentially Hazardous Foods Protected from Contamination</b>				
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 NA NOB		
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	YES NO NA NOB		
405	Proper disposal of returned, previously served food	YES NO NA NOB		

Food Temperature Observations			
Item / Location	Temp (°C)	Item / Location	Temp (°C)
Walk-in-fridge	1.9		
Walk-in-freezer	-21.1		
Drinks fridge	3.9		

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	A routine inspection of the facility was conducted today. At the time of inspection no food preparation was observed. The kitchen is used during events/occasions.	
	Note- Dishwasher temperature gauge recorded 190°F.	
303	Food in the walk-in-fridge are not labeled with name and date of preparation.	Next routine inspection
506	Microwave requires cleaning.	

**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.					YES	NO	NA	NOB	501	Food contact surfaces properly constructed or located. Acceptable material used.					YES	NO	NA	NOB
502	Appropriate procedures followed for mechanical and/or manual dishwashing					YES	NO	NA	NOB	502	Hot & cold water available; adequate pressure					YES	NO	NA	NOB
503	Proper storage of frozen food items					YES	NO	NA	NOB	503	Proper disposal of sewage & waste water					YES	NO	NA	NOB
504	Food stored in food grade material					YES	NO	NA	NOB	504	Toilet facilities: adequate number, properly constructed, supplied and cleaned					YES	NO	NA	NOB
505	Equipment and utensils that contact food are corrosion resistant and non-toxic					YES	NO	NA	NOB	505	Adequate lighting; lighting protected					YES	NO	NA	NOB
506	Equipment in good repair, cleaned and sanitized					YES	NO	NA	NOB	506	Adequate mechanical ventilation;					YES	NO	NA	NOB
General Sanitation								507	Premises clean, uncluttered, cleaning and maintenance equipment properly stored					YES	NO	NA	NOB		
701	Garbage & refuse properly disposed and facilities maintained					YES	NO	NA	NOB	Testing Devices/Logging of Temperatures									
702	Non-food contact surfaces properly constructed, in good repair and clean					YES	NO	NA	NOB	801	Working dishwasher temperature and pressure gauges					YES	NO	NA	NOB
703	Food handlers properly attired and good personal hygiene					YES	NO	NA	NOB	802	Chemical test kits and/ or papers provided					YES	NO	NA	NOB
704	Adequate protection from vermin and insect pests					YES	NO	NA	NOB	803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)					YES	NO	NA	NOB
705	Living or sleeping quarters separated from food service area					YES	NO	NA	NOB	Other									
706	Birds or animals other than guide dogs excluded from premises					YES	NO	NA	NOB										
707	Wiping cloths used properly and stored in sanitizing solution					YES	NO	NA	NOB										

[illegible]

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 checked="" type="checkbox"/>		
Approximate Date of Re-Inspection:	Food Discarded	Other _____	
Person in Charge Name: <u>Valerie Norwegian</u>		Environmental Health Officer Name: <u>RITTI MATTOO</u>	
Person in Charge Signature: <u>[Signature]</u>		Environmental Health Officer Signature: <u>[Signature]</u>	
Date (d/m/y) <u>05/12/2022</u>		Date (d/m/y) <u>Dec 5, 2022</u>	