

Establishment Name Shawarma House Inc		Permit Number:	
Mailing Address		License Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Licence No.:
Physical Address 201-5006 Franklin Av.		Date of Inspection: (d/m/y)	16/08/21
Routine Inspection <input type="checkbox"/>	Complaint <input type="checkbox"/>	Follow-up Inspection <input checked="" type="checkbox"/>	If follow-up, date of previous inspection (d/m/y): 21/07/2020

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 checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input 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 type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NOB			
104	Proper cooling time & 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			Potentially Hazardous Foods Protected from Contamination							
106	Proper monitoring of temperatures	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input 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		
107	Proper reheating procedures for hot holding	<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		
108	Proper thawing procedures	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB			403	Facility free of pests (vermin and insects)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB		
Food, Water and Ice from Approved Sources								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			
301	Food obtained from approved sources	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NOB											
302	Food in good condition, safe & unadulterated	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB										
303	Food properly labeled	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB										

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
Coldmatic ref.	2.9°C	Hot holding	≥ 60°C		
Table ref.	25°C				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
102	Both the coldmatic refrigerator and the table refrigerator were at 4°C or less at the time of the inspection.	
204	Scoops for the ice have been purchased as per the request of the previous inspection.	
702	The hot water faucet in the handwashing sink has been repaired as per the request of the previous inspection.	


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.

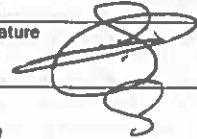
LEGEND Circle One of:		YES (in compliance)	NOB (not observed)	Mark "✓" In Box:		R (repeat violation)
		NO (not in compliance)	NA (not applicable)			CDI (controlled during inspection)
Compliance Status			CDI	R		
Food Equipment and Utensils						
501	Adequate facilities available to wash, rinse and sanitize utensils and/or equipment.	<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				
503	Proper storage of frozen food items	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
504	Food storage containers not used for other purposes	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <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"/> NA <input type="radio"/> NOB				
506	Equipment in good repair, cleaned and sanitized	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
General Sanitation						
701	Garbage & refuse properly disposed and facilities maintained	<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"/> NA <input type="radio"/> NOB				
703	Food handlers properly attired	<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"/> 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				
706	Premises free of live birds and animals	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
Physical Facilities						
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				
602	Hot & cold water available; adequate pressure	<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"/> NA <input type="radio"/> NOB				
604	Toilet facilities: properly constructed, supplied & cleaned	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
605	Adequate lighting; lighting protected	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <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				
Testing Devices/Logging of Temperatures						
801	Proper location of thermometers and thermometers working accurately	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
802	Working dishwasher temperature and pressure gauges	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
803	Chemical test kits and/ or papers provided	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB				
804	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				

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
802	The rinse cycle of the mechanical dishwasher was at 179°F at the time of the inspection. The operator was advised to always make sure it is at 180°F.	8/16/22

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 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: <input type="checkbox"/>	Other: <input type="checkbox"/>	

Person In Charge Signature  Date (d/m/y) August 16/2022	
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Inspector Signature  Date (d/m/y) 16	
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