

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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 502 | Appropriate procedures followed for mechanical and/or manual dishwashing | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 503 | Proper storage of frozen food items | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 504 | Food stored in food grade material | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| 505 | Equipment and utensils that contact food are corrosion resistant and non-toxic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 506 | Equipment in good repair, cleaned and sanitized | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| General Sanitation | | | | | | | | | | | |
| 701 | Garbage & refuse properly disposed and facilities maintained | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 702 | Non-food contact surfaces properly constructed, in good repair and clean | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 703 | Food handlers properly attired and good personal hygiene | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 704 | Adequate protection from vermin and insect pests | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 705 | Living or sleeping quarters separated from food service area | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 706 | Birds or animals other than guide dogs excluded from premises | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 707 | Wiping cloths used properly and stored in sanitizing solution | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| Physical Facilities | | | | | | | | | | | |
| 601 | Food contact surfaces properly constructed or located. Acceptable material used. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 602 | Hot & cold water available; adequate pressure | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 603 | Proper disposal of sewage & waste water | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 604 | Toilet facilities: adequate number, properly constructed, supplied and cleaned | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 605 | Adequate lighting; lighting protected | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 606 | Adequate mechanical ventilation; | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 607 | Premises clean, uncluttered, cleaning and maintenance equipment properly stored | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| Testing Devices/Logging of Temperatures | | | | | | | | | | | |
| 801 | Working dishwasher temperature and pressure gauges | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 802 | Chemical test kits and/ or papers provided | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| 803 | Temperature logs maintained for refrigerated storage units (non-regulatory requirement) | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | |
| Other | | | | | | | | | | | |
| | | | | | | | | | | | |
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[illegible]

| Enforcement Action: (Mark "✓", if Applicable) | | | |
|---|------------------------------|---|--|
| Re-Inspection Required: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | <div style="display: flex; justify-content: space-between;"> <div> Establishment Closed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </div> <div> Food Discarded: <input type="checkbox"/> </div> <div> Other: _____ </div> </div> |
| Approximate Date of Re-Inspection: | | | |
| Person in Charge Name: | | Environmental Health Officer Name: | |
| Person in Charge Signature: | | Environmental Health Officer Signature: | |
| Date (d/m/y): | | Date (d/m/y): | |