



**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 within 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) | CDI (controlled during inspection) |     |   |
|-----------------------------|---|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|---|-------------------|----------------------|------------------------------------|-----|---|
|                             |   |                                      |                                     | NO (not in compliance)              | NA (not applicable)                  |   |                   |                      |                                    |     |   |
| 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            |   |                   |                      |                                    |     |   |
| 502                         | Appropriate procedures followed for mechanical and/or manual dishwashing                | <input checked="" type="radio"/> YES | <input type="radio"/> NO            | <input checked="" 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"/> NOB            |   |                   |                      |                                    |     |   |
| 506                         | Equipment in good repair, cleaned and sanitized   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |                                     | <input type="radio"/> NOB            |   |                   |                      |                                    |     |   |
| General Sanitation          |   |                                      |                                     |                                     |                                      | Testing Devices/Logging of Temperatures |                   |                      |                                    |     |   |
| 701                         | Garbage & refuse properly disposed and facilities maintained                            | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |                                     | <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            |   |                   |                      |                                    |     |   |
| 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"/> 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            |   |                   |                      |                                    |     |   |
| 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"/> NOB            |   |                   |                      |                                    |     |   |
| 603                         | Proper disposal of sewage & waste water   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |                                     | <input type="radio"/> NOB            |   |                   |                      |                                    |     |   |
| 604                         | Toilet facilities: properly constructed, supplied & cleaned                             | <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            |   |                   |                      |                                    |     |   |
| 606                         | Adequate mechanical ventilation;  | <input checked="" type="radio"/> YES | <input type="radio"/> NO            | <input type="radio"/> NA            | <input type="radio"/> NOB            |   |                   |                      |                                    |     |   |
| 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 checked="" type="radio"/> NA | <input type="radio"/> NOB            |   |                   |                      |                                    |     |   |
| 803                         | Chemical test kits and/ or papers provided  | <input checked="" type="radio"/> YES | <input checked="" 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 checked="" type="radio"/> NOB |   |                   |                      |                                    |     |   |

| Item Number   | Observations and Corrective Actions                     | Correction Date (if applicable) |
|---|---|---------------------------------|
| 604   | Please repair paper towel dispenser in women's washroom |                                 |
|   |   |                                 |
| <p>Note: Food Establishment Safety Regulation section 21 requires "toilet facilities available for the public".</p> |   |                                 |
| <p>✓ Surface sanitization measured ~100-300 ppm [OCI]</p>   |   |                                 |

| 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  |
| Approximate Date of Re-Inspection:            |                              |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|   |                              | Food Discarded                         | Other _____   |

|   |
|---|
| Person In Charge Signature<br><div style="font-family: cursive; font-size: 1.2em;">GEMM SABALBORO</div> |
| Date (d/m/y)<br><div style="font-family: cursive; font-size: 1.2em;">25-JAN-2023</div>                  |

|   |
|---|
| Inspector Signature<br><div style="font-family: cursive; font-size: 1.2em;">[Signature]</div> |
| Date (d/m/y)<br><div style="font-family: cursive; font-size: 1.2em;">25/01/2023</div>         |