| Establishment Name: Sim | Permit Number: 4209 | | | | | |
|--------------------------|---------------------|--------------------------------|--------------------------|------------------------|-------|--|
| Mailing Address: P.O. Bo | Permit Posted: | ✓ Yes | No | | | |
| Physical Address: Ulukh | aktok, NT | Date of Inspection: (d/m/y) | 24-Aug-20 | 22 | | |
| Routine Inspection 🗸 | Complaint | Follow-up Inspection | If follow-up, date of pr | revious inspection (d/ | m/y): | |

CRITICAL ITEMS: Based on the inspection today, the critical items identified below are violations of the Food Establishment Safety Regulation. 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.

| LEGE | LEGEND Circle One YES (in compliance) of: NO (not in compliance) | | | | • | observ pplicat | • |
|---|--|----------------|--------------|---|---|-------------------|----------|
| | Compliance Status | | CDI | R | | | |
| Т | ime/Temperature of Potentia | lly Hazardous | Food | S | | | |
| 101 | Cold holding temperature ≤ 4°C | WE'S NO NA NOB | | | - | 201 | Н |
| 102 | Hot holding temperature ≥ 60°C | YES NO NA NØB | | | | 202 | A a |
| 103 | Proper cooking of raw food of animal origin | YES NO NA NØB | | | | 203 | Fo th |
| 104 | Proper cooling time and temperatures YES NO NA NØB | | | | - | | F |
| 105 | Adequate equipment to maintain food temperature | YES NO NA NOB | ES NO NA NOB | | | 204 | c |
| 106 | Proper monitoring of temperature | YES NÓ NA NOB | | | - | 205 | F |
| 107 | Proper reheating procedure for hot holding | YES NO NA NØB | | | - | Po | ter |
| 108 | Proper thawing procedure | YES NO NA NOB | | | - | 401 | F |
| Food, Water and Ice from Approved Sources | | | | | | 402 | F |
| 301 | Food obtained from approved sources | ¥ZS NO NOB | | | | 403 | Fa |
| 302 | Food in good condition, safe and unaltered | ¥ZS NO NOB | | | | 404 | To u: |
| 303 | Food properly labeled | ¥ZS NO NOB | | | | 405 | Pi Se |

| | Compliance Status | | | | | | | | |
|-----|---|------------------------|---------|----|--|--|--|--|--|
| | Personal Hygiene of Food Service Workers | | | | | | | | |
| 201 | Hands clean & properly washed | YES NO NOB | | | | | | | |
| 202 | Adequate handwashing facilities supplied & accessible | YES NOB | | | | | | | |
| 203 | Food handlers free of disease or condition that may spread through food | YES NO NA NØB | | | | | | | |
| 204 | Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food | YES NO NA N ⊘ B | | | | | | | |
| 205 | Food training certification | YES NO NA NØB | | | | | | | |
| Pot | tentially Hazardous Foods Protect | ed from Conta | minatio | on | | | | | |
| 401 | Food separated and protected | YES NO NA NØB | | | | | | | |
| 402 | Food contact surface cleaned and sanitized | YES NO NA NØB | | | | | | | |
| 403 | Facility free of pests (vermin and insects) | YES NO NOB | | | | | | | |
| 404 | Toxic chemicals properly labelled, stored or used to prevent food contamination | WES NO NOB | | | | | | | |
| 405 | Proper disposal of returned, previously served food | YES NO NØB | | | | | | | |

R (repeat violation)

CDI (controlled during inspection)

Mark "√" in Box:

| Food Temperature Observations | | | | | | |
|-------------------------------|--------------|---------------|--------------|---------------|--------------|--|
| Item/Location | Temp (°C) | Item/Location | Temp (°C) | Item/Location | Temp (°C) | |
| Inglis fridge | 1.5 | | | | | |
| Inglis freezer | -19.5 | | | | | |
| | | | | | | |
| | | | | | | |

| Item Number | Observations and Corrective Actions | Correction Date (If applicable) |
|----------------|---|---------------------------------|
| Note: | No food handling at time of inspection. Kitchen is rented out for community use (special | |
| | events), in addition to being used for cooking classes (Nutrition North and Pre-natal). | |
| 106 | Provide storage thermometer for both fridge and freezer, and monitor temperatures | 13-Sep-22 |
| | regularly. | |
| 202 | Install a small, dedicated sink for hand washing purposes. Equip sink with hot and cold | 30-Nov-2022 |
| | running water under adequate pressure, and liquid hand soap and single-use towels | |
| | (paper towel or paper sheets) both in dispensers. | |
| | ** NOTE: Consult with and obtain approval from Environmental Health prior to the purchase | |
| | and installation of any sinks. ** | |
| | | |
| | | |

NON-CRITICAL ITEMS: Based on the inspection today, the noncritical items identified below are violations of the Food Establishment Safety Regulation. 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.

| LEGE | LEGEND Circle One YES (in compliance) of: NO (not in compliance) | | | | | | NOB (not observed) NA (not applicable) | | | |
|------|--|--|----------------|------------|---------------|-----|---|--|-----|-------------------|
| | | Complianc | e Status | | | CDI | R | | | |
| | Food Equipment and Utensils | | | | | | | | | |
| 501 | ' | cilities available to utensils and/or equ | , | WE'S NO NA | A NOB | | | | 601 | Foo |
| 502 | | procedures followers and/or manual dish | | YES NO NA | A NAOB | | | | 602 | Ho pre |
| 503 | Proper stora | ge of frozen food it | ems | WE'S NO NA | A NOB | | | | 603 | Pro |
| 504 | Food stored | in food grade mate | erial | WE'S NO NA | A NOB | | | | 604 | Toi cor |
| 505 | | and utensils that co n resistant and non | | ¥ZS NO | NOB | | | | 605 | Ad |
| 506 | Equipment in and sanitized | n good repair, clea d | ned | VES NO | NOB | | | | 606 | Ad |
| | | Gene | al Sanitat | tion | | | | | 607 | Pre ma |
| 701 | Garbage & re facility main | efuse properly disp tained | osed and | VZS NO | NOB | | | | | |
| 702 | | ntact surface prop in good repair and | , | YES N/O | NOB | | | | 801 | Wo pre |
| 703 | Food handle personal hyg | rs properly attired giene | and good | YES NO NA | a Nø b | | | | 802 | Che |
| 704 | Adequate pr pests | otection from vern | nin and insect | YUZS NO | NOB | | | | 803 | Ter ref rec |
| 705 | Living or slee food service | eping quarters sepa area | rated from | YES NO N | 4 NOB | | | | | |
| 706 | Birds or anin excluded fro | nals other than guid m premises | de dogs | WE'S NO NA | A NOB | | | | | |
| 707 | Wiping cloth sanitizing so | s used properly an lution | d stored in | YES NO NA | A NOB | | | | | |

| | CDI | R | | | | | |
|-----|---|-----------------------|----|--|--|--|--|
| | Physical Facilit | ies | • | | | | |
| 601 | Food contact surfaces properly construction or located. Acceptable material used. | ¥ZS NO NA NOB | | | | | |
| 602 | Hot & cold water available, adequate pressure | ¥ZS NO NOB | | | | | |
| 603 | Proper disposal of sewage & waste water | YES NO NOB | | | | | |
| 604 | Toilet facilities: adequate number, properly constructed, supplied and cleaned | YES NO NOB | | | | | |
| 605 | Adequate lighting, lighting protected | ¥ZS NO NOB | | | | | |
| 606 | Adequate mechanical ventilation | YZ S NO NA NOB | | | | | |
| 607 | Premises clean, uncluttered, cleaning and maintenance equipment properly stored | XXS NO NA NOB | | | | | |
| | Testing Devices/Logging of | Temperature | :S | | | | |
| 801 | Working dishwasher temperature and pressure gauges | YES W O NA NOB | | | | | |
| 802 | Chemical test kits and/or papers provided | YES NO NA NOB | | | | | |
| 803 | Temperature logs maintained for refrigerated storage units (non-regulatory requirement) | YES NO NA NOB | | | | | |
| | Other | | | | | | |
| | | | | | | | |
| | | | | | | | |

Mark "√" in Box:

R (repeat violation)
CDI (controlled during inspection)

| Item Number | Observations and Corrective Actions | Correction Date (If applicable) |
|----------------|--|---------------------------------|
| 501 | Comment only: | |
| | Operator stated that mostly disposable serviceware is currently used — as such, the existing | |
| | 2-compartment dish washing sink unit is sufficient. If mostly reusable service ware is to be | |
| | used in the future, a 3-compartment dish washing sink unit will be required. | |
| | | |
| 604 | Address deficiencies identified in both washrooms, as indicated in the 24 August 2022 | |
| | General Sanitation inspection report. | |
| 606 | Stove hood is equipped with a recirculating fan (no exhaust) and grease filter. This system is | |
| | incapable of handling smoke, odours, and heat produced while cooking. If these byproducts | |
| | become problematic in the future, the need for a stove hood exhaust may be assessed. | |

| Enforcement Action: (Mark "", if Applicable) | | | | | | | | |
|--|-----|-------------|--|-------------------|------|--------|------|--|
| Re-Inspection Required: | Yes | ✓ No | | Establishment Clo | sed: | Yes | ✓ No | |
| Approximate Date of Re-Inspection: | | | | Food Discarded | | Other: | | |

| Person in Charge Name: Derek Squirrel | | | | | |
|---|--|--|--|--|--|
| Person in Charge Signature: Unable to obtain signature due to insufficient time. | | | | | |
| Date (d/m/y): | Report sent to Derek Squirrel at recdir@northwestel.net on August 30, 2022 | | | | |

| Environmental Health Officer Name: Shawn Hardy | | | | |
|--|----------------|--|--|--|
| Environmental Health Officer Signa | ture: Kam Hwdy | | | |
| Date (d/m/y): | 30-Aug-2022 | | | |

| | Continuation Sheet – Food Esta | blishment Safety Regulati | on | |
|------------|---|-------------------------------------|---------------------------|------------------------------------|
| Establishm | ent Name: Simon Kataoyak Community Centre | | Date of Inspection: 24-Au | g-2022 |
| | | | | Correct- ion date: |
| 702 | Kitchen repair tasks: | | | |
| | 1) Cabinet doors: - Fix/adjust all kitchen cabinet doors so that the - Tighten all loose cabinet door handles. | ey open/close properly. | | Repair tasks: 1-Oct- 2022 |
| | 2) Wall repair: - Repair and re-surface all areas of wall damage - Ensure the finished surface is smooth, cleana | | | |
| | 3) Re-varnish the cabinet doors below the dish sir | nks. | | |
| | 4) Replace the broken drop-ceiling tile (in the corroven). | ner of the kitchen above | the microwave | |
| | Kitchen cleaning tasks: | | | |
| | 1) Stove hood: thoroughly clean the hood fan gre the hood. | ase filter, and clean the i | nside surfaces of | Cleaning tasks: Immed- |
| | 2) Microwave oven: thoroughly clean the inside s | urfaces of the oven, espe | ecially the top. | iately |
| | No additional observations made at time of inspe | ction. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Environme | ental Health Officer Name: Shawn Hardy | Environmental Health Officer Signat | ture: Havin Hwy | 1 |