

Establishment Name SRFN Business & Conference Centre		Permit Number: Issued
Mailing Address Box 960, Fort Smith, NT X0E 0P0		Permit Posted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address 192 McDougall Rd, FS, NT X0E 0P0		Date of Inspection: (d/m/y) 27/01/2020
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.

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)	
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Compliance Status			CDI	R
Time/Temperature of Potentially Hazardous Foods				
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		
Food, Water and Ice from Approved Sources				
301	Food obtained from approved sources	YES NO NOB		
302	Food in good condition, safe and unaltered	YES NO NOB		
303	Food properly labeled	YES NO NOB		

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

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
Walk in cooler	4				
Walk in freezer	-20				

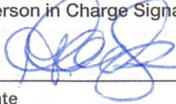
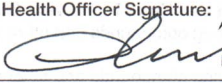
Item Number	Observations and Corrective Actions	Correction Date (if applicable)
-	No food preparation ongoing during the time of the inspection.	
-	EHO provided consultation on food permits. The current annual permit covers all food handling organized, operated, and supervised by SRFN. All outside operators who rents the kitchen facility should inquire Environmental Health to find if a food establishment permit is required. The current SRFN permit does not cover outside operator.	

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.	<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		
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			602	Hot & cold water available; adequate pressure	<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			603	Proper disposal of sewage & waste water	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB		
504	Food stored in food grade material	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			604	Toilet facilities: adequate number, properly constructed, supplied and cleaned	<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			605	Adequate lighting; lighting protected	<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			606	Adequate mechanical ventilation;	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<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"/> NA	<input type="radio"/> NOB			801	Working dishwasher temperature and pressure gauges	<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			802	Chemical test kits and/ or papers provided	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> NA	<input type="radio"/> NOB		
703	Food handlers properly attired and good personal hygiene	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB			803	Temperature logs maintained for refrigerated storage units (non-regulatory requirement)	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" 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			Other							
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	Birds or animals other than guide dogs excluded from premises	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB										
707	Wiping cloths used properly and stored in sanitizing solution	<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)
205	EHO will notify of next available food safety course in community.	
	EHO will provide further consultation regarding food safety and sanitation once the facility is in full operation and when needed.	

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 Name: <u>GLADYS MACPHERSON</u>	Environmental Health Officer Name: <u>Chris Rehrt</u>
Person in Charge Signature: 	Environmental Health Officer Signature: 
Date (d/m/y): <u>Jan 27/2020</u>	Date (d/m/y): <u>27/01/2020</u>