

## Environmental Health Inspection Report

4897

Name of Facility or Operation	Starbucks	Date (d/m/y)	16/08/2022
Mailing Address			
Physical Address	2-251 Old Airport Rd., Yellowknife		
Type of Inspection	<input type="checkbox"/> Tobacco <input checked="" type="checkbox"/> Other: Food Est. Safety Regs <input type="checkbox"/> Routine <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Follow-up		

Under authority of the *Public Health Act* and/or *Tobacco Control Act*, an inspection of the above listed facility/operation was conducted and the following observations and/or Orders are made. Required Correction Dates are listed.

[illegible]

Public Health Officer's Name (print)  <div style="font-size: 1.2em; font-family: cursive;">Colin Merz</div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/>               Public Health Officer's Signature           </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">16/08/2022</div>             Date (d/m/y)           </div> </div>
Owner/Operator (please print)  <div style="font-size: 1.2em; font-family: cursive;">Dwight Catibog</div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <input checked="" type="checkbox"/>               Owner/Operator's Signature           </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">16/08/2022</div>             Date (d/m/y)           </div> </div>





**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)				
<b>Compliance Status</b>			CDI	R	<b>Compliance Status</b>			CDI	R				
<b>Food Equipment and Utensils</b>					<b>Physical Facilities</b>								
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 storage containers not used for other purposes	<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	
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	
<b>General Sanitation</b>					<b>Testing Devices/Logging of Temperatures</b>								
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	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
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	Working dishwasher temperature and pressure gauges	<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	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
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	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
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							

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
702	Potential source of contamination associated with pump out area - cleaning/sanitizing of area when required	
704	Propping rear door not recommended	CDI
	High temp dishwasher reports 87°C water, dish level measured @ 73°C	

Inspection Results			
Number of Critical Items	0	Number of Non-Critical Items	2
Number of Repeat Critical Items	0	Number of Repeat Non Critical Items	0

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)	11/08/2022

Inspector Signature	
Date (d/m/y)	11/08/2022