

Establishment Name <b>506639 NWT LTD. O/A The Cliff</b>		Permit Number:	
Mailing Address <b>118 Jest Crs. Yellowknife</b>		License Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Licence No.:
Physical Address <b>4570-48 St. Yellowknife</b>		Date of Inspection: (d/m/y) <b>August 4, 2023</b>	
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.

<b>LEGEND</b>	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
<b>Time/Temperature of Potentially Hazardous Foods</b>			
101	Cold holding temperatures $\leq 4^{\circ}\text{C}$	<b>YES</b> NO NA NOB	
102	Hot holding temperatures $\geq 60^{\circ}\text{C}$	YES NO NA <b>NOB</b>	
103	Proper cooking of raw food of animal origin	YES NO NA <b>NOB</b>	
104	Proper cooling time & temperatures	YES NO NA <b>NOB</b>	
105	Adequate equipment to maintain food temperatures	<b>YES</b> NO NA NOB	
106	Proper monitoring of temperatures	<b>YES</b> NO NA NOB	
107	Proper reheating procedures for hot holding	YES NO NA <b>NOB</b>	
108	Proper thawing procedures	YES NO NA <b>NOB</b>	
<b>Food, Water and Ice from Approved Sources</b>			
301	Food obtained from approved sources	<b>YES</b> NO NOB	
302	Food in good condition, safe & unadulterated	<b>YES</b> NO NOB	
303	Food properly labeled	<b>YES</b> NO NOB	

Compliance Status		CDI	R
<b>Personal Hygiene of Food Service Workers</b>			
201	Hands clean & properly washed	<b>YES</b> NO NOB	
202	Adequate handwashing facilities supplied & accessible	<b>YES</b> NO NOB	
203	Food handlers free of disease or condition that may spread through food	YES NO NA <b>NOB</b>	
204	Food handlers using proper utensils to avoid unnecessary hand contact with cooked/prepared food	<b>YES</b> NO NA NOB	
<b>Potentially Hazardous Foods Protected from Contamination</b>			
401	Food separated and protected	<b>YES</b> NO NA NOB	
402	Food contact surfaces cleaned and sanitized	<b>YES</b> NO NA NOB	
403	Facility free of pests (vermin and insects)	<b>YES</b> NO NOB	
404	Toxic chemicals properly labeled, stored or used to prevent food contamination	<b>YES</b> NO NOB	

Food Temperature Observations			
Item / Location	Temp ( $^{\circ}\text{C}$ )	Item / Location	Temp ( $^{\circ}\text{C}$ )
table fridge	2.5		
Hablo	3.0		
Coca Cola fridge	2.6		
Cold Stream	11		

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
101	At the time of the inspection, the cold stream refrigerator was in dispute. No potentially hazardous food was in the fridge at the time of the inspection. The repair process is ongoing.	
501	Observed soap being mixed with bleach and used as a sanitizer. Please, it is not a good practice to mix soap and bleach. Wash with soap and water, rinse with water and sanitize with the appropriate solution of bleach and water.	04/08/23



**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)	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 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		
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	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)
1	<p>Handwritten food safety resources were handed to the operator during the inspection.</p> <p>At the GF the inspection there was no certified food handler at the food premises other than the main chef who took his food safety course in 2016. He was advised to take a refresher course since it is more than 5 years since he took the course.</p>	

Inspection Results			
Number of Critical Items	0	Number of Non-Critical Items	1
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: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Approximate Date of Re-Inspection:		Food Discarded	Other

Person in Charge Signature	<i>[Signature]</i>
Date (d/m/y)	Aug 4/2022

Inspector Signature	<i>[Signature]</i>
Date (d/m/y)	August 4, 2022