| Establishment Name Tim Houtons Mailing Address Physical Address #10 5014 - 49 Street, Yellow knife, NT XIA 3R8 Routine Inspection Complaint Follow-up inspection If follow-up, date of previous | | | | | | | Permit Number: 4876 | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|----------------------------------|------------|-----------------------------|-------------------------------------|---------------------------------------------------------------|---------------------------------------------|---------|-------------------------------|--|
| | | | | | | | Permit Posted: | Yes - No | | | |
| | | | | | | | | October 26, | , 2022 | | |
| RITICAL ITEMS: Based on the insems must be corrected at the time of inspectors may result in revocation or suspension of | spection today, the | e critica in a mai olishmei | l items i nner tha nt Perm | identified | d below are at pose a fo | violation ood safet our estab | ns of the Food Establ y threat. Failure to im dishment. | ishment Safety Regu mediately correct or | | | |
| | in compliance) | | | licable) | | Mark" | | peat violation) ontrolled during in: | pection | on) | |
| Compliance Statu | IS | CDI | R | | | Com | pliance Statu | S | CDI | R | |
| Time/Temperature of Potentially | y Hazardous Fo | ods | ERLY | | P | ersona | l Hyglene of Food | Service Workers | | | |
| 101 Cold holding temperatures ≤ 4°C | YES NO NA NOB | | | | Hands clea | | | YES NO NOB | | | |
| Hot holding temperatures ≥60°C | Y SNO NA NOB | | | | accessible | | ing facilitles supplied & | YES NO NOB | | | |
| Proper cooking of raw food of animal origin Proper cooling time and temperatures | YES NO NA NÓB | | | | may spread Food hand | through ers using | proper utensils to avoid | YES NO NA NOB | | | |
| Adequate equipment to maintain food temperatures | YES NO NA NOB | | | 204 | cooked/pre | pared foo | d | YES NO NA NOB | | | |
| 106 Proper monitoring of temperatures | YES NO NA NOB | | | - | Food traini | | | YES NO NA NOB | ng in o | tlon | |
| 107 Proper reheating procedures for hot holding | | | | | | | rdous Foods Prote | | mina | tion | |
| Proper thawing procedures | YES NO NA NOB | | | 401 | | | es cleaned and | TES YO NA NOB | | | |
| Food, Water and Ice from A | | 25 | | 403 | sanitized Facility free | e of pests | (vermin and insects) | YES NO NA NOB | | - | |
| 301 Food obtained from approved sources 302 Food in good condition, safe and | YES NO NOB | | OW . | 404 | Toxic ches | nicals proj | perly labeled, stored or | | | | |
| unaltered 303 Food properly labeled | YES NO NOB | | | 405 | | posal of re | contamination sturned, previously | YES NO NOB | | | |
| | Face | LTon | norot | bura O | hearvot | ione | | | | | |
| | Temp | ı rem | perai | lure U | bservat | emp | | | | Temp | |
| Item / Location | (°C) | Iten | n / Loca | ation | | (°C) | ltem / | Location | - | (°C) | |
| Walk-in-coder | -1.1 Ho | st h | ding | un | it temp | 1:- | - looked e | 191 | 10 | 757 | |
| Walk-in-Freezer | -28:3 - PC | tato | 2 00 | edge | 1 6 | 8.6 | -Soup | id. | 5 | 516 | |
| A STATE OF THE STA | | | 201 | Lyon | | (+) | Quat ani | 1000 | - | 200 pj | |
| Daisy cooler | | A | | | | | Devilor Line | 1,201 | | 11 | |
| Beverage cooler | 3.9 - 1 | uce | (ou | inoa) | 6 | 8.2 | | | | | |
| item Number | Observations and Corrective Actions | | | | | | | | | rection Date oplicable) | |
| was observed - | eetim w | as | (0) | nduc | ted | tode | ry and f | Mowing | | | |
| 102 Soups hot he was staken imm recorded 186.3° | ld temp rediately f. | The | ture 20 | sup oup | is a | e-he | ated, tem | ctive actor | 1 | | |
| Note: - Dichwaehog gan temp was accor | ge temp | ese C. | ture | R | corde | d 18 | 89°F and | dish disc | | | |
| No other conce | er wer | 2 (| bee | wec | 1 du | ierp | the ine | pection. | | | |
| | -100 | | 1.73 | 100 | | | | | 1 | | |

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: | O 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 | | in a | Compliance Status | | CDI | R | | |
| Food Ec | ulpment an | d Utenslis | | 200 | | | Physical Facili | ties | 164 | F | |
| Adequate facilities available and sanitize utensils and/or | | MES NO NA NOB | | (30 b) | 601 | Food | contact surfaces properly constructed or ed. Acceptable material used. | YES NO NA NOB | | | |
| Appropriate procedures folio mechanical and/or manual of | wed for | YES NO NA NOB | CHI | 100 | 602 | Hot & cold water available; adequate pressur | | YES NO NOB | He I | | |
| 503 Proper storage of frozen foo | d items | YES NO NA NOB | | 166 10 10 | 603 | | | YES NO NOB | EB of | | |
| 04 Food stored in food grade material | | YES NO NA NOB | 153 | 12 | 604 | | t facilities: adequate number, properly tructed, supplied and cleaned | YES NO NOB | | | |
| Equipment and utensils that corrosion resistant and non- | toxic | YES NO NOB | | | 605 | Adeo | uate lighting; lighting protected | YES NO NOB | Distance (c) | | |
| Equipment in good repair, c sanitized | eaned and | YES NO NOB | 30 | (4) | 606 | | uate mechanical ventilation; | VES NO NA NOB | bq | | |
| General Sanitation | | | -11 | 607 | Pren mair | rises clean, uncluttered, cleaning and tenance equipment properly stored | YES NO NA NOB | 36. | | | |
| Garbage & refuse properly of | disposed and | YES NO NOB | | | | | Testing Devices/Logging | of Temperatures | | | |
| Non-food contact surfaces p 702 constructed, in good repair | | YES NO NOB | 3.113 | | 801 | | ting dishwasher temperature and pressure | YES NO NA NOB | | | |
| Food handlers properly attir 703 personal hygiene | | VES NO NA NOB | Service 1 | Serie Ter | - 2 | | nical test kits and/ or papers provided | YES NO NA NOB | | | |
| Adequate protection from ve | ermin and insect | | | | | Tem | perature logs maintained for refrigerated ge units (non-regulatory requirement) | YES NO NA NOB | | | |
| 704 pests Living or sleeping quarters : 705 food service area | eparated from | YES NO NA NOB | | | 800 |) Store | Other | (IESTO NA NOB | | 100 | |
| Birds or animals other than | guide dogs | YES NO NA NOB | e ite | grant. | 501 miles | | | | 2005 | | |
| 706 excluded from premises Wiping cloths used properly 707 in sanitizing solution | and stored | YES NO NA NOB | | | | | | Carrier States | much s | 140 | |
| | | Court employed to | | | | | | | | | |
| | | | | | | | | | | | |
| 2021 2011 2011 2011 201 | | | | | | | mus | | 13 10 | | |
| | VI 15 3 | | | | | | | Maria Maria | | | |
| | | | / | 1111 | Selling's | 100 | | | | | |
| | | | - | | | | = 100/1000 | | | | |
| | | | | | | | VIRGINITE IN THE | | | | |
| | | | | | | | | 544 | | | |
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| | | | 11 8 | | | | The State of the S | Harris de la company | | | |
| | | | nfor | '00M | ont | A of | 001 | #000 NO. N. T. HELLY | | | |
| | | | 11101 | Cen | lent / | AGU | On: (Mark "V", if Applicable) | | _ | | |
| Re-Inspection Required: | Yes 🗌 | NAD | | | | Es | ablishment Closed Yes | No 🗆 | | _ | |
| Approximate Date of Re-Inspection | n: | (1100) | | | | F | od Discarded Other | | | | |
| Person in Charge Name: | VAYZIA | P/12 6. M | AR | (TN) | | Envir | onmental Health Officer Name: \hat{AiT} | TI MATTO | 0 | | |
| Person in Charge Signature: | 1 | 100 | | | | Envi | onmental Health Officer Signature | | | | |
| | I VI | | | | | | | | | | |