

Establishment Name	507044 NWT Ltd of the 19 <sup>th</sup> Hole	Permit Number:	
Mailing Address	Unit 1 - 483 Marge Lake Road	License Posted:	License No.:
Physical Address	Yellowknife Golf Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Routine Inspection <input checked="" type="checkbox"/>	Complaint <input type="checkbox"/>	Follow-up Inspection <input type="checkbox"/>	Date of Inspection: 19/05/2022
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) NOB (not observed) NO (not in compliance) NA (not applicable) Mark "✓" in Box: R (repeat violation) CDI (controlled during inspection)

Compliance Status		CDI	R
<b>Time/Temperature of Potentially Hazardous Foods</b>			
101	Cold holding temperatures ≤ 4°C	YES <input checked="" type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB <input type="radio"/>	
102	Hot holding temperatures ≥ 60°C	YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB <input checked="" type="radio"/>	
103	Proper cooking of raw food of animal origin	YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB <input checked="" type="radio"/>	
104	Proper cooling time & temperatures	YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB <input checked="" type="radio"/>	
105	Adequate equipment to maintain food temperatures	YES <input checked="" type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB <input type="radio"/>	
106	Proper monitoring of temperatures	YES <input checked="" type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB <input type="radio"/>	
107	Proper reheating procedures for hot holding	YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB <input checked="" type="radio"/>	
108	Proper thawing procedures	YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB <input checked="" type="radio"/>	
<b>Food, Water and Ice from Approved Sources</b>			
301	Food obtained from approved sources	YES <input checked="" type="radio"/> NO <input type="radio"/> NOB <input type="radio"/>	
302	Food in good condition, safe & unadulterated	YES <input checked="" type="radio"/> NO <input type="radio"/> NOB <input type="radio"/>	
303	Food properly labeled	YES <input type="radio"/> NO <input type="radio"/> NA <input type="radio"/> NOB <input checked="" type="radio"/>	

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

Food Temperature Observations					
Item / Location	Temp (°C)	Item / Location	Temp (°C)	Item / Location	Temp (°C)
/		/		/	

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
	This is a seasonal food establishment. The food establishment was partially open during the inspection.	
	The operator will send photos of the correction taken to the environmental health officer.	
	The environmental health officer has no objection of the opening of the food premises if the above mentioned recommendations are made.	

**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		
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		
503	Proper storage of frozen food items	<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		
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		
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		
<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		
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		
703	Food handlers properly attired	<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		
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		
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		
602	Hot & cold water available; adequate pressure	<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		
604	Toilet facilities: properly constructed, supplied & cleaned	<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		
606	Adequate mechanical ventilation:	<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		
802	Working dishwasher temperature and pressure gauges	<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		
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		

Item Number	Observations and Corrective Actions	Correction Date (if applicable)
601	The constant refrigerator was at 6°C during the inspection. No potentially hazardous foods should be stored in the fridge until the fridge has been repaired and the temperature is 4°C or less.	
4602	The grill in the kitchen and the hand washing sink should be clean.	
506	The refrigerator and freezers should be clean on inside and outside. It is also recommended to have chemical test kits for the sanitizers. A water sample was collected during the inspection. The above corrective actions need to be taken.	

Inspection Results			
Number of Critical Items	4	Number of Non-Critical Items	2
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  
 JOSH GEARDEN  
 Date (d/m/y) 19/05/22

Inspector Signature  
 Klanyi Nkomo  
 Date (d/m/y) 19/05/2022