



**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>Food Equipment and Utensils</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 checked="" 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 stored in food grade material	<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>												
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 and good personal hygiene	<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	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						
<b>Physical Facilities</b>												
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: adequate number, properly constructed, supplied and 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						
607	Premises clean, uncluttered, cleaning and maintenance equipment properly stored	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB						
<b>Testing Devices/Logging of Temperatures</b>												
801	Working dishwasher temperature and pressure gauges	<input checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input checked="" type="radio"/> NOB						
802	Chemical test kits and/ or papers provided	<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 checked="" type="radio"/>	YES	<input type="radio"/> NO	<input type="radio"/> NA	<input type="radio"/> NOB						
<b>Other</b>												

Item Number	Observations and Corrective Actions	Correction Date (If applicable)
502/801	High temp dishwasher temp not recorded at time of inspection	
702	Flaking paint in storage room, repair and ensure food packaging materials are protected - repairs scheduled for mid-2021	

Enforcement Action: (Mark "✓", If Applicable)			
Re-Inspection Required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Approximate Date of Re-Inspection:			
Establishment Closed:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Food Discarded:		Other _____	

Person in Charge Name:	<u>Derek Roberts</u>
Person in Charge Signature:	<u>Derek Roberts</u>
Date (d/m/y)	<u>Nov 13, 2020</u>

Environmental Health Officer Name:	<u>Colin Merz</u>
Environmental Health Officer Signature:	<u>[Signature]</u>
Date (d/m/y)	<u>13/11/2020</u>