

Food Premises Inspection Report - Establishment Sanitation, Design and Maintenance Items
Rapport d'inspection de services alimentaires - Points concernant l'hygiène, la conception et l'entretien de l'établissement

Establishment information Renseignements sur l'établissement	Establishment no. Établissement n°	Risk assessment category Catégorie d'évaluation des risques	Health unit/department Bureau / service de santé	Area/district Région / district	Inspection due date (d/m/y) Date cible (pour l'inspection) (j/m/a)	Re-inspection date (d/m/y) Date de réinspection (j/m/a)
[Redacted]	0514-00	high	Algarra H.U.	001	1/11/09 12:00	

Compliance Activities/Activités de conformité

Ces points doivent être achevés avant la date cible ou avant la prochaine inspection de routine
These items must be completed by the expected date or before the next regular inspection

Item no.	Point n°	Item/comment / Point / commentaire	Expected compliance date/date cible pour la conformité
2C		All persons involved in food preparation to have suitable hair covering	
3E		Wiping cloths to be stored in a sanitizing solution (e.g. 100 ppm bleach/chlorine solution) Verify Russell Foods	
4C		Staff washroom downstair needs paper towel	
7A/7D		Floor under deep fryers to be thoroughly cleaned, degreased, and sanitized.	
		Side wall (handwashing basin/dispenser) to be cleaned. Re-painting to occur - October	
		Floor of walk-in cooler upstair to be cleaned - fan to be cleaned.	
		Ventilation system needs thorough cleaning - dust and grease build-up.	
8A		Remove jacket from potato storage.	
		and downstair.	

Item no.	Point n°	Item/comment / Point / commentaire	Expected compliance date/date cible pour la conformité	C	N	X
1		Equipment and Utensils/Matériel et ustensiles A. Food dispensing utensils available for use by patrons/Utensiles de service des aliments mis à la disposition de la clientèle B. Proper storage of clean utensils/Entreposage correct des ustensiles propres C. Single-service utensils properly stored and dispensed/Utensiles jetables entreposés et distribués correctement D. Thermometers to verify food preparation and storage temperatures/Thermomètres pour vérifier les températures de préparation et d'entreposage des aliments E. Accurate reading thermometers must be in all cold holding units		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2		Foodhandler Hygiene and Activities/Hygiène et activités des préposés à la manutention des aliments A. Clean outer garments/Vêtements de dessus propres B. Prohibited use of tobacco/smoking/Interdiction de fumer / d'utiliser du tabac C. Hair suitably confined/Cheveux convenablement recouverts D. Washing hands thoroughly before and after handling food/Les préposés(e)s se lavent les mains avec soin avant et après toute manipulation d'aliments		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3		Equipment and Utensils Sanitation/Désinfection du matériel et des ustensiles A. Mechanical dishwashing/Lavage de la vaisselle à la machine : Wash-rinse water clean/Lavage-rinçage à l'eau propre Proper water temperature/Température convenable de l'eau Hot wash/190°F. min. Proper timing of cycles/Cycles de lavage bien réglés Sanitizer for low temperature/Emploi d'un désinfectant pour les lavages à basse température B. Manual dishwashing : wash-rinse sanitize technique/Lavage de la vaisselle à la main : Lavage-rinçage - technique de désinfection C. Sanitize test kit/thermometer readily available for verifying dishwashing and sanitizing temperatures/Trouse de désinfection / thermomètre pour vérifier les températures de lavage de la vaisselle et de désinfection disponibles sur place D. Food contact surfaces washed-rinsed-sanitized after each use and following any operations when contamination may have occurred/Les surfaces de contact avec les aliments sont lavées, rincées et désinfectées après chaque usage et après toute opération comportant un risque de contamination E. Wiping cloths handled properly (sanitizing solution used)/Les essuie-mains sont convenablement lavés (en utilisant une solution désinfectante)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4		Sanitary Facilities and Controls/Installations et mesures de contrôle sanitaires A. Approved municipal/private sewage disposal where required/Muni d'un système d'égout municipal / privé approuvé, là où requis B. Separate handwashing basin in each preparation area with the required supplies/Evier séparé pour se laver les mains dans chaque aire de préparation des aliments avec les fournitures requises C. Sanitary maintenance of and provision of required supplies in staff/public washrooms/Entretien et quantité suffisante des fournitures requises dans les toilettes du personnel / du public, conformément aux normes sanitaires		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5		Garbage and Waste Management/Gestion des déchets et des ordures A. Insect and vermin-proof containers provided where required/Munis de récipients à l'épreuve des insectes et de la vermine, là où requis B. Frequency of garbage removal adequate to maintain the premises in a sanitary condition/Fréquence appropriée de l'enlèvement des ordures pour maintenir la salubrité des lieux C. Liquid wastes handled and collected in sanitary manner/Déchets liquides traités et enlevés conformément aux normes sanitaires		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6		Pest Control/Contrôle des insectes et des animaux nuisibles A. Adequate protection against the entrance of insects, vermin, rodents, dust and fumes/Protection appropriée pour empêcher l'entrée des insectes, de la vermine, des rongeurs, de la poussière et des émanations		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7		Sanitary Maintenance and Construction of Establishments/Entretien et construction sanitaires de l'établissement A. Floor, walls, and ceiling clean in good repair/Planchers, murs et plafonds propres / en bon état B. Mechanical ventilation operable where required/Système de ventilation mécanique en état de fonctionnement, s'il y a lieu C. Lighting adequate for food preparation and cleaning/Eclairage suffisant pour la préparation des aliments et le nettoyage D. General housekeeping satisfactory/Entretien général satisfaisant E. Exclusion of live animals on the premises, subject to exemptions/Lieux interdits aux animaux vivants, sauf exception		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8		Other/Autre A. Do not store personal items (i.e. jacket) around food items (potatoes)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Establishment information: [Redacted]
 Establishment no. [Redacted]
 Risk assessment category: High
 Health unit/department: Algoma H.U.
 Area/district: 001
 Inspection due date (d/m/y): 14/10/12-006
 Re-inspection date (d/m/y): [Redacted]

Food safety strategy consultation
 food safety training
 HACCP audit
 re-inspection
 compliance inspection
 GCP monitoring

Sample taken water
 swab
 ice
 food
 other

C - In compliance
 X - not in compliance
 N - not observed
 These items related to foodborne illness and must receive immediate attention!

1. Refrigerated and Frozen Storage of Hazardous Food

Item no.	Item/comment	Expected compliance date	A. Cold holding: 4°C (40°F) or less	B. Freezing: -18°C (0°F) or less	C. Freezing (before preparation and serving) to -20°C (-4°F) or less for 7 days	D. Cooling: 60°C (140°F) to 20°C (68°F) within 2 hours (exclude large cuts of meat)	E. Cooling: 20°C (68°F) to 4°C (40°F) within 4 hours (exclude large cuts of meat)
24	Probe thermometer not able to be located by chef in kitchen. Probe thermometer must be used to periodically verify internal cooking temperatures and hot holding temperatures. Sanitizer probe thermometer before every use (ie. 70% isopropyl alcohol swabs.)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Whole Poultry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poultry / ground poultry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pork / Pork products		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ground meat (other than poultry)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other hazardous foods		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. Hot holding: minimum of 60°C (140°F) after cooking/rapid re-heating ^{5 min} to 77°C		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Re-heating: To at least minimum internal cooking temperature within 2 hours		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item no.	Item/comment	Expected compliance date	A. Thermometers used to verify food preparation and storage temperatures	B. Thorough cooking to minimum internal food temperatures for at least 15 seconds	Whole Poultry	Poultry / ground poultry	Pork / Pork products	Ground meat (other than poultry)	Fish	Other hazardous foods	C. Hot holding: minimum of 60°C (140°F) after cooking/rapid re-heating ^{5 min} to 77°C	D. Re-heating: To at least minimum internal cooking temperature within 2 hours
	A. Washing hands thoroughly before and after handling food		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Food handlers use proper utensils to minimize direct hand contact with cooked or prepared foods		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item no.	Item/comment	Expected compliance date	A. Separate raw foods from ready-to-eat foods during storage and handling	B. Maintain separation of ready-to-eat foods from raw food preparation surfaces or utensils	C. Constant supply of hot and cold potable running water where applicable	D. Food protected from potential contamination (e.g. food covered, labelled, off floor, sneeze guard)	E. Chemicals/pesticides to be stored separately from food	F. High acid food stored/prepared in corrosion resistant containers or equipment
	Protection from Adulteration and Contamination		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Signature of inspector: [Redacted]
 Date: Sept 14/06
 Signature of Public Health Inspector: [Redacted]
 6. Other: Thawing - whole chicken - cold water - internal temp maintained 12°C
 5. Food Safety Management (reserved)

ICON LOCATION CODE OF LOCALISATION

OFFENCE NUMBER N° D'INFRACTION

190272

PROVINCIAL OFFENCES ACT, ONTARIO COURT OF JUSTICE
 LOI SUR LES INFRACTIONS PROVINCIALES COUR DE JUSTICE DE L'ONTARIO
ENFORCEMENT AGENCY RECORD /
REGISTRE DES DOCUMENTS DE L'AGENCE D'EXECUTION

BELEIVES AND CERTIFIES THAT ON THE DAY OF CROSS ET ATTESTE QUE LE JOUR DE

LINDSAY NICKYKARSON
 (PRINT NAME / NOM EN LETTRES IMPRIMEES)
 Y/A M/M DU
 21 02 2009 11 30 A M

NAME NOM
 [REDACTED]

INITIALS/INITIALES
 [REDACTED]

ADDRESS ADRESSE
 [REDACTED]
 NUMBER AND STREET / RUE
 St. Mary's P.O.C.P. RB 424
 MUNICIPALITY/MUNICIPALITE PROVINCE

DRIVER'S LICENCE NO./NUMERO DE PERMIS DE CONDUIRE
 BIRTH/DATE DE NAISSANCE Y/A M/M DU
 SEX/SEXE
 MOTOR VEHICLE INVOLVED / VEHICULE IMPLIQUE
 PROV ON

1 9
 [REDACTED]
 YES/OUI NO/NON

DID COMMIT THE OFFENCE OR A COMMIS L'INFRACTION SUIVANTE: *Maintaining hazardous loads and improper tie-down technique. SEC*

MUNICIPALITY/MUNICIPALITE

CONTRARY TO: *Provincial Regulation 662*
 CONTRAIREMENT A: *Provincial Regulation 662*

PLATE NUMBER / N° DE PLAQUE D'IMMATRICULATION	YEAR / ANNEE	PROV	MARKET / MARQUE	COLLISION INVOLVED / COLLISION IMPLIQUEE	WITNESSES / TEMOINS	CODE
COMMERCIAL	ON	ON		<input type="checkbox"/> YES / OUI <input type="checkbox"/> NO / NON	<input type="checkbox"/> YES / OUI <input type="checkbox"/> NO / NON	
<input type="checkbox"/> YES / OUI <input type="checkbox"/> NO / NON	CYOR / CECVU (CYOR NUMBER / N° DE CECVU)			MOTOR VEHICLE INVOLVED / VEHICULE IMPLIQUEE		
MUST SIGNIFY CERTAINLY / SERVICES AN OFFENCE NOTICE PERSONALLY UPON THE PERSON CHARGED / JE CERTIFIE EN OUTRE QUE J'AI SIGNIFIE UN AVIS D'INFRACTION EN MAINS PROPRES A L'ACCUSE(E)			OFFICER NO. / N° DE L'AGENT		PLATOON / PELOTON	UNIT / UNITE
SIGNATURE OF ISSUING PROVINCIAL OFFENCES OFFICER / SIGNATURE DE L'AGENT DES INFRACTIONS PROVINCIALES			210			
SET FINE OF / L'AMENDE FIVEE DE	\$ 370.00	TOTAL PAYABLE	\$ 460.00	TOTAL PANGLE INCLUDES COSTS AND APPLICABLE VICTIM FINE SURCHARGE / LE MONTANT TOTAL EXIGIBLE COMPREND LES FRAIS ET LA SURAMENDE COMPENSATOIRE		
SUMMONS ISSUED, YOU ARE REQUIRED TO APPEAR IN COURT ON	Y/A	MONTANT TOTAL EXIGIBLE	\$ 460.00	DUJ	TIME (HEURE)	M
ASSIGNATION/ORDRE, VOUS DEVEZ COMPARAÎTRE LE	OT ROOM / SALLE D'AUDIENCE	ONTARIO COURT OF JUSTICE P.I.A. OFFICE AT / COUR DE JUSTICE DE L'ONTARIO BUREAU - L.I.P. A				

030 070 006

Establishment information: [redacted] Establishment no. [redacted]
 Risk assessment category: High Health unit/department: Algonquin Hill Area/district: 001
 Inspection due date (d/m/y): 09/03/2006 Re-inspection date (d/m/y): [redacted]

Food safety strategy: food safety training re-inspection HACCP audit consultation
 compliance inspection CCP monitoring
 Sample taken: swab water food ice other

C – in compliance X – not in compliance N – not observed
 These items related to foodborne illness and must receive immediate attention!

Item no.	Item/comment	Expected compliance date	A	B	C	D	E	F	G	H
2A	Probe thermometers must be used; sanitise before every use with 70% isopropyl alcohol swabs. Both probe thermometers need to be calibrated - process reviewed with operator.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2C	Meatballs in sauce in hot holding unit - internal temp of 51°C-61°C on arrival. These were reheated to >74°C and placed back into hot holding in clean container.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3D	All foods to be kept covered in walk-in refrigerator		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Thawing must occur in refrigerator or under cold running water in microwave. Chicken wings 30°C - DISCARDED		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Public Health Inspector: *[Signature]* Date: March 9/06
 Signature of owner/operator: *[Signature]*
 5. Food Safety Management (reserved)
 6. Other

Food Premises Inspection Report - Establisment Sanitation, Design and Maintenance Items
Rapport d'inspection de services alimentaires - Points concernant l'hygiène, la conception et l'entretien de l'établissement

Establishment information Rapport d'inspection de services alimentaires	Establishment no. Établissement n°	Risk assessment category Catégorie d'évaluation des risques	Health unit/department Bureau / service de santé	Area/district Région / district	Inspection due date (d/m/y) Date cible (pour l'inspection) (j/m/a)	Re-inspection date (d/m/y) Date de réinspection (j/m/a)
[Redacted]	[Redacted]	high	Algonia H.U.	001	09/03/2016	09/03/2016

<p>Equipment and Utensils/Matériel et ustensiles A. Food dispensing utensils available for use by patrons/ustensiles de service des aliments mis à la disposition de la clientèle B. Proper storage of clean utensils/Entreposage correct des ustensiles propres C. Single-service utensils properly stored and dispensed/ustensiles jetables entreposés et distribués correctement D. Thermometers to verify food preparation and storage temperatures/Thermomètres pour vérifier les températures de préparation et d'entreposage des aliments</p>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<p>Foodhandler Hygiene and Activities/Hygiène et activités des préposé(s) à la maintenance des aliments A. Clean outer garments/vêtements de dessus propres B. Prohibited use of tobacco/smoking/interdiction de fumer / d'utiliser du tabac C. Hair suitably confined/Cheveux convenablement recouverts D. Washing hands thoroughly before and after handling food/Les préposé(s) se lavent les mains avant et après toute manipulation d'aliments</p>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<p>Equipment and Utensils Sanitation/Désinfection du matériel et des ustensiles A. Mechanical dishwashing/Lavage de la vaisselle à la machine : Wash-rinse water clean/Lavage-rinçage à l'eau propre Proper water temperature/Température convenable de l'eau Proper timing of cycles/Cycles de lavage bien réglés Sanitizer for low temperature/Emploi d'un désinfectant pour les lavages à basse température B. Manual dishwashing: wash-rinse sanitize technique/Lavage de la vaisselle à la main : Lavage-rinçage - technique de désinfection C. Sanitize test kit/thermometer readily available for verifying dishwashing and sanitizing temperatures/Trousse de désinfection / thermomètre pour vérifier les températures de lavage de la vaisselle et de désinfection disponibles sur place D. Food contact surfaces washed-rinsed-sanitized after each use and following any operations when contamination may have occurred/Les surfaces de contact avec les aliments sont lavées, rincées et désinfectées après chaque usage et après toute opération comportant un risque de contamination E. Wiping cloths handled properly (sanitizing solution used)/Les essuie-mains sont convenablement lavés (en utilisant une solution désinfectante)</p>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<p>Sanitary Facilities and Controls/Installations et mesures de contrôle sanitaires A. Approved municipal/private sewage disposal whiter required/Muni / privé approuvé, là où requis B. Separate handwashing basin in each preparation area with the required supplies/Evier séparé pour se laver les mains dans chaque aire de préparation des aliments avec les fournitures requises C. Sanitary maintenance of and provision of required supplies in staff/public washroom facilities/Entretien et quantité suffisante des fournitures requises dans les toilettes du personnel / du public, conformément aux normes sanitaires</p>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<p>Garbage and Waste Management/Gestion des déchets et des ordures A. Insect and vermin-proof containers provided where required/Munis de récipients à l'épreuve des insectes et de la vermine, là où requis B. Frequency of garbage removal adequate to maintain the premises in a sanitary condition/Fréquence appropriée de l'enlèvement des ordures pour maintenir la salubrité des lieux C. Liquid wastes handled and collected in sanitary manner/Déchets liquides traités et enlevés conformément aux normes sanitaires</p>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<p>Pest Control/Contrôle des insectes et des animaux nuisibles A. Adequate protection against the entrance of insects, vermin, rodents, dust and fumes/Protection appropriée pour empêcher l'entrée des insectes, de la vermine, des rongeurs, de la poussière et des émanations No flies present during time of inspection</p>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<p>Sanitary Maintenance and Construction of Establishment/Entretien et construction sanitaires de l'établissement A. Floor, walls, and ceiling clean/in good repair/Planchers, murs et plafonds propres / en bon état B. Mechanical ventilation operable where required/Système de ventilation mécanique en état de fonctionner, s'il y a lieu C. Lighting adequate for food preparation and cleaning/Eclairage suffisant pour la préparation des aliments et le nettoyage D. General housekeeping satisfactory/Entretien général satisfaisant E. Exclusion of live animals on the premises, subject to exemptions/Lieux interdits aux animaux vivants, sauf exception</p>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<p>Other/Autre</p>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Signature of owner/operator/Signature du (de la) propriétaire / de l'exploitant(e) [Redacted Signature]</p>						
<p>Signature of Public Health Inspector/Signature de l'inspecteur(trice) de la santé publique [Redacted Signature]</p>						
Date	Date	Date				
		March 9/16				