| □ TORONIO | Public Health | | Food | Safety | Insp | ect | io | n Rep | or | rt | | | | | Reference 1 | | 50 | |
|--|--------------------|-------------------|--|---------------|---|--------|------|-------------|-------|-----------|----------|----------|---------------------------------|---------------------------------|-----------------------|------------|-------|--|
| Region | Map # | Insp. ID | Insp. ID Premises Type Premises ID Inspection Frequency Previous Inspection Status Previous Inspection D | | | | | | | | | | | | | | | |
| VA/4 | Other | | | | | | | | | | | 05/16/23 | | | | | | |
| West | 1706 | 146 | Food Caterer | 9009256 | 1 | 2 | | 3 🗸 | Pass | V | Cond. | Clo | osed | П | # of 0 | C.F.H. | T. V. | |
| Premises Nar | ne (Storefront | t) | | 1 | | | | d beined | | _ | 2 1000 1 | plaint [| 7 | · [] | Require | | | |
| Inspection Compliance Compliance | | | | | | | | | | | | . L | _ | | | ۱ ' | YN | |
| Re-inspection | | | | | | | | | | | | quest | | | On-site | 1 | N | |
| Trading As Address / Unit M. HALPERT CATERING LTD 1681 ST CLAIR AVE W | | | | | | | | | | | | | 100 | | Code | | | |
| | |) | | | | | | | | | | | _ | 16N 1 | | | | |
| Owner / Licensee Operator / Occupier MARVIN HALPERT CATERING LTD MARVIN HALPERT | | | | | | | | | | | | | 1 | hone | | | | |
| | | Mon | Tues | Wed | | _ | - | Fri | | | Sat | Sun | | | 567199 | | | |
| Daily Operating Hours Mon Tues Wed Thurs Fri Sat 0000- 0400- 0400- 0400- 0400- 0400- 0000- | | | | | | | | | | 0000- | | | Out of Business New Premises | | | | | |
| Seasonal Premises Only 1600 1600 1600 1600 1600 0000 | | | | | | | | | 0000 | | | Permai | nsed | | | | | |
| Descritor National II | | | | | | | | | | | | | | - Ionay or | | | | |
| Licence | | | | | | | | | | navailabl | ble Expi | | | red | | N/A | | |
| 545 Compliance with: Yes No Yes No N/A # B50 | | | | | | | | | | | | | 5 | , | | | | |
| 1. FOOD TEMPERATURE CONTROL | | | | | | | | | | | | | | 1 | X | CDI N/A | | |
| | | ng or preparing | of hazardous f | ood items | | | | | | | | Cat | 1 | 1 | ^ | CDI | 19/24 | |
| B. Internal tem | | | | | (140°F) | and a | boy | re | - | - | | - C | + | <u></u> | 8 | | - | |
| | | | | | (, | | | | | | | C | + | 1 | 1 | | | |
| C. Frozen hazardous food items maintained in a frozen state 2. FOOD PROTECTED FROM CONTAMINATION | | | | | | | | | | | | Cat | | | | | | |
| A. Approved products and/or proper handling and/or processing as required | | | | | | | | | | | | С | \top | 1 | | | | |
| B. Food protected from contamination / adulteration (e.g. food condemnation) | | | | | | | | | | | | C | + | 1 | † | | | |
| C. Proper utens | sils / equipment | and/or procedu | ires used to er | sure food saf | ety | | | | | | | S | + | 1 | | | _ | |
| D. Adequate potable water supply (including ice) | | | | | | | | | | | | С | + | 1 | | | | |
| 3. EMPLOYEE HYGIENE AND HANDWASHING | | | | | | | | | | | | Cat | \pm | | | | | |
| A. Separate an | d convenient ha | and washing sin | k(s) with suppl | lies | | | | | | | | S | T | 1 | | | | |
| B. Washing hands thoroughly as required to prevent contamination | | | | | | | | | | | | С | + | 1 | | | | |
| C. Provision an | d use of clean | outer garments | and hair confir | nement | | | | | | | | М | T | 1 | | | | |
| D. Free of infec | | | | | | | | | | | | С | T | 1 | | | | |
| 4. MAINTENAN | | | | | TENSIL | S/EC | UIF | PMENT | | | | Cat | | | | | | |
| A. Hot / cold ru | | | | | | | | | | | | S | | 1 | | | | |
| | | e of equipment | | | | | | | | | | S | _ | 1 | | | | |
| C. Provision an | | | | | | and la | arge | e utensils | | | | S | | ✓ | | | | |
| D. Properly equ | | | | | | | | | | | | S | | | | | 1 | |
| 5. MAINTENANCE / SANITATION OF NON-FOOD CONTACT SURFACES / EQUIPMENT | | | | | | | | | | | | Cat | | | | | | |
| A. Provision and proper maintenance of mechanical equipment and devices | | | | | | | | | | | | S | _ | 1 | | | | |
| B. Accurate indicating and easily readable thermometers | | | | | | | | | | | | S | _ | 1 | | | | |
| C. Proper maintenance / washing of rooms (including washrooms) and equipment | | | | | | | | | | | | M | _ | 1 | - | | - | |
| D. Minimum lighting provided | | | | | | | | | | | | M | - | 1 | | | | |
| MAINTENANCE / SANITATION OF WASHROOMS A. Sanitary facilities maintained clean and sanitary | | | | | | | | | | | | Cat | + | 1 | | | | |
| A. Sanitary facilities maintained clean and sanitary B. Provision of sanitary facility supplies | | | | | | | | | | | | S | - | <u>/</u> | - | - | - | |
| | | maintenance re | quirements | | | | | | | | | M | - | 7 | | - | - | |
| 7. STORAGE / | | | 40.101.10 | | | | | | | | | Cat | | <u> </u> | | | | |
| A. Proper stora | ge and removal | of solid / liquid | waste | | | | | | | | | S | + | 1 | - | + | | |
| 8. PEST CONT | ROL | | | | | | | | | | | Cat | | | | | | |
| A. Adequate pe | est control | | | | | | | | | | | S | \top | 1 | | | | |
| 9. CONDITION | (S) FOR CLOS | URE | | | | | | | | | | Cat | | | | | | |
| A. Premises ma | aintained in a m | anner not perm | itting a health | hazard | *************************************** | | | | | | | С | | 1 | | | | |
| FOOD PREMIS | ES ADMINIST | RATIVE REQU | IREMENTS | | | | | | | | | NA | ÷ | | | | | |
| A. Ontario Reg | | | | | | | | | | | | | + | - | | | | |
| B. Toronto Mui | | | | | | | | | | | | NA | - | <u> </u> | | | | |
| | | | | | | | | | | | | NA | - | 1 | | | | |
| C. Health Prote | ection and Prom | otion Act admin | istrative requir | ements | | | | | | | | NA | | 1 | | | | |
| | | | | | | | | | | | | | | | | | | |
| 🗸 = In Com | pliance X | = Infractions | to be correct | ed immediat | ely | CD |) = | Correcte | d Di | urin | g Insped | tion | | | N/A = N | ot Appli | cable | |
| Monitor \ | Jnable 🗍 | | Monito | or Unab | le 🖂 | | | | | TMC | nitor | Una | blo | | | | | |
| Time (min) = | | mm/dd/yy | | (min) = | | | mm | n/dd/yy | | 100 | ne (min | - | ibie | ш | n | nm/dd/y | /\r | |
| Satisfactory at t | time of inspection | | T | - | | - | | 11 (3 (3)) | - | | | | | | ,, | arr, day | у | |
| See Supplemen | ntal Inspection F | Report | T1 | nis is Page | 1 of 1 | | | | | | | spection | | | | | | |
| | | | | | | | | | | | | 7 | JU 10 | | mn | n /dd / yy | | |
| | | fety Consultatio | n Foo | d Condemne | d/Seized | Ш | | HACC | PC | onsi | ultation | | Sar | mples | (food, w | vater, ice |) | |
| | ON STATUS | | | | INFRA | | - | | | | | | | | Inspection Date | | | |
| PASS | | | No / any r | ninor (M) an | d no sig | nifica | ant | (S) and r | no cr | ruci | al (C) | 7 | | | 09/07/23 | | | |
| CONDITIONAL PASS Any significant (S) or any crucial (C) | | | | | | | | | | | | | | | mm / dd / yy | | | |
| CLOSED Any crucial (C) that constitutes a condition for closure | | | | | | | | | | | | | | 7 | Total Inspection Time | | | |
| TEMP. NOT OPERATING Not operating due to fire, flood or other property damages | | | | | | | | | | | | | | | 60 minutes | | | |
| The special grade to the property duringes | | | | | | | | | | | | | | | | | | |
| Owner/Operator/Keeper has been advised to post the Food Safety Inspection Notice as issued by the Medical Officer of Health or designate in accordance with Appendix A | | | | | | | | | | | | | | Time of Report | | | | |
| | | | | | | | | | | | - | | | 14:29 | | | | |
| | | | | | | | | | | | | | | | | | | |
| Inspector's Name (please print) Inspector's Signature , Owner / Operator / Recipient | | | | | | | | | | | | | | (24 hour clock) Date of Report | | | | |
| Owner / Operator / Recipient | | | | | | | | | | | | | | + | | |) I | |
| M | ARVIN HALI | PERT | | | | | | | | | | | | | 0 | 9/07/23 | | |

MARVIN HALPERT

First Name

Last Name

Signature of Owner / Operator / Recipient

mm / dd / yy

The information on this form is collected under the authority of the City of Toronto Act, 1997 (No. 2), Municipal Code, Chapter 545 and the Health Protection and Promotion Act, R.S.O.
1990, c H. 7, O. Reg. 493. The information is used to administer the Toronto Public Health Food Safety Program and aggregate statistical reporting. Questions about this collection can be directed to the Director of Healthy Environments, 277 Victoria Street, Toronto, M5B 1W2. Telephone: 416 392-1356.