

Village of Hines Creek Council

Request for Decision (RFD)

Meeting:	Regular Council Meeting
Meeting Date:	March 25, 2025
Originated By:	Leanne Walmsley, Chief Administrative Officer
Title:	New Business – Alberta Health Services Inspection Report – Dave Shaw memorial Complex
File:	0902

BACKGROUND/PROPOSAL:

A routine monitoring inspection on the Dave Shaw Memorial Complex was completed 2025/01/29.

DISCUSSION/OPTIONS/BENEFITS/DISADVANTAGES

Compliance Record

1. Housekeeping – non-critical
 - 1.1 23. Is the facility maintained in a clean and sanitary condition?
Compliance Result: NO Not in Compliance
Description: Cleaning schedule has not been implemented, and cleaning logs are not kept.

Written Sanitation Procedures/Records
Written sanitation procedures and/or records are not available or are not completed. A commercial food establishment must have written procedures to ensure its safe and sanitary operation and maintenance. The procedures must include the cleaning and sanitizing requirements, the food establishment and all equipment and utensils in it and a list of all cleaning and sanitizing agents used including their concentrations and uses. AR 31/2006 s 29.
2. Food Handling – Critical
 - 2.1. 06. Are appropriate food handling practices and plans in place to ensure that food is handled in a manner that makes it safe to eat?
Compliance Result: Yes – In Compliance
Description: Temperature logs are kept for refrigeration units.
3. Temperature Control – Critical
 - 3.1. 10. Are food temperature during storage and processing being controlled to maximize food safety?
Compliance Results: Yes – In Compliance
Description: Probe thermometer is available on site to verify food safety temperatures.
4. General Construction/Maintenance – Non-Critical

4.1. 21. Is the facility properly constructed and maintained in a state of good repair to allow for the safe and sanitary handling of food?

Compliance Result: Yes – In Compliance

Description: Ceiling tiles are in good condition.

Alberta Health Services provided the following logs:

Food Temperature Surveillance Sheet

Pest Control Checklist (To be completed monthly)

Monthly Cleaning Logs

Daily Cleaning Log

Weekly Cleaning Log

Appendix D – Monthly Cleaning Schedule

COSTS/SOURCE OF FUNDING (if applicable)

FINANCIAL IMPLICATIONS COUNCIL STRATEGIC PLAN

- ☒ Make the Village of Hines Creek an attractive and desirable place to live.
- ☒ Create an environment where residents and business feel valued and comfortable airing their concerns, and where their problems, ideas, and inputs are valued.
- ☐ Being progressive and open to innovative ideas.
- ☐ Financially sound management that utilizes public funds efficiently and effectively.
- ☐ Not Applicable

RECOMMENDED ACTION:

Resolution by that Council receives the Alberta Health Services Inspection Report conducted on January 29, 2025 as information and have administration implement the above noted Logs for the facility.

Initials show support- Reviewed by:	Manager:	C.A.O. <i>DW</i>
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Inspection Date	Inspection Type	Inspection SubType	Inspection ID
2025-01-29	Monitoring Inspection	Routine	0000532628

INSPECTION REPORT

Name of Establishment Main Unit: Dave Shaw Memorial Complex Subunit: Dave Shaw Memorial Complex Concession, Community/Church Kitchen (Permitted) Subunit ID: 0000118639		Owner / Agents Name Village of Hines Creek Report Discussed With: Manager Report Sent To: Manager Delivery Method: Email
Site Address 712 6 Avenue Hines Creek AB T0H 2A0 Canada	Rural Address	Mailing Address PO Box 421 Hines Creek AB T0H 2A0 Canada

Opening Comments

Compliance Record

1 Housekeeping - Non-Critical

1.1 23. Is the facility maintained in a clean and sanitary condition?

First Cited: 2023-09-25

Compliance Result: NO - Not In Compliance

Description: Cleaning schedule has not been implemented and cleaning logs are not kept.

Implement cleaning schedule and keep written cleaning logs

Target Completion Date: 2023-09-29

WRITTEN SANITATION PROCEDURES / RECORDS

Written sanitation procedures and/or records are not available or are not complete. A commercial food establishment must have written procedures designed to ensure its safe and sanitary operation and maintenance. The procedures must include the cleaning and sanitizing requirements the food establishment and all equipment and utensils in it and a list of all cleaning and sanitizing agents used including their concentrations and uses. AR 31/2006 s 29

2 Food Handling - Critical

2.1 06. Are appropriate food handling practices and plans in place to ensure that food is handled in a manner that makes it safe to eat?

First Cited: 2023-09-25

Compliance Result: YES - In Compliance

Description: Temperature logs are kept for refrigeration units.

3 Temperature Control - Critical

3.1 10. Are food temperatures during storage and processing being controlled to maximize food safety?

First Cited: 2023-09-25

Compliance Result: YES - In Compliance

Description: Probe thermometer is available on site to verify food safety temperatures.

4 General Construction / Maintenance - Non-Critical

4.1 21. Is the facility properly constructed and maintained in a state of good repair to allow for the safe and sanitary handling of food?

First Cited: 2023-09-25

Compliance Result: YES - In Compliance

Description: Ceiling tiles are in good condition.

Closing Comments

Inspection Actions Taken:

- Violations Cited
- Follow-up Required

Should you have any questions regarding this report, you can get in touch with me using the contact information below.

Raichel Sebastian Thadathil

Public Health Inspector

Raichel.SebastianThadathil@albertahealthservices.ca

Contact Safe Healthy Environments at 1-833-476-4743 or [submit a request online](#) at [ahs.ca/eph](#).

Child care, food, personal services, and pool inspection reports are now available online at [ahs.ca/inspections](#).

FOOD TEMPERATURE SURVEILLANCE SHEET

Please post on the refrigerator or freezer door

DATE	TIME			FREEZER/COOLER(best to label the units)								SIGNATURE
	morning	afternoon	evening	1	2	3	4	5	6	7	8	
1												
2												
3												
4												
5												
6												
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NOTE: TEMPERATURES SHOULD BE CHECKED AT LEAST 3 TIMES PER DAY
REFRIGERATION UNITS MUST BE MAINTAINED BELOW 4°C
FREEZER UNITS MUST BE MAINTAINED BELOW -18°C



Pest Control Checklist (To be completed monthly)

Section 21 of the Food Regulation (AR 31/2006) has specific requirements concerning pests and control measures, which food establishment operators must satisfy. It reads as follows:

21(1) The commercial food establishment and any surrounding area, premises or facilities supporting the commercial food establishment must be kept free of pests and of conditions that lead to the harbouring or breeding of pests.

21(2) A written record of all pest control measures used in the commercial food establishment and surrounding area, premises and facilities referred to in section (1) must be maintained.

The following checklist will assist in complying with this portion of the new legislation. A record of all pest control measures, whether carried out by the food establishment operator or licensed pest control operator, should be kept in a file or binder.

Name of Establishment: _____

Completed By (Manager/Supervisor): _____ Date: _____

A. Exterior Areas

- | | |
|--|---|
| 1. Are there any piles of debris or rubbish around the premises?
Yes ☐ No ☐ | 2. Are garbage containers clean and properly covered?
Yes ☐ No ☐ |
|--|---|

B. Building Structure

- | | |
|--|---|
| 3. Are the doors or other openings to the outside tight fitting?
Yes ☐ No ☐ | 4. Are all screens in place and in good repair?
Yes ☐ No ☐ |
|--|---|

C. Building Interior

- | | |
|---|--|
| 5. Is the building interior structurally sound?
Yes ☐ No ☐ | 6. Is there an accumulation of spilled food, liquid or dust?
Yes ☐ No ☐ |
| 7. Do all food containers have lids?
Yes ☐ No ☐ | 8. Are all food products stored off the floor?
Yes ☐ No ☐ |

D. Evidence of Pests

- | | |
|---|--|
| 9. Are there any pests or signs of pests? (insects, mice droppings, insect casings, etc.)
Yes ☐ Type of pest: _____ No ☐ | 10. If pests are present, has the affected area been cleaned and sanitized, and infested food disposed of?
Yes ☐ No ☐ |
|---|--|

E. Other Information

1. If applicable, Name of Pest Control Company and contact person: _____
2. Type of chemical control and name of product (sprays, baits, etc.): _____
3. Types of control devices (include location of traps, glue boards, zappers): _____

Additional Comments _____

MONTHLY CLEANING LOGS

[illegible]

DAILY CLEANING LOG

[illegible]

WEEKLY CLEANING LOG

[illegible]

Appendix D – Monthly Cleaning Schedule

Monthly Cleaning Schedule

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