

April 2011 - March 2012 Public Building Inspection

Schedule

Oct Filtration Plant - Golden age club - Sewage Plant - Lands and Trusts Services
Healing Lodge - K 103 Radio Station

Nov Kateri Hall - Survival School **(W)** - Firehall - Mohawk Council
Environment Protection - Business Complex 1 & 2
Sports Complex

Dec Peacekeeper's - Community Services Complex
White House - Step By Step - Youth Center - Karonhianonha

January Kateri School - Indian Way **(W)** - Karihwanonron **(W)**
Pentecostal Church - Family Center

February K.M.H.C. - CourtHouse - Kahnwake Library
Elder's Lodge - Technical Services

March United Church - Conservation Office - ALS Building
Cultural Center - Catholic Church

**April 2011 - March 2012 Food Establishment Inspection
Schedule**

April Kahnawake Market - Fadee's - Hamburger Heaven - Sny's Canteen
Jamie Diabo Store - Robertson's Distributing - Wild Wild West

May Kahnawake Driving Range - Caughnawaga Golf Club
Mohawk Hills Golf Club - Lafleur's Golf Club
J & J mini mart - Kaniwaki Golf Club

June Edgewater - Club Rez - Deer Crossing Convenience - Eagle's Nest
Hotspots - Khanata Convenience store

July Big Bear Trading - Get N Go Gas Bar - Maddie's Place
MJ Convenience - OCR Necessities - Dustin's - Evelyn's

August Goodleaf Convenience - Turtle Island Theatre - Pitstop
Wheel's Convenience - Blackberries Specialty foods

Sept Kateri School - KMHC cafeteria and coffee shop - Survival School
Karonhianonha School - Sports Complex

Oct

Nov

Dec

January Kahkotsiio Beauty salon - Snake's Poker Palace - Café Delight - Eileen's
Water Drum - Bayview - The Grill

February Legion - Moose Lodge - Marina - K of C
Lafleur's Meat Market - Kathy's Convenience

March Chilly Willy's - Dustin's - The Ranch - McComber's Convenience
Elder's Lodge

Environmental Health Services
AIR QUALITY ASSESSMENT

Public Buildings

Building: _____

Office Manager/contact : _____

Date: _____

Phone No. _____ **Box:** _____

No. Of Occupants: _____

Inspector(s): _____

Sources:

- | | |
|---|---|
| <input type="checkbox"/> Musty odour in the building | <input type="checkbox"/> Water leaks |
| <input type="checkbox"/> Wet windows | <input type="checkbox"/> Pet(s) in house |
| <input type="checkbox"/> Water stains | <input type="checkbox"/> Visible mould |
| <input type="checkbox"/> Clothes/paper stored in basement | <input type="checkbox"/> Basement with dirt floor |
| <input type="checkbox"/> Mouldy carpets | <input type="checkbox"/> No bathroom vent |
| <input type="checkbox"/> Previous flooding | <input type="checkbox"/> No dryer vent |
| <input type="checkbox"/> Rotting Wood | <input type="checkbox"/> No sump pump |
| <input type="checkbox"/> Foul Odour(s) | <input type="checkbox"/> Dirty unit filters/trays/vents |
| <input type="checkbox"/> New furniture or renovations | <input type="checkbox"/> Mouldy furniture |
| <input type="checkbox"/> Recent landfill | <input type="checkbox"/> Exterior damage to building |
| <input type="checkbox"/> Condensation on walls | <input type="checkbox"/> Cracks/holes in walls |

Mold: Level 1 _____ Level 2 _____ Level 3 _____

Humidity temperatures: (< 70% all year or < 55% in winter)

Carbon Monoxide: (Levels vary relative to # of occupants & room size)

Carbon Dioxide: (Levels vary relative to # of occupants & room size)

| | | |
|--------------------|------------------------|----------------------|
| Attic(Humid) _____ | Basement (Humid) _____ | Office (Humid) _____ |
| (Temp°C)_____ | (Temp°C)_____ | (Temp°C)_____ |
| (Monox) _____ | (Monox) _____ | (Monox) _____ |
| (Dioxide)_____ | (Dioxide)_____ | (Dioxide)_____ |

| | | |
|----------------------|----------------------|----------------------|
| Kitchen(Humid) _____ | Office (Humid) _____ | Office (Humid) _____ |
| (Temp°C)_____ | (Temp°C)_____ | (Temp°C)_____ |
| (Monox) _____ | (Monox) _____ | (Monox) _____ |
| (Dioxide) _____ | (Dioxide)_____ | (Dioxide)_____ |

Occupants Symptoms:

Allergic reactions

Throat irritation

Headaches

Skin irritation

Eye irritation

Respiratory problems

Nausea

Fatigue

Heating/cooling systems:

Gas/Propane

Oil

Air exchange

Electric

Wood

Kerosene

Water/sewer Connection:

Town System

Private well/septic

Comments:



Data Gathering Reminder
BACTERIOLOGICAL ANALYSIS RESULTS - DRINKING WATER
Colilert Presence / Absence Analysis Method

Sampled at: _____ by: _____
 Sampling Month: _____ 20____

Data concerning Colilert Products used :
 Presence / Absence Reagents: Expiration date : _____ Lot # : _____
 Bottles : Expiration date : _____

| Date | Sampling Site | Results |
|------|---|--------------------------------------|
| | <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name /Address: _____ Cl ₂ free: _____ Cl ₂ total: _____ turbidity: _____ pH: _____ Remarques : _____ | Total Coli: _____ E. coli : _____ |
| | <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name /Address: _____ Cl ₂ free: _____ Cl ₂ total: _____ turbidity: _____ pH: _____ Remarques : _____ | Total Coli: _____ E. coli : _____ |
| | <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name /Address: _____ Cl ₂ free: _____ Cl ₂ total: _____ turbidity: _____ pH: _____ Remarques : _____ | Total Coli: _____ E. coli : _____ |
| | <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name /Address: _____ Cl ₂ free: _____ Cl ₂ total: _____ turbidity: _____ pH: _____ Remarques : _____ | Total Coli: _____ E. coli : _____ |
| | <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name /Address: _____ Cl ₂ free: _____ Cl ₂ total: _____ turbidity: _____ pH: _____ Remarques : _____ | Total Coli: _____ E. coli : _____ |
| | <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Name /Address: _____ Cl ₂ free: _____ Cl ₂ total: _____ turbidity: _____ pH: _____ Remarques : _____ | Total Coli: _____ E. coli : _____ |

ANY RESULT SHOWING TOTAL COLIFORMS OR E. COLI PRESENCE MUST BE NOTIFIED AS SOON AS POSSIBLE TO YOUR ENVIRONMENTAL HEALTH OFFICER
 After each sampling, please enter the results at www.cau-water.ca
 If it is impossible, fax them to Environmental Health Officer



Food Premises Inspection Report – Establishment Sanitation, Design and Maintenance Items

| | | | | | | |
|---------------|---------|-----------|------------------|-----------------------|-----------------------------|----------------------------|
| Establishment | Address | Telephone | owner / operator | Type of establishment | Inspection due date (d/m/y) | Re-inspection date (d/m/y) |
|---------------|---------|-----------|------------------|-----------------------|-----------------------------|----------------------------|

| 1. Equipment and Utensils | Y | N | X | Compliance Activities | | |
|--|--------------------------|--------------------------|--------------------------|-----------------------|-----------------------|------------------|
| | | | | Y - In compliance | N - not in compliance | X - not observed |
| A. Food dispensing utensils available for use by patrons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| B. Proper storage of clean utensils | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| C. Single-service utensils properly stored and dispensed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| D. Thermometers to verify food preparation and storage temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| E. Food contact surfaces properly designed, constructed, installed, located, (smooth, non-absorbent, cleanable, corrosion resistant and non-toxic) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| F. Non-food contact surfaces and equipment properly designed, constructed, installed, maintained, (accessible for cleaning) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2. Foodhandler Hygiene and Activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| A. Clean outer garments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| B. Prohibited use of tobacco/smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| C. Hair suitably confined | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| D. Washing hands thoroughly before and after handling food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3. Equipment and Utensils Sanitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| A. Mechanical dishwashing: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Wash-rinse water clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Proper water temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Proper timing of cycles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Sanitizer for low temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| B. Manual dishwashing: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Wash-rinse sanitize technique | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Sanitize test kit/thermometer readily available for verifying dishwashing and sanitizing temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| C. Sanitize test kit/thermometer readily available for verifying dishwashing and sanitizing temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| D. Food contact surfaces washed-rinsed-sanitized after each use and following any operations when contamination may have occurred | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| E. Wiping cloths handled properly (sanitizing solution used) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4. Sanitary Facilities and Controls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| A. Approved municipal/private sewage disposal provided where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| B. Separate handwashing basin in each preparation area with the required supplies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| C. Sanitary maintenance of and provision of required supplies in staff/public washroom facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 5. Garbage and Waste Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| A. Insect and vermin-proof containers provided where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| B. Frequency of garbage removal adequate to maintain the premises in a sanitary condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| C. Liquid wastes handled and collected in sanitary manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6. Pest Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| A. Adequate protection against the entrance of insects, vermin, rodents, dust and fumes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 7. Sanitary Maintenance and Construction of Establishment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| A. Floor, walls, and ceiling clean/in good repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| B. Mechanical ventilation operable where required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| C. Lighting adequate for food preparation and cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| D. General housekeeping satisfactory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| E. Exclusion of live animals on the premises, subject to exemptions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| A. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| B. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

These items must be completed by the expected date or before the next regular inspection

| Item no. | Item/comment | Expected compliance date |
|----------|--------------|--------------------------|
| | | |
| | | |
| | | |
| | | |

| | |
|--------------------------------------|------|
| Signature of owner/operator | Date |
| Signature of Public Health Inspector | Date |

QUALITY CONTROL REGISTER
of the Colilert method
for bacteriological analysis of drinking water

Community of _____

QUANTI-CULT

| DATE | COLILERT REAGENT | | QUANTI-CULT RESULTS | | |
|------|------------------|-----------|------------------------|------------|---------|
| | LOT NO | EXP. DATE | BACTERIA | TOTAL COL. | E. COLI |
| | | | Pseudomonas aeruginosa | | |
| | | | Klebsiella pneumoniae | | |
| | | | Escherichia coli | | |
| | | | Pseudomonas aeruginosa | | |
| | | | Klebsiella pneumoniae | | |
| | | | Escherichia coli | | |
| | | | Pseudomonas aeruginosa | | |
| | | | Klebsiella pneumoniae | | |
| | | | Escherichia coli | | |
| | | | Pseudomonas aeruginosa | | |
| | | | Klebsiella pneumoniae | | |
| | | | Escherichia coli | | |

Important:

- i Always include the CRISOPE Technologies "Quality Control Certificate" which is part of the Quanti-Cult kit.
- ii Keep this form in file for further reference.

Signature _____

Date _____



| | | | | | | | | | |
|----------------|--|----------------------------|--|--|--------------------------|--|--|--|--|
| Community Name | | Site Name and Address | | | | | | | |
| Site Code | | | | | | | | | |
| Sample Number | | Sampling Date (yyyy-mm-dd) | | | Time of Sampling (HH:mm) | | | Temperature <input type="checkbox"/> °C <input type="checkbox"/> °F | |
| Sampled by | | | | | Signature | | | | |

Please indicate required analysis

| | |
|---|--------|
| <input type="checkbox"/> 1. BASIC ANALYSIS | |
| Colour (TCU) | Lab No |
| Turbidity (NTU) | |
| pH | |
| Total Dissolved Solids | |
| Hardness | |
| Aluminium | Lab No |
| Arsenic | |
| Barium | |
| Boron | |
| Cadmium | |
| Chromium | |
| Copper | |
| Iron | |
| Manganese | |
| Mercury | |
| Lead | |
| Selenium | |
| Sodium | |
| Uranium | |
| Zinc | |
| Chloride | Lab No |
| Fluoride | |
| Nitrate | |
| Nitrite | |
| Sulphate | |
| Cyanide | Lab No |

| | |
|---|--------|
| VOLATILES PAH-PHENOLS | |
| <input type="checkbox"/> 3. THH | Lab No |
| Vinyl Chloride | |
| 1,2-Dichloroethane | |
| Dichloromethane | |
| Carbon Tetrachloride | |
| Trichloroethylene | |
| <input type="checkbox"/> 4. AMH | Lab No |
| Benzene | |
| Chlorobenzene | |
| 1,2-Dichlorobenzene | |
| 1,4-Dichlorobenzene | |
| <input type="checkbox"/> 5. PAH-PHENOL | |
| Benzo (A) pyrene | Lab |
| 2,4-Dichlorophenol | Lab |
| Pentachlorophenol | |
| 2,3,4,6 Tetrachlorophenol | |
| 2,4,6-Trichlorophenol | |
| <input type="checkbox"/> 6. SOLVENTS | Lab No |
| Ethylbenzene | |
| Toluene / Xylene | |
| MTBE | |
| <input type="checkbox"/> 7. THH-OPTION | Lab No |
| Dichloroethylene | |
| Tetrachloroethylene | |

| | |
|---|--------|
| <input type="checkbox"/> 10. THM | Lab No |
| <input type="checkbox"/> 11. TOC | Lab No |
| <input type="checkbox"/> 12. C10-C50 | Lab No |
| <input type="checkbox"/> 13. AGRESSIVITY | Lab No |
| <input type="checkbox"/> 14. UNDERGROUND WATER | |
| Bicarbonate | Lab No |
| Sulphide | Lab No |
| <input type="checkbox"/> 15. OTHERS | |
| Specify : | |
| <input type="checkbox"/> HAAs Total | Lab No |
| <input type="checkbox"/> Alpha /Beta Act. | Lab No |
| <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"/> 2. ADDITIONAL | |
| Alcalinity | Lab No |
| Conductivity (µmhos/cm) | |
| Antimony | Lab No |
| Calcium | |
| Magnesium | |

| | |
|---|--------|
| <input type="checkbox"/> 8. NTA | Lab No |
| <input type="checkbox"/> 9. PESTICIDES | Lab No |
| Specify population : | |
| <input type="checkbox"/> Less than 5000 habitants | |
| <input type="checkbox"/> More than 5000 habitants | |

Version of 2011/04

| | | | |
|--------------------------------|----------------|---|-------------------------|
| FOR LABORATORY USE ONLY | | Client : DSPNI <input type="checkbox"/> Others <input type="checkbox"/> | Receiving Date and Time |
| Request N° : _____ | T (°C) : _____ | Received by : _____ | |

