

6230

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

| Risk Category: 1
 | Food Establishment Inspection Report | | | | | | | | | | Page 1 of 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Establishment type: Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/>
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| Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.
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| Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed
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| P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation
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| <table border="1"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th colspan="3">Supervision</th> <th>V</th> <th>COS</th> <th>R</th> <th colspan="3">Protection from Contamination</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Food separated and protected</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Certified Food Protection Manager for Classes 2, 3, & 4</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Food-contact surfaces: cleaned & sanitized</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td colspan="3">Proper disposition of returned, previously served, reconditioned, and unsafe food</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Person/Alternate Person in charge present, demonstrates knowledge and performs duties | | | Pf | <input type="checkbox"/> | <input type="checkbox"/> | Food separated and protected | | | P/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Certified Food Protection Manager for Classes 2, 3, & 4 | | | C | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | | | | | | | | | | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th colspan="4">Employee Health</th> <th colspan="4">Time/Temperature Control for Safety</th> </tr> </thead> <tbody> <tr> <td>3</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Management, food employee and conditional employee; knowledge, responsibilities and reporting</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooking time and temperatures</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper use of restriction and exclusion</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper reheating procedures for hot holding</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Written procedures for responding to vomiting and diarrheal events</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooling time and temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4">Proper hot holding temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4">Proper cold holding temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4">Proper date marking and disposition</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4">Time as a public health control: procedures and records</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Good Hygienic Practices</th> <th colspan="4">Consumer Advisory</th> </tr> </thead> <tbody> <tr> <td>6</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper eating, tasting, drinking, or tobacco products use</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Consumer advisory provided: raw/undercooked food</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">No discharge from eyes, nose, and mouth</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Preventing Contamination by Hands</th> <th colspan="4">Highly Susceptible Population</th> </tr> </thead> <tbody> <tr> <td>8</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Hands clean and properly washed</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Pasteurized foods used; prohibited foods not offered</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>9</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate handwashing sinks, properly supplied/accessible</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Approved Source</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>11</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food obtained from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food additives: approved and properly used</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>12</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food received at proper temperature</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Toxic substances properly identified, stored & used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>13</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food in good condition, safe, and unadulterated</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Required records available: molluscan shellfish identification, parasite destruction</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12">GOOD RETAIL PRACTICES</td> </tr> <tr> <td colspan="12">Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</td> </tr> <tr> <td colspan="12">Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th colspan="3">Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> <th colspan="3">Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>30</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td colspan="3">Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td>
<td colspan="4">Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Approved thawing methods used</td> <td>Pf/C</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food properly labeled; 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knowledge, responsibilities and reporting | | | | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time and temperatures | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of restriction and exclusion | | | | P | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding | | | | P | <input type="checkbox"/> | <input type="checkbox"/> | 5
 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written procedures for responding to vomiting and diarrheal events | | | | Pf | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time and temperatures | | | | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | | | | | | | | | Proper hot holding temperatures | | | | P | <input type="checkbox"/> | <input type="checkbox"/> |
 | | | | | | |
 | | | | Proper cold holding temperatures | | | | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | Proper date marking and disposition | | | | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | Time as a public health control: procedures and records | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |
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<td colspan="3">Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td colspan="3">Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooling methods used; 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prohibited foods not offered | | | | P/C
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | No bare hand contact with RTE food or a pre-approved alternative procedure properly followed | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
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 | | | | | 14 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Required records available: molluscan shellfish identification, parasite destruction | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | GOOD RETAIL PRACTICES | | | | | | | | | | | | Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. | | | | | | | | | | | | Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation | | | | | | | | | | | | <table
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cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>40</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Personal cleanliness</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Wiping cloths: properly used and stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>42</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Washing fruits and vegetables</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Person in Charge (Signature) Ryan Boothroyd Date 6/17/25</th> <th colspan="4">Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td colspan="4">Person in Charge (Printed) Ryan Boothroyd</td> <td colspan="4">COS</td> <td>8</td> </tr> <tr> <td colspan="4">Inspector (Signature) Amanda Ruchin Date 6/17/25</td> <td colspan="4"></td> <td>1</td> </tr> <tr> <td colspan="4">Inspector (Printed) Amanda Ruchin</td> <td colspan="4"></td> <td>1</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="12">Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</td> </tr> </tbody> </table> | | | | | | | | | | | | Prevention of Food Contamination | | | | Food/Color Additives and Toxic Substances | | | | 38 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present
 | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 39 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 40 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 41 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 42 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | | | | | | | | | | <table border="1"> <thead> <tr> <th colspan="4">Person in Charge (Signature) Ryan Boothroyd Date 6/17/25</th> <th colspan="4">Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td colspan="4">Person in Charge (Printed) Ryan Boothroyd</td> <td colspan="4">COS</td> <td>8</td> </tr> <tr> <td colspan="4">Inspector (Signature) Amanda Ruchin Date 6/17/25</td> <td colspan="4"></td> <td>1</td> </tr> <tr> <td colspan="4">Inspector (Printed) Amanda Ruchin</td> <td colspan="4"></td> <td>1</td> </tr> </tbody> </table> | | | | | | | | | | | | Person in Charge (Signature) Ryan Boothroyd Date 6/17/25 | | | | Date corrections due | | | | # | Person in Charge (Printed) Ryan Boothroyd | | | | COS | | | | 8 | Inspector (Signature) Amanda Ruchin Date 6/17/25 | | | | | | | | 1 | Inspector (Printed) Amanda Ruchin | | | | | | | | 1 | Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order. | | | | | | | | | | | |
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| 3
 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time and temperatures | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4
 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of restriction and exclusion | | | | P | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding | | | | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5
 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written procedures for responding to vomiting and diarrheal events | | | | Pf | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time and temperatures | | | | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th colspan="4">Good Hygienic Practices</th> <th colspan="4">Consumer Advisory</th> </tr> </thead> <tbody> <tr> <td>6</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper eating, tasting, drinking, or tobacco products use</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Consumer advisory provided: raw/undercooked food</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">No discharge from eyes, nose, and mouth</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> 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type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate handwashing sinks, properly supplied/accessible</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Approved Source</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>11</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food obtained from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food additives: approved and properly used</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>12</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food received at proper temperature</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Toxic substances properly identified, stored & used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>13</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food in good condition, safe, and unadulterated</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Required records available: molluscan shellfish identification, parasite destruction</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12">GOOD RETAIL PRACTICES</td> </tr> <tr> <td colspan="12">Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</td> </tr> <tr> <td colspan="12">Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th colspan="3">Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> <th colspan="3">Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>30</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td colspan="3">Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Approved thawing methods used</td> <td>Pf/C</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food properly labeled; original container</td> <td>Pf</td> <td><input checked="" type="checkbox"/></td> 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 | COS | R | Proper Use of Utensils | | | V | COS | R | 30 | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required
 | | | P | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | | C | <input type="checkbox"/> | <input type="checkbox"/> | 31 | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Utensils/equipment/linens: properly stored, dried, & handled | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 32 | <input type="checkbox"/> | <input type="checkbox"/> | Variance obtained for specialized processing methods | | | Pf | <input type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored & used | | | P/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | Gloves used properly | | | C | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Approved thawing methods used</td> <td>Pf/C</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food properly labeled; original container</td> <td>Pf</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Prevention of Food Contamination</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody>
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| <table border="1"> <thead> <tr> <th colspan="4">Preventing Contamination by Hands</th> <th colspan="4">Highly Susceptible Population</th> </tr> </thead> <tbody> <tr> <td>8</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Hands clean and properly washed</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Pasteurized foods used; prohibited foods not offered</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>9</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate handwashing sinks, properly supplied/accessible</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Approved Source</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>11</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food obtained from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food additives: approved and properly used</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>12</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food received at proper temperature</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Toxic substances properly identified, stored & used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>13</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food in good condition, safe, and unadulterated</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Required records available: molluscan shellfish identification, parasite destruction</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12">GOOD RETAIL PRACTICES</td> </tr> <tr> <td colspan="12">Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</td> </tr> <tr> <td colspan="12">Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th colspan="3">Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> <th colspan="3">Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>30</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td colspan="3">Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Approved thawing methods used</td> <td>Pf/C</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food properly labeled; original container</td> <td>Pf</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Prevention of Food Contamination</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>38</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Insects, rodents, and animals not present</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Contamination prevented during food preparation, storage & display</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>40</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Personal cleanliness</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Wiping cloths: properly used and stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr>
<td>42</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Washing fruits and vegetables</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Person in Charge (Signature) Ryan Boothroyd Date 6/17/25</th> <th colspan="4">Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td colspan="4">Person in Charge (Printed) Ryan Boothroyd</td> <td colspan="4">COS</td> <td>8</td> </tr> <tr> <td colspan="4">Inspector (Signature) Amanda Ruchin Date 6/17/25</td> <td colspan="4"></td> <td>1</td> </tr> <tr> <td colspan="4">Inspector (Printed) Amanda Ruchin</td> <td colspan="4"></td> <td>1</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="12">Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</td> </tr> </tbody> </table> </td></tr></tbody></table></td></tr></tbody></table></td></tr></tbody></table></td></tr></tbody></table></td></tr></tbody></table> | | | | | | | | | | | | Preventing Contamination by Hands | | | | Highly Susceptible Population | | | | 8 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hands clean and properly washed | | | | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | | | | P/C | <input type="checkbox"/> | <input type="checkbox"/> | 9 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | No bare hand contact with RTE food or a pre-approved alternative procedure properly followed | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 10
 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
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 | 14
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Required records available: molluscan shellfish identification, parasite destruction | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | GOOD RETAIL PRACTICES | | | | | | | | | | | | Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. | | | | | | | | | | | | Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation | | | | | | |
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 | 41 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 42 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | | | | | | | | | | <table border="1"> <thead> <tr> <th colspan="4">Person in Charge (Signature) Ryan Boothroyd Date 6/17/25</th> <th colspan="4">Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td colspan="4">Person in Charge (Printed) Ryan Boothroyd</td> <td colspan="4">COS</td> <td>8</td> </tr> <tr> <td colspan="4">Inspector (Signature) Amanda Ruchin Date 6/17/25</td> <td colspan="4"></td> <td>1</td> </tr> <tr> <td colspan="4">Inspector (Printed) Amanda Ruchin</td> <td colspan="4"></td> <td>1</td> </tr> </tbody> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hands clean and properly washed | | | | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | | | | P/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | No bare hand contact with RTE food or a pre-approved alternative procedure properly followed | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th colspan="4">Approved Source</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>11</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food obtained from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food additives: approved and properly used</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>12</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food received at proper temperature</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Toxic substances properly identified, stored & used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>13</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food in good condition, safe, and unadulterated</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>14</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Required records available: molluscan shellfish identification, parasite destruction</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12">GOOD RETAIL PRACTICES</td> </tr> <tr> <td colspan="12">Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</td> </tr> <tr> <td colspan="12">Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th colspan="3">Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> <th colspan="3">Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>30</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td colspan="3">Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Approved thawing methods used</td> <td>Pf/C</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food properly labeled; original container</td> <td>Pf</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Prevention of Food Contamination</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>38</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Insects, rodents, and animals not present</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Contamination prevented during food preparation, storage & display</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>40</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Personal cleanliness</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Wiping cloths: properly used and stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>42</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Washing fruits and vegetables</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Person in Charge (Signature) Ryan Boothroyd Date 6/17/25</th> <th colspan="4">Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td colspan="4">Person in Charge (Printed) Ryan Boothroyd</td> <td colspan="4">COS</td> <td>8</td> </tr> <tr> <td colspan="4">Inspector (Signature) Amanda Ruchin Date 6/17/25</td> <td colspan="4"></td> <td>1</td> </tr> <tr> <td colspan="4">Inspector (Printed) Amanda Ruchin</td> <td colspan="4"></td> <td>1</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="12">Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</td> </tr>
</tbody> </table> </td></tr></tbody></table></td></tr></tbody></table></td></tr></tbody></table></td></tr></tbody></table> | | | | | | | | | | | | Approved Source | | | | Food/Color Additives and Toxic Substances | | | | 11 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Food additives: approved and properly used | | | | P | <input type="checkbox"/> | <input type="checkbox"/> | 12 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food received at proper temperature | | | | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified, stored & used | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 13
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food in good condition, safe, and unadulterated | | | | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 14
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Required records available: molluscan shellfish identification, parasite destruction | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
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 | | | | | | | | | | | | GOOD RETAIL PRACTICES | | | | | | | | | | | | Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. | | | | | | | | | | | | Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation | | | | | | | | | | | | <table border="1"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th colspan="3">Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> <th colspan="3">Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>30</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td colspan="3">Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Approved thawing methods used</td> <td>Pf/C</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td
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 | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
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 | | | | | | | | | | | Prevention of Food Contamination | | | | Food/Color Additives and Toxic Substances | | | | 38 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 39 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 40 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 41 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping
cloths: properly used and stored | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 42
 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | | | | | | | | | | <table border="1"> <thead> <tr> <th colspan="4">Person in Charge (Signature) Ryan Boothroyd Date 6/17/25</th> <th colspan="4">Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td colspan="4">Person in Charge (Printed) Ryan Boothroyd</td> <td colspan="4">COS</td> <td>8</td> </tr> <tr> <td colspan="4">Inspector (Signature) Amanda Ruchin Date 6/17/25</td> <td colspan="4"></td> <td>1</td> </tr> <tr> <td colspan="4">Inspector (Printed) Amanda Ruchin</td> <td colspan="4"></td> <td>1</td> </tr> </tbody> </table> | | | | | | | | | | | | Person in Charge (Signature) Ryan Boothroyd Date 6/17/25 | | | | Date corrections due | | | | # | Person in Charge (Printed) Ryan Boothroyd | | | | COS
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| 11
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Food additives: approved and properly used | | | | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food received at proper temperature | | | | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified, stored & used | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 13
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food in good condition, safe, and unadulterated | | | | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Required records available: molluscan shellfish identification, parasite destruction | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
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| Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation
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| <table border="1"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th colspan="3">Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> <th colspan="3">Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>30</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="3"></td> <td></td> <td></td> <td></td> <td colspan="3">Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Approved thawing methods used</td> <td>Pf/C</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food properly labeled; 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 | | | | | | | | | | | | OUT | N/A | N/O | Safe Food and Water | | | V | COS | R | Proper Use of Utensils | | | V | COS | R | 30 | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | | | P | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | | C | <input type="checkbox"/> | <input type="checkbox"/> | 31 | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Utensils/equipment/linens: properly stored, dried, & handled | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/>
 | 32 | <input type="checkbox"/> | <input type="checkbox"/> | Variance obtained for specialized processing methods | | | Pf | <input type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored & used | | | P/C | <input type="checkbox"/> | <input type="checkbox"/> | | |
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 | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 41 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored
 | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | 42 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | | | | | | | | | | <table border="1"> <thead> <tr> <th colspan="4">Person in Charge (Signature) Ryan Boothroyd Date 6/17/25</th> <th colspan="4">Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td colspan="4">Person in Charge (Printed) Ryan Boothroyd</td> <td colspan="4">COS</td> <td>8</td> </tr> <tr> <td colspan="4">Inspector (Signature) Amanda Ruchin Date 6/17/25</td> <td colspan="4"></td> <td>1</td> </tr> <tr> <td colspan="4">Inspector (Printed) Amanda Ruchin</td> <td colspan="4"></td> <td>1</td> </tr> </tbody> </table> | | | | | | |
 | | | | | Person in Charge (Signature) Ryan Boothroyd Date 6/17/25 | | | | Date corrections due | | | | # | Person in Charge (Printed) Ryan Boothroyd | | | | COS | | | | 8 | Inspector (Signature) Amanda Ruchin Date 6/17/25 | | | | | | | | 1 | Inspector (Printed) Amanda Ruchin | | | | | | | | 1 | Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | N/A | N/O | Safe Food and Water | | | V | COS | R | Proper Use of Utensils | | | V | COS | R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 30
 | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | | | P | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 31
 | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Utensils/equipment/linens: properly stored, dried, & handled | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 32
 | <input type="checkbox"/> | <input type="checkbox"/> | Variance obtained for specialized processing methods | | | Pf | <input type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored & used | | | P/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Approved thawing methods used</td> <td>Pf/C</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food properly labeled; original container</td> <td>Pf</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Prevention of Food Contamination</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>38</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Insects, rodents, and animals not present</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Contamination prevented during food preparation, storage & display</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; 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 | 41 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 42 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
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 | | | | 8 | Inspector (Signature) Amanda Ruchin Date 6/17/25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 34
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plant food properly cooked for hot holding | | | | Pf | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 35
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | | | | Pf/C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 36
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food properly labeled; original container</td> <td>Pf</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Prevention of Food Contamination</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>38</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Insects, rodents, and animals not present</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Contamination prevented during food preparation, storage & display</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>40</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Personal cleanliness</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Wiping cloths: properly used and stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td>42</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Washing fruits and vegetables</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="12">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</td> </tr> <tr> <td colspan="12"> <table border="1"> <thead> <tr> <th colspan="4">Person in Charge (Signature) Ryan Boothroyd Date 6/17/25</th> <th colspan="4">Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td colspan="4">Person in Charge (Printed) Ryan Boothroyd</td> <td colspan="4">COS</td> <td>8</td> </tr> <tr> <td colspan="4">Inspector (Signature) Amanda Ruchin Date 6/17/25</td> <td colspan="4"></td> <td>1</td> </tr> <tr> <td colspan="4">Inspector (Printed) Amanda Ruchin</td> <td colspan="4"></td> <td>1</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="12">Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</td> </tr> </tbody> </table> </td></tr></tbody></table>
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 | <input type="checkbox"/> | 39 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
 | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 40 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 41 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
 | | 42 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 41
 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | 42
 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 38
 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 39
 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | | | | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 41
 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 42
 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | | | | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Permit Holder shall notify customers that a copy of the most recent inspection report is available.
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| <table border="1"> <thead> <tr> <th colspan="4">Person in Charge (Signature) Ryan Boothroyd Date 6/17/25</th> <th colspan="4">Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td colspan="4">Person in Charge (Printed) Ryan Boothroyd</td> <td colspan="4">COS</td> <td>8</td> </tr> <tr> <td colspan="4">Inspector (Signature) Amanda Ruchin Date 6/17/25</td> <td colspan="4"></td> <td>1</td> </tr> <tr> <td colspan="4">Inspector (Printed) Amanda Ruchin</td> <td colspan="4"></td> <td>1</td> </tr> </tbody> </table>
 | | | | | | | | | | | | Person in Charge (Signature) Ryan Boothroyd Date 6/17/25 | | | | Date corrections due | | | | # | Person in Charge (Printed) Ryan Boothroyd | | | | COS | | | | 8 | Inspector (Signature) Amanda Ruchin Date 6/17/25 | | | | | | | | 1 | Inspector (Printed) Amanda Ruchin | | | | | | | | 1 | | | | | | | | |
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| Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.
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Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 6/17/25

Establishment Creative Kitchen

Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Drink open cooler	48°F				
Snack cooler	42°F				
Milk cooler	45°F	→ Keep eye on it + make sure drops to 41°F, Added therm from dessert Bagel cooler → replace			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Coffee Lids inverted ✓
	Sanitizer ✓
	To go forks, knives, spoons - inverted ✓
	Snacks protected ✓
	Handsink - Stacked ✓, signage ✓, Hot H2O ✓
	Cups inverted ✓
	Probe thermometer ✓
C 36	mini fridge w/ dairy products no internal thermometer * See notes above
C 37	Allergen signage missing - cos, provided * Provided Allergen Statement
	* provided v/D clean up

Person in Charge (Signature)

Ryan Goochroyd

Date

6/17/25

Inspector (Signature)

Yvonne RUDMIN

Date

6/17/25