

5715

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>																									
Establishment type: Permanent Temporary Mobile Other _____			Date: <u>7/10/25</u>																										
Establishment <u>Cuckoo Kenny's #1</u>			Time In <u>9:00</u> AM/PM Time Out _____ AM/PM																										
Address <u>ITV</u>			LHD <u>NVHD</u>																										
Town/City <u>Beacon Falls</u>			Purpose of Inspection: <u>Routine</u> <u>Pre-op</u>																										
Permit Holder <u>Keneth George</u>			Reinspection _____ Other _____																										
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																													
<small>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.</small>																													
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																													
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																													
IN	OUT	N/A	N/O																										
Supervision				V	COS R																								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>																								
Person/Alternate Person in charge present, demonstrates knowledge and performs duties																													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>																								
Certified Food Protection Manager for Classes 2, 3, & 4																													
Employee Health																													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>																								
Management, food employee and conditional employee; knowledge, responsibilities and reporting																													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>																								
Proper use of restriction and exclusion																													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>																								
Written procedures for responding to vomiting and diarrheal events																													
Good Hygienic Practices																													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>																								
Proper eating, tasting, drinking, or tobacco products use																													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>																								
No discharge from eyes, nose, and mouth																													
Preventing Contamination by Hands																													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>																								
Hands clean and properly washed																													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>																								
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed																													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Adequate handwashing sinks, properly supplied/accessible																													
Approved Source																													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>																								
Food obtained from approved source																													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>																								
Food received at proper temperature																													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>																								
Food in good condition, safe, and unadulterated																													
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>																								
Required records available: molluscan shellfish identification, parasite destruction																													
GOOD RETAIL PRACTICES																													
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>																													
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																													
OUT	N/A	N/O																											
Safe Food and Water				V	COS R																								
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>																								
Pasteurized eggs used where required																													
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>																								
Water and ice from approved source																													
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>																								
Variance obtained for specialized processing methods																													
Food Temperature Control																													
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Proper cooling methods used; adequate equipment for temperature control																													
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>																								
Plant food properly cooked for hot holding																													
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Approved thawing methods used																													
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Thermometers provided and accurate																													
Food Identification																													
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Food properly labeled; original container																													
Prevention of Food Contamination																													
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Insects, rodents, and animals not present																													
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>																								
Contamination prevented during food preparation, storage & display																													
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Personal cleanliness																													
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>																								
Wiping cloths: properly used and stored																													
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>																								
Washing fruits and vegetables																													
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																													
Person in Charge (Signature) <u>[Signature]</u>			Date <u>7/10/25</u>																										
Person in Charge (Printed) <u>Ken</u>																													
Inspector (Signature) <u>Amy Durand</u>			Date <u>7/10/25</u>																										
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Core Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Requires Reinspection - check box if you intend to reinspect</td> </tr> </table>						Violations documented	Date corrections due	#	Priority Item Violations			Priority Foundation Item Violations			Core Item Violations			Risk Factor/Public Health Intervention Violations			Repeat Risk Factor/Public Health Intervention Violations			Good Retail Practices Violations			Requires Reinspection - check box if you intend to reinspect		
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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.																													

LHD NVHD

Inspection Report Continuation Sheet

Date 7/10/25

Establishment Cuckoo kennys #1

Town Beacon Falls

TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item
Number

CFPM: Kenneth George exp. 10/2/28

Hand Sink ✓ Stocked ✓ Signage ✓ hot h₂O ✓
gloves ✓ milkshake gloves ✓

gloves nitrile glove

thermometers Probe thermometer ✓

Sanitizer bleach

test strips. yes ✓

handsink portable + on truck

Allergen statements ✓ consumer advisory - provided Statement

V4D Clean up kit ✓

Replacement utensils ✓

- * no food onsite - only frozen foods

- * no food prep during inspection

-> mostly frozen menu -> will prep other foods on truck

Person in Charge (Signature)

Date _____

Inspector (Signature)

Date _____