									0	
Risk Category: 2 Food Estab	lishn	nen	t Ir	nsp	ecti	on Rep	ort	Page 1 o	f	
Establishment type: Permanent Temporary Mobile Other						Date: 7				
Establishment CUCLOO KENNYS #			Sections Connecticus Months				9:00 G	M/PM Time Out	AM/PM	
Address			D	H)		LHD	NHD			
Town/City Beacon Falk						Purpose	of Inspection:	Routine Pre	e-op	
Venelly 1-0000			Connecticut Department			Reinspection Other				
FOODBORNE ILLNESS RISK F	ACTO	172			IBLI				Kinner	
Risk factors are important practices or procedures identified as the most prevalent con									ss or injury.	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered in			-	compl			t in compliance		D=not observed	
P=Priority item Pf=Priority foundation item C=Core item V=violation type			-	-					R=repeat violation	
IN OUT N/A N/O Supervision	V	cos				UT N/A N/O		on from Contamination	V COS R	
Person/Alternate Person in charge present,				15	02		Food separated		P/C 0 0	
demonstrates knowledge and performs duties	Pf	0	0	16	0			rfaces: cleaned & sanitized	P/Pf/C O O	
Certified Food Protection Manager for Classes 2	С			17	/		Proper dispositi	on of returned, previously	POO	
2  3, & 4	-			17				tioned, and unsafe food		
Employee Health								ture Control for Safety		
Management, food employee and conditional employee;	P/Pf	0		18	00			time and temperatures	P/Pf/C O	
knowledge, responsibilities and reporting				19				g procedures for hot holding	P 0 0	
Proper use of restriction and exclusion	P	0	0	20				ime and temperatures ng temperatures	P 0 0	
Written procedures for responding to vomiting and diarrheal events	Pf	0		21				ding temperatures	POO	
Good Hygienic Practices					00			rking and disposition	P/Pf O O	
6 Proper eating, tasting, drinking, or tobacco products us	se P/C	10	0					health control: procedures		
7 No discharge from eyes, nose, and mouth	С	0	_	24		2 10 210 21	and records		P/Pf/C O	
Preventing Contamination by Hands			27	-	/		Const	imer Advisory		
8 O Hards clean and properly washed	P/Pf	0	0	25	8		Consumer advisory	provided: raw/undercooked food	Pf O O	
9 No bare hand contact with RTE food or a	P/Pf/C	0				/		ceptible Population		
pre-approved alternative procedure properly followed	F/FI/C			26	00		Pasteurized foods	used; prohibited foods not offered	P/C O O	
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0			-		es and Toxic Substances		
Approved Source				27	0/	50	and the second s	approved and properly used	POO	
11 9 prood obtained from approved source	P/Pf/C		0	28	10			es properly identified,	P/Pf/C	
12 Food received at proper temperature		-	0				stored & used	# A		
Food in good condition, safe, and unadulterated	P/Pf	0	9			6	Compliance with	th Approved Procedures n variance/specialized		
Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0	0	29	00			iteria/HACCP Plan	P/Pf/C O	
	OD RE	TAII	PE	ACT	ICES	- American	process//(Or Ci	iteria/1/1/001 1 iaii		
Good Retail Practices are preventative measures to							cals, and physical	objects into foods.		
	in appro			11.7		Shi and the same of the same o			R=repeat violation	
OUT N/A N/O Safe Food and Water	V	cos	_		UT	The first of the second		e of Utensils	V COS R	
30 Pasteurized eggs used where required	P	0	0			-use utensi	ls: properly store		c 00	
31 Water and ice from approved source	P/Pf/C	0	0					erly stored, dried, & handled	Pf/C O	
32 Variance obtained for specialized processing methods	Pf	0	0	45	O Sir	ngle-use/sin	gle-service article	s: properly stored & used	P/C O O	
Food Temperature Control				46	O GI	loves used	- Commence of the Commence of		C 00	
Proper cooling methods used; adequate equipment for	Pf/C	0						and Equipment		
temperature control				47				urfaces cleanable,	P/Pf/C O	
34 O Plant food properly cooked for hot holding	Pf	9	0				gned, construct		4	
35 Approved thawing methods used	_	0		48				lled, maintained and used;	Pf/C O	
Thermometers provided and accurate	Pt/C	0	2	40			nts, sanitizers, a ntact surfaces cl	and test strips available	C 00	
Food Identification	DELC	10		49	OINC	011-1000 001		ical Facilities		
37   Food properly labeled; original container   Prevention of Food Contamination	PI/C	0		50		ot and cold		adequate pressure	Pf O O	
38 Insects, rodents, and animals not present	Pf/C	0					talled; proper ba		P/Pf/C O O	
39 Contamination prevented during food preparation, storage & display	P/Pf/C			52	SE	ewage and	waste water pro	perly disposed	P/Pf/C O O	
40 Personal cleanliness	-	0	_					structed, supplied, & clean	Pf/C O O	
41 Wiping cloths: properly used and stored	С		_					sposed; facilities maintained	C 0 0	
42 Washing fruits and vegetables	P/Pf/C	0	0	55	O PI	hysical facil	lities installed, n	naintained, and clean	P/Pf/C O	
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is au	ailable						iting; designated areas used	c 0 0	
Permit Holder shall hothly customers that a copy of the most recent hispection rep	JOIL 13 av	anabit		The second second				ot used per CGS §19a-36f		
#AT W		/				s documer		Date corrections due	# /	
Person in Charge (Signature)	/_/		$\overline{}$			em Violation				
Borson in Charge (Brinted)	10 1	$\mathcal{T}$				Violation It	tem Violations		- /-	
Person in Charge (Printed)	1/12	-					ealth Intervention	n Violations		
Inspector (Signature) ( Date III	UII	C						ervention Violations		
OWN I DIVE AIR of	1						s Violations			
Inspector (Printed)				Red	uires	Reinspect	tion - check box	if you intend to reinspect	/	
Appeal: The owner or operator of a food establishment aggrieved by the	this ord	er to	corr	ect a	ny ins	spection vio	olation identifie	d by the food inspector or to	o hold, destroy,	
or dispose of unsafe food, may appeal such order to the	Direct	or of	Hea	olth n	ot late	er than fort	ty-eight hours a	fter issuance of such order		

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Λ		ou Esta	biisnment			eport	Page of	
HD NY	The Control of the Co		Inspection Report Co	ntinuation She	et	Date	1110/25	)
stablishm	nent CUCKOO (	ennys =	Town P	EaconF	alls			
			TEMPERATUR		ATIONS			
1 1 4	Location/Process	37°F	Item/Location/F	Process	Temp	Item/Location/	Process	Temp
	Violetians sited in th		SERVATIONS AND corrected within the time				9 406 11 of the fo	and code
Item Number			lorge exp.			Sections 6-405.11 &	5-406. FT OF THE TO	lod code.
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Parean in	Charge (Signature)	HA	In I			Da	ite 7/10	1/25
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nspector	(Signature)	r ywy't	/1 /			Da	te ///0/	~