

5529

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 5/14/25

Establishment: Goldie's Eatery Time In: 12:40 AM/PM AM Time Out: \_\_\_\_\_ AM/PM

Address: 45 New Haven Road LHD: NVHD

Town/City: Seymour Purpose of Inspection: Routine Pre-op

Permit Holder: Shannon Bowman Reinspection Other \_\_\_\_\_



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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.

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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
<b>Supervision</b>																					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>																		
Certified Food Protection Manager for Classes 2, 3, & 4																					
<b>Employee Health</b>																					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Management, food employee and conditional employee; knowledge, responsibilities and reporting																					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper use of restriction and exclusion																					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Written procedures for responding to vomiting and diarrheal events																					
<b>Good Hygienic Practices</b>																					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper eating, tasting, drinking, or tobacco products use																					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
No discharge from eyes, nose, and mouth																					
<b>Preventing Contamination by Hands</b>																					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Hands clean and properly washed																					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>																		
Adequate handwashing sinks, properly supplied/accessible																					
<b>Approved Source</b>																					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food obtained from approved source																					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food received at proper temperature																					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food in good condition, safe, and unadulterated																					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Required records available: molluscan shellfish identification, parasite destruction																					
<b>Protection from Contamination</b>																					
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food separated and protected																					
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food-contact surfaces: cleaned & sanitized																					
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper disposition of returned, previously served, reconditioned, and unsafe food																					
<b>Time/Temperature Control for Safety</b>																					
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper cooking time and temperatures																					
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper reheating procedures for hot holding																					
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper cooling time and temperatures																					
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper hot holding temperatures																					
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper cold holding temperatures																					
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper date marking and disposition																					
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Time as a public health control: procedures and records																					
<b>Consumer Advisory</b>																					
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Consumer advisory provided: raw/undercooked food																					
<b>Highly Susceptible Population</b>																					
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Pasteurized foods used; prohibited foods not offered																					
<b>Food/Color Additives and Toxic Substances</b>																					
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food additives: approved and properly used																					
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Toxic substances properly identified, stored & used																					
<b>Conformance with Approved Procedures</b>																					
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Compliance with variance/specialized process/ROP criteria/HACCP Plan																					

**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		
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R	OUT	V	COS	R				
<b>Safe Food and Water</b>																					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Pasteurized eggs used where required																					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Water and ice from approved source																					
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Variance obtained for specialized processing methods																					
<b>Food Temperature Control</b>																					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper cooling methods used; adequate equipment for temperature control																					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Plant food properly cooked for hot holding																					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Approved thawing methods used																					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Thermometers provided and accurate																					
<b>Food Identification</b>																					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food properly labeled; original container																					
<b>Prevention of Food Contamination</b>																					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Insects, rodents, and animals not present																					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Contamination prevented during food preparation, storage & display																					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Personal cleanliness																					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Wiping cloths: properly used and stored																					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Washing fruits and vegetables																					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																					
<b>Proper Use of Utensils</b>																					
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
In-use utensils: properly stored																					
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Utensils/equipment/linens: properly stored, dried, & handled																					
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Single-use/single-service articles: properly stored & used																					
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Gloves used properly																					
<b>Utensils and Equipment</b>																					
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food and non-food contact surfaces cleanable, properly designed, constructed, and used																					
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available																					
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Non-food contact surfaces clean																					
<b>Physical Facilities</b>																					
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Hot and cold water available; adequate pressure																					
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Plumbing installed; proper backflow devices																					
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Sewage and waste water properly disposed																					
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Toilet facilities: properly constructed, supplied, & clean																					
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Garbage and refuse properly disposed; facilities maintained																					
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Physical facilities installed, maintained, and clean																					
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Adequate ventilation and lighting; designated areas used																					
Natural rubber latex gloves not used per CGS §19a-36f																					

Person in Charge (Signature) \_\_\_\_\_ Date 5/14/25

Person in Charge (Printed) \_\_\_\_\_

Inspector (Signature) Amy Durand Date 5/14/25

Inspector (Printed) Amy Durand

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		

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.

