

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>																																																																																																																																																																												
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>7/18/25</u>		Time In <u>11:10</u> AM/PM Time Out _____ AM/PM																																																																																																																																																																												
Establishment <u>Haroula's coffee shop</u>		LHD <u>NVHD</u>		Purpose of Inspection: <u>Routine</u> Pre-op																																																																																																																																																																												
Address <u>29 Bank Street</u>		Reinspection _____		Other _____																																																																																																																																																																												
Town/City <u>Seymour</u>																																																																																																																																																																																
Permit Holder <u>Konstantinos Hasiotis</u>																																																																																																																																																																																
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																																																																																																																																																																																
<table border="1"><thead><tr><th></th><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</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><input type="checkbox"/></td><td>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></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, & 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Employee Health</td></tr><tr><td>3</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>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></tr><tr><td>4</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</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><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Good Hygienic Practices</td></tr><tr><td>6</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Preventing Contamination by Hands</td></tr><tr><td>8</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>9</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>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></tr><tr><td>10</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Approved Source</td></tr><tr><td>11</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>12</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>13</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>14</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>							IN	OUT	N/A	N/O	Supervision	V	COS	R	1	<input checked="" type="checkbox"/>	<input 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"/>	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health									3	<input checked="" type="checkbox"/>	<input 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"/>	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Good Hygienic Practices									6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands									8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source									11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
	IN	OUT	N/A	N/O	Supervision	V	COS	R																																																																																																																																																																								
1	<input checked="" type="checkbox"/>	<input 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"/>																																																																																																																																																																								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
Employee Health																																																																																																																																																																																
3	<input checked="" type="checkbox"/>	<input 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"/>																																																																																																																																																																								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
Good Hygienic Practices																																																																																																																																																																																
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
Preventing Contamination by Hands																																																																																																																																																																																
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
Approved Source																																																																																																																																																																																
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																								
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 border="1"><thead><tr><th></th><th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</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><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</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><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/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><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8">Food Temperature Control</td></tr><tr><td>33</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>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 type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>35</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>36</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8">Food Identification</td></tr><tr><td>37</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8">Prevention of Food Contamination</td></tr><tr><td>38</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>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>Contamination prevented during food preparation, storage & display</td><td>P/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>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>41</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>42</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>							OUT	N/A	N/O	Safe Food and Water	V	COS	R	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control								33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification								37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination								38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	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"/>	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"/>																																			
	OUT	N/A	N/O	Safe Food and Water	V	COS	R																																																																																																																																																																									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																									
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																									
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																									
Food Temperature Control																																																																																																																																																																																
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																									
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																									
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																									
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																									
Food Identification																																																																																																																																																																																
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																									
Prevention of Food Contamination																																																																																																																																																																																
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	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"/>																																																																																																																																																																									
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.																																																																																																																																																																																
Person in Charge (Signature) <u>[Signature]</u>		Date <u>7-18-25</u>																																																																																																																																																																														
Person in Charge (Printed) <u>Konstantinos Hasiotis</u>																																																																																																																																																																																
Inspector (Signature) <u>Amy Duranel</u>		Date <u>7/18/25</u>																																																																																																																																																																														
Inspector (Printed) <u>Amy Duranel</u>																																																																																																																																																																																
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.																																																																																																																																																																																

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				

Page 2 of 2

Inspection Report Continuation Sheet

Date 7/18/25

Establishment Haroula's coffee shop Town seymour

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door fridge	40°F				
Ham 2 door fridge	39°F				
Hashbrowns C/H	40°F				
Sliced am. cheese	41°F				
1 door fridge	40°F				
2 door sliding fridge	39°F	no hot holding			
		no. food prep/cooking			
		crispy bacon out: ok			

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.
	CFPM: Konstantinos Hasiotis ex. 4/14/29 handsink stocked ✓ signage ✓ hot h2o ✓ microwave good test strips gloves ✓ sanitizer bleach ✓ thermometers ✓ in all units Bathrooms good stocked ✓ hot h2o ✓ allergen ✓ Dishwasher ok no allergen menu - Only breads in fridge - limited menu - limited food onsite. - freezer ok dates good ✓
41c	Improper use of wiping cloths - Store properly when not in use

Person in Charge (Signature)

Date _____

Inspector (Signature)

Date _____