Connecticut Department of Public Health

3190

3170					
Risk Category: 2 Food Establishment Inspection Report Page 1 of 2					
Establishment type: Permanent Temporary Mobile Other				Date: 11/8/24	
Establishment Harvest Kitchen Pantra	1	terning Co	procticus Meality	Time In 11:25 AM)PM Time Ou	ut 12:00 AM/PM
Address 606 Walnut Tree Hill Rd. DPH)			H)	LHD NVHD	
Town/City Shelton	J			Purpose of Inspection: Routine	Pre-op
Permit Holder Jean Crum Jones	Connecticut Departmen of Public Health		Department Health	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	-				
IN OUT N/A N/O Supervision	V	COS R		UT N/A N/O Protection from Contamina	
1 Person/Alternate Person in charge present,	Pf	00	15		P/C 0 0
demonstrates knowledge and performs duties	-		16	Food-contact surfaces: cleaned & s	
Certified Food Protection Manager for Classes 2, 3, & 4	С	00	17 🗹	Proper disposition of returned, prev served, reconditioned, and unsafe	PICICI
Employee Health				//ime/Temperature Control for Sa	
Management food employee and conditional employee	DIDE		18 0	Proper cooking time and temperature	ires P/Pf/C O
knowledge, responsibilities and reporting	P/Pf	00	19 0	Proper reheating procedures for ho	
4 8 Proper use of restriction and exclusion	P	00	20 0	Proper cooling time and temperature	res POO
Written procedures for responding to vomiting and	Dr	00	21 0	Proper hot holding temperatures	POO
diarrheal events	Pf	0	22	Proper cold holding temperatures	POO
/ Good Hygienic Practices			23 🔾	Proper date marking and dispositio	n P/Pf O O
6 Ø Proper eating, tasting, drinking, or tobacco products use	e P/C	00	24 0	Time as a public health control: pro	ocedures P/Pf/C O
7 No discharge from eyes, nose, and mouth	C	00	24	and records	PIPIIC O
/ Preventing Contamination by Hands				/ Consumer Advisory	
8 🗸 C Hands clean and properly washed	P/Pf	00	25 0	Consumer advisory provided: raw/underco	
No bare hand contact with RTE food or a	P/Pf/C	00		Highly Susceptible Population	
pre-approved alternative procedure properly followed			26 0	Pasteurized foods used; prohibited foods r	
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	00		Food/Color Additives and Toxic Sub	
Approved Source			27 0 9	Food additives: approved and prop	
11 V C Food obtained from approved source	P/Pf/C		28	Toxic substances properly identified	d, P/Pf/C
12 Food received at proper temperature	P/Pf			stored & used	
Food in good condition, safe, and unadulterated	P/Pf	00		Conformance with Approved Proce	
Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	00	29 0	process/ROP criteria/HACCP Plan	P/Pf/C O
	OD RE	TAIL E	RACTICES		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
			x for COS an		tion R=repeat violation
OUT N/A N/O Safe Food and Water	V	COS R		Proper Use of Utensils	V COS R
30 Pasteurized eggs used where required	Р	00		-use utensils: properly stored	c 0 0
31 Water and ice from approved source	P/Pf/C	00	44 O U	tensils/equipment/linens: properly stored, dried, & h	nandled Pf/C O
32 Variance obtained for specialized processing methods	Pf	00	45 OS	ingle-use/single-service articles: properly stored & u	used P/C O
Food Temperature Control			46 O G	loves used properly	C O O
Proper cooling methods used; adequate equipment for	Pf/C	00		Utensils and Equipment	
temperature control			47 0 5	ood and non-food contact surfaces cleanable,	P/Pf/C
34 O Plant food properly cooked for hot holding	Pf	00	P	roperly designed, constructed, and used	
35 O Approved thawing methods used	Pf/C		1148 ()	/arewashing facilities: installed, maintained and	Pt/G [() [()]
36 C Thermometers provided and accurate	Pf/C	00	C	eaning agents, sanitizers, and test strips availa	able
Food Identification	Dillo			on-food contact surfaces clean	C O O
37 Food properly labeled; original container	Pf/C	00		Physical Facilities	Df O
Prevention of Food Contamination	DEIO	1010		ot and cold water available; adequate pressure	P/Pf/C O
38 Insects, rodents, and animals not present 39 Contamination prevented during food preparation, storage & display	P/Pf/C	00		lumbing installed; proper backflow devices ewage and waste water properly disposed	P/Pf/C O O
40 Personal cleanliness	Pf/C			oilet facilities: properly constructed, supplied, &	
41 Wiping cloths: properly used and stored	C	00		arbage and refuse properly disposed; facilities mail	
42 Washing fruits and vegetables	P/Pf/C			hysical facilities installed, maintained, and clea	
Pomit Holder shall notify outcomer that a copy of the most recent is positive properties as it is available.					eas used COO
Natural rubber latex gloves not used per CGS §19a-361					
Person in Charge (Signature)	121	1		em Violations Date correction	ons due #
Turn I I I Marina I	10	100		oundation Item Violations	_
Person in Charge (Printed)				n Violations	_
ph M h 1111	21-	.1		or/Public Health Intervention Violations	_
Inspector (Signature) Date	5/2	4_	-	isk Factor/Public Health Intervention Violations	5
Good Retail Practices Violations					
Inspector (Printed) John / UCha 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,					

Food Establishment Inspection Report Page 2 of of LHD NVHD Inspection Report Continuation Sheet Establishment Harvest Kitchen Town Shelton **TEMPERATURE OBSERVATIONS** Item/Location/Process Item/Location/Process Temp Item/Location/Process 35°F Cheese 38°F **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: Emily Freund Exp: 5/15/28 Handsink: Stocked Hot/Cold Hoov Sanitizer: Quat - Spray Bottle: 300ppm Dish Machine: Plate temp: 165°F Test Strips - Thermometers Date-Marks - Dry Storage/Consv - Restroom - Well organized

Person in Charge (Signature)

Inspector (Signature)

Date