

## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

4487

Risk Category: <u>3</u>		<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <u>2/18/25</u>		
Establishment <u>PUB 07</u>			Time In <u>1225</u> AM/PM <u>0</u> Time Out _____ AM/PM		
Address <u>225 West Street</u>			LHD <u>NVHD</u>		
Town/City <u>Seymour</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>Craig Strika</u>			Reinspection _____ Other _____		
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
<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	V	COS
<b>Supervision</b>			<b>Protection from Contamination</b>		
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			Food separated and protected P/C <input type="checkbox"/>		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4			Food-contact surfaces: cleaned & sanitized P/C <input type="checkbox"/>		
<b>Employee Health</b>			<b>Time/Temperature Control for Safety</b>		
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			Proper cooking time and temperatures P/Pf/C <input type="checkbox"/>		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Proper use of restriction and exclusion			Proper reheating procedures for hot holding P <input type="checkbox"/>		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events			Proper cooling time and temperatures P <input type="checkbox"/>		
<b>Good Hygienic Practices</b>			Proper hot holding temperatures P <input type="checkbox"/>		
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use			Proper cold holding temperatures P <input type="checkbox"/>		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
No discharge from eyes, nose, and mouth			Proper date marking and disposition P/Pf <input type="checkbox"/>		
<b>Preventing Contamination by Hands</b>			<b>Consumer Advisory</b>		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Hands clean and properly washed			Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>		
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			<b>Highly Susceptible Population</b>		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible			Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/>		
<b>Approved Source</b>			<b>Food/Color Additives and Toxic Substances</b>		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Food obtained from approved source			Food additives: approved and properly used P <input type="checkbox"/>		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Food received at proper temperature			Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/>		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Food in good condition, safe, and unadulterated			<b>Conformance with Approved Procedures</b>		
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			Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/>		
<b>GOOD RETAIL PRACTICES</b>					
<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	V	COS	R
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Pasteurized eggs used where required			In-use utensils: properly stored C <input type="checkbox"/>		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Water and ice from approved source			Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/>		
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Variance obtained for specialized processing methods			Single-use/single-service articles: properly stored & used C <input type="checkbox"/>		
<b>Food Temperature Control</b>			<b>Utensils and Equipment</b>		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control			Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/>		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Plant food properly cooked for hot holding			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/>		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Approved thawing methods used			Non-food contact surfaces clean C <input type="checkbox"/>		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Thermometers provided and accurate			<b>Physical Facilities</b>		
<b>Food Identification</b>			50 <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/>		
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Food properly labeled; original container			51 <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>		
<b>Prevention of Food Contamination</b>			52 <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/>		
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Insects, rodents, and animals not present			53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display			54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Personal cleanliness			55 <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Wiping cloths: properly used and stored			56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/>		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Washing fruits and vegetables			<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>[Signature]</u> Date _____			Violations documented		
Person in Charge (Printed) _____			Date corrections due <u>2/28/25</u>		
Inspector (Signature) <u>Amy Durand</u> Date <u>2/18/25</u>			# <u>1</u>		
Inspector (Printed) <u>Amy Durand</u>			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 <input type="checkbox"/>		
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.					



# Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 2/18/25

Establishment Pub 67 Town Seymour

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Salsa CH	39°F	grilled chx CH	39°F		
2 door freezer	-1°F	wic ambient	32°F		
Buff. Chx Dip CH	38°F	Chx wings wic CH	38°F		
cheese HH	153°F	Stuffed mushroom wic	38°F		
2 door condiment fridge	35°F				
Hot handsink	93°F				
Sliced tomatoes	37°F				
Sauteed onions	37°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	Observations and Corrective Actions
	CFPM: Brandon Parks 3/28/28, Sarah Mcardate 2/20/25 mollie kane 2/6/28
	Handsink stocked ✓ signage ✓ hot h2o ✓ gloves: vinyl sanitizer breach allergen statement hoods clean ✓ labelling good ✓ date marking good ✓ kitchen cream bar sanitizer - tabs 200ppm
45C	unwrapped black straws @ bar top
110pf	interior of ice machine unclean - send picture of cleaned ice machine to Amy @ <a href="mailto:adurand@nvhd.org">adurand@nvhd.org</a> by 2/28/25

Person in Charge (Signature)

Date

Inspector (Signature)

Date