

4354

## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

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>4/23/25</u>		
Establishment <u>Sophie's Kitchen</u>			Time In <u>11:55</u> AM/PM Time Out <u>12:20</u> AM/PM		
Address <u>2 Trap Falls Rd</u>			LHD <u>NUHD</u>		
Town/City <u>Sherborn</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>Thomas Salomey</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		Supervision		IN OUT N/A N/O	
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O	
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O	
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O	
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O	
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Protection from Contamination		IN OUT N/A N/O	
15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>
IN OUT N/A N/O		Time/Temperature Control for Safety		IN OUT N/A N/O	
18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures <u>good</u>	P/Pf/C	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>
24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Consumer Advisory		IN OUT N/A N/O	
25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
IN OUT N/A N/O		Highly Susceptible Population		IN OUT N/A N/O	
26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
IN OUT N/A N/O		Food/Color Additives and Toxic Substances		IN OUT N/A N/O	
27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>
28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Conformance with Approved Procedures		IN OUT N/A N/O	
29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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		Safe Food and Water		OUT N/A N/O	
30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>
31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>
OUT N/A N/O		Food Temperature Control		OUT N/A N/O	
33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>
35	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>
OUT N/A N/O		Food Identification		OUT N/A N/O	
37	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>
OUT N/A N/O		Prevention of Food Contamination		OUT N/A N/O	
38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>
41	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>
OUT N/A N/O		Proper Use of Utensils		OUT N/A N/O	
43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>
45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>
OUT N/A N/O		Utensils and Equipment		OUT N/A N/O	
47	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>
48	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>
OUT N/A N/O		Physical Facilities		OUT N/A N/O	
50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>
53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>
55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>
56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>
OUT N/A N/O		Violations documented		OUT N/A N/O	
OUT N/A N/O		Date corrections due		OUT N/A N/O	
OUT N/A N/O		#		OUT N/A N/O	
OUT N/A N/O		Priority Item Violations		OUT N/A N/O	
OUT N/A N/O		Priority Foundation Item Violations		OUT N/A N/O	
OUT N/A N/O		Core Item Violations		OUT N/A N/O	
OUT N/A N/O		Risk Factor/Public Health Intervention Violations		OUT N/A N/O	
OUT N/A N/O		Repeat Risk Factor/Public Health Intervention Violations		OUT N/A N/O	
OUT N/A N/O		Good Retail Practices Violations		OUT N/A N/O	
OUT N/A N/O		Requires Reinspection - check box if you intend to reinspect		OUT N/A N/O	
Permit Holder shall notify customers that a copy of the most recent inspection report is available. Person in Charge (Signature) <u>Thomas Salomey</u> Date <u>4/23/25</u> Person in Charge (Printed) <u>Thomas Salomey</u> Inspector (Signature) <u>Amanda Ruchin</u> Date <u>4/23/25</u> Inspector (Printed) <u>Amanda Ruchin</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.					

# Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 4/23/25

Establishment Sophies Kitchen

Town Shelton

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Yogurt/Grab + go	37°F	HH - corn	192°F	Bm/Reach	
Salad Station		- mashed pot	167°F	- tomatoes	41°F
- Cucumbers/Peta	40°F	- gravy	158°F	- Sausage patty	43°F
Burger patty - Grill	170°F	- meat loaf	195°F	2dr	
2dr freezer BOH	-7°F	- Chx noodle Soup	168°F	- ranch /trous ls / mayo	35°F
		FOH 2 dr white freezer	-4°F	2dr True	41°F
				- milk, cheese, eggs	43°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	Violations
5/1/29	5/8/29
CFM	Kevin Casey, Thomas Salomey
1	Handsink - stocked ✓, Signage ✓, Hot H2O ✓
	Sanitizer - Chlorine 50-100ppm Bucket ✓ Test Strips ✓
	Allergen poster ✓, Allergen Statement ✓, Deli Slicer ✓, Probe Therm ✓
	Ice machine ✓, vinyl gloves ✓, Dry Storage - OK, coffee area ✓
	* In process of cleaning @ night * wire shelf, under prep table + above 3 Bar/ren.
	↳ crew hired for deep clean
PF 47	1 dr freezer in disrepair - broke last night + working to discard all items → having someone look @ tonight
	↳ Provide copy of invoice once fixed
C 47	Wire Shelving dusty - getting cleaned tonight
	→ (for freezer repair)
*	Send invoice to ARUCHIN@NVHD.ORG

Person in Charge (Signature)

Date

Inspector (Signature)

Date