

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

Establishment Sophie's Kitchen Town Shelton

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
True Unit 2dr	38°F	2dr Travlsen		bm	
- milk	44°F	- peppers	41°F	- Sliced tomatoes	40°F
- Sliced ham	45°F	- Tomatoes	41°F	- Am cheese	41°F
- Shrimp Salad	45°F	- Pickles	39°F	- Sausage	41°F
- garlic butter	42°F	HH - Cream of tom	168°F	- Turkey/ham/deli	37°F
1dr freezer	1°F	- Chx w/spinach + tom	190°F	Salad Station - Olives	40°F
BoH 2dr freezer	-3°F	- Rice	180°F	- Cut cucumbers	38°F
Dessert freezer	-3.1°F	- mixed veg	199°F	- Feta + mixed shred 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	Violations
	<u>5/7/29</u> <u>5/8/29</u>
CFPM	- Kevin Casey, Thomas Salomey
	Handsink - stocked, signage ✓, Hot H2O 117°F ✓
	Sanitizer - Chlorine 50-100ppm ✓, Test strips ✓
	Allergen Statement, Consumer Advisory ✓
	Vinyl gloves ✓, ice machine ✓, Deli slicer ✓, hood ✓
	Allergen poster ✓, cans ✓, dry storage ✓, coffee Area ✓
	Datemarking ✓, probe thermometer ✓

- C 16 Produce debris @ btm of 2 dr Refrigerator
- C 37 Squeeze bottles w/o labels @ Bmarie + Salad station
- C 36 No thermometer in 2dr travlsen unit w/ display broken

Overall good job, All temps ✓

Person in Charge (Signature) [Signature]

Date

Inspector (Signature) Amenda Kuoiki

Date 11/25/24