5688

3000											
Risk Category: 3 Food Establishment Inspection Report Page 1 of A											
Establishment type: Permanent Temporary Mobile Other				Date: 3/31/25							
Establishment Spotted Horse Tavern			necticus Health	Time In 11:25 AMPM Time Out 12:25 AMPM							
Address 100 Commerce Dr.			H)	LHD NVHD							
Town/City Shelton				Purpose of Inspection: Routine Pre-op							
Permit Holder Peter Mennona		Connecticut Department of Public 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		OUT N/A N/O Protection from Contamination V COS R							
Person/Alternate Person in charge present,	Pf	00	15								
demonstrates knowledge and performs duties Certified Food Protection Manager for Classes 2,	+	-	16	Proper disposition of returned previously							
2 0 Certified Food Flotection Manager for Classes 2,	С	00	17 💜 🤇	served, reconditioned, and unsafe food							
Employee Health	1	Time/Temperature Control for Safety									
Management, food employee and conditional employee;	P/Pf	00	18	Proper cooking time and temperatures P/Pf/C C							
knowledge, responsibilities and reporting				Proper reheating procedures for hot holding POC							
Proper use of restriction and exclusion	P	00		Proper cooling time and temperatures P P Proper hot holding temperatures P P Proper hot holding temperatures							
Written procedures for responding to vomiting and diarrheal events	Pf	00	W.	Proper hot holding temperatures PO Proper cold holding temperatures PO PO PO PO PO PO PO PO PO P							
Good Hygienic Practices				Proper date marking and disposition P/Pf C							
6 Proper eating, tasting, drinking, or tobacco products use	e P/C	100		Time as a public health control: procedures							
7 No discharge from eyes, nose, and mouth	С	00	24	and records							
/ Preventing Contamination by Hands			-	Consumer Advisory							
8 V C Hands clean and properly washed	P/Pf	00	25 🕥 🤇	Consumer advisory provided: raw/undercooked food Pf C							
9 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 not offered P/C C							
Adequate handwashing sinks, properly supplied/accessible	Pf/C	00	07	Food/Color Additives and Toxic Substances Food additives: approved and properly used							
Approved Source	DIDHC	1010	27 0	Toxic substances properly identified							
11 V Source Food obtained from approved source 12 Source Food received at proper temperature	P/Pf/C P/Pf		28	stored & used							
13 O Food in good condition, safe, and unadulterated	P/Pf			Conformance with Approved Procedures							
Required records available: molluscan shellfish	P/Pf/C		29	Compliance with variance/specialized							
identification, parasite destruction	77. 130.00			process/ROP criteria/HACCP Plan							
GOOD RETAIL PRACTICES											
Good Retail Practices are preventative measures to											
			for COS and								
OUT N/A N/O Safe Food and Water 30 Pasteurized eggs used where required	V P	COS R	OUT In	Proper Use of Utensils V COS R n-use utensils: properly stored							
31 Water and ice from approved source	P/Pf/C			tensils/equipment/linens: properly stored, dried, & handled							
32 O Variance obtained for specialized processing methods	Pf	00		ingle-use/single-service articles: properly stored & used P/C O							
Food Temperature Control		46 Gloves used properly C C									
Proper cooling methods used; adequate equipment for		Utensils and Equipment									
temperature control	Pf/C			ood and non-food contact surfaces cleanable,							
34 O Plant food properly cooked for hot holding	Pf	00	l pr	roperly designed, constructed, and used							
35 O Approved thawing methods used		00		Varewashing facilities: installed, maintained and used; leaning agents, sanitizers, and test strips available							
Thermometers provided and accurate Food Identification	PI/C	1010		lon-food contact surfaces clean C C							
Food properly labeled; original container	PfC	00	45 0 14	Physical Facilities							
Prevention of Food Contamination	1.0		50 O H	lot and cold water available; adequate pressure							
38 Insects, rodents, and animals not present	Pf/C	100		lumbing installed; proper backflow devices P/Pf/C C							
39 Contamination prevented during food preparation, storage & display	P/Pf/C	00		ewage and waste water properly disposed P/Pf/C C							
40 Personal cleanliness	Pf/C			oilet facilities: properly constructed, supplied, & clean Pf/C C							
41 Wiping cloths: properly used and stored	C	00		sarbage and refuse properly disposed; facilities maintained C C							
42 Washing fruits and vegetables	P/Pf/C	00		Physical facilities installed, maintained, and clean P/Pf/C C C dequate ventilation and lighting; designated areas used C C C							
Permit Holder shall notify customers that a copy of the most recent inspection repo		latural rubber latex gloves not used per CGS §19a-36f									
2.1 2.11	1	1	The same of the sa	as documented Date corrections due #							
Person in Charge (Signature)	13/1	25	Priority Ite	em Violations —							
00 0 60 0/1	21/			oundation Item Violations							
Person in Charge (Printed)				n Violations 7/1/25 2							
Inspector (Signature) Day (UCha Date 3/3	25		Risk Factor/Public Health Intervention Violations / Repeat Risk Factor/Public Health Intervention Violations								
mopositor (orginature)		Good Retail Practices Violations									
Inspector (Printed) John Mucho RS				s 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,											
and disperse of conseller found many appeal areals and an to the	Dirock	or of Ha	alth not lot	for then forty eight hours after issuance of such order							

Food Establishment Inspection Report Page 2 of 2

LHDN	D_NVHD		Inspection Report Continuation She	Date 3/31/	Date 3/31/25						
Establishn	nent Spotted	Horse	Tavem Town Shelt	ton	_						
TEMPERATURE OBSERVATIONS											
Item/	Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp					
Dice	d tomato	dIOF	Spring rolls	3905							
		UIOF		149°F							
	sage		Gravy								
	Beef	410 F	Freezers	Frozen							
Corn	salad	39°F									
COLP	Slow	39°F									
	na rolls	410F									
Noo		40°F									
Kaw	hamburger	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner	SERVATIONS AND CORREC	TIVE ACTION	c						
	Violations cited in this		corrected within the time frames below			food code					
Item	violations died in this	roport must be	, concolod main the time hames belo	, or as stated iff s	300.010 0 400.11 d 0 400.11 of the						
Number											
	CFPM: Marc Murphy Exp: 2/5/29										
	CFPM: M	arc 1	Turphy -xp. 2/3	129							
				•							
37C	Same all hattles on costalias at labeled a										
010	C some oil bottles on cook line not labeled >										
	Correct by 7/1/2025 4C Dish baskets stored on floor -> Correct by 7/1/25										
44C	Did book	210	stand on fl	000	Compat by 7	11126					
990	DISH DUSIN	ETS	5101Ea DIS 110	001 -	correct by 1	11/25					
_	- Handsink: Stocked Hot/Cold H20V										
-	- Sanitizer: Quat - Bucket: 200ppm v										
				11.							
-	- Thermometers - Test Strips										
	The finding test of the										
1	- Date-Marks - Restroom										
,	a Allona an Madisani										
	- Allergen Notice - Dry Goods/Cansv										
-	Dish-Mo	ohine	1: Plate temp	:167°F	✓						
				to be							
-	Dish-Ma	chine	2: Chlorine:	5000m v	/						
			~								
_	Bar Area	✓									
er Ba											
Person in Charge (Signature) Man C Many Date 03/31/25											
	(Signature)	John .	Rucha Pas		Date 3/3	1/25					