


Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <u>5/14/25</u>		
Establishment <u>Valley Diner</u>			Time In <u>12:15</u> AM/PM <u>AM</u> Time Out <u>1:15</u> AM/PM <u>AM</u>		
Address <u>636 New Haven Ave</u>			LHD <u>NVHD</u>		
Town/City <u>Danbury</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>The Valley Diner Inc John Kokanos</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														
Supervision				Protection from Contamination				Time/Temperature Control for Safety						
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized							
							17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
							Proper disposition of returned, previously served, reconditioned, and unsafe food							
Employee Health								Consumer Advisory						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Consumer advisory provided: raw/undercooked food							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of restriction and exclusion							Highly Susceptible Population							
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events							Pastorized foods used; prohibited foods not offered							
Good Hygienic Practices								Food/Color Additives and Toxic Substances						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use							Food additives: approved and properly used							
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth							Toxic substances properly identified, stored & used							
Preventing Contamination by Hands								Conformance with Approved Procedures						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean and properly washed							Compliance with variance/specialized process/ROP criteria/HACCP Plan							
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed														
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Adequate handwashing sinks, properly supplied/accessible														
Approved Source														
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Food obtained from approved source														
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>								
Food received at proper temperature														
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>								
Food in good condition, safe, and unadulterated														
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Required records available: molluscan shellfish identification, parasite destruction														

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														
Safe Food and Water				Proper Use of Utensils				Utensils and Equipment						
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required							In-use utensils: properly stored							
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled							
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used							
							46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			
							Gloves used properly							
Food Temperature Control								Physical Facilities						
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure			
Proper cooling methods used; adequate equipment for temperature control							51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed			
Plant food properly cooked for hot holding							53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained			
Approved thawing methods used							55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean			
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used			
Thermometers provided and accurate							Natural rubber latex gloves not used per CGS §19a-36f							
Food Identification														
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Food properly labeled; original container														
Prevention of Food Contamination														
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Insects, rodents, and animals not present														
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Contamination prevented during food preparation, storage & display														
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Personal cleanliness														
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>								
Wiping cloths: properly used and stored														
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Washing fruits and vegetables														

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) <u>Peter J. Kokanos</u>	Date <u>5/14/25</u>
Person in Charge (Printed) <u>Peter J. Kokanos</u>	
Inspector (Signature) <u>Amanda Ruchin</u>	Date <u>5/14/25</u>
Inspector (Printed) <u>Amanda Ruchin</u>	

Violations documented	Date corrections due	#
Priority Item Violations	<u>COS</u>	<u>2</u>
Priority Foundation Item Violations	<u>5/24/25</u>	<u>1</u>
Core Item Violations	<u>5/14/25</u>	<u>3</u>
Risk Factor/Public Health Intervention Violations		<u>2</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>1</u>
Good Retail Practices Violations		<u>4</u>
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 5/14/25

Establishment Valley Diner

Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
FOH Sliding unit	55°F	FOH Bm - COS/law	45°F	Chx Noodle Soup	198°F
-milk	51°F	-cucumbers	42°F	oatmeal	158°F
4 dr cooler - Turkey 41°F	unit 32°F	WIC - fruit 32°F	35°F	Tom Soup	139°F
Bm (sand / Salad)		- Turkey Hash, mayo, ranch	32°F	mash pot	156°F
-Tomatoes	45°F	- Pasta (cooling w/ Stamp)	50°F	2dr BSMT - Beef/ham	39°F
-Cucumbers	41°F	prepared 2 dr freezer	3°F	2dr BSMT freezer	3°F
-Salad w/ yogurt	41°F	WIC - fruit 38°F	45°F		
-Tomatoes/Cheese	48°F	- meats (various cooked)	40°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	4/22/29	8/17/26	8/17/26	8/17/26
CFM	John Kokanos, Themis Mersiadis, Peter Kokanos, Boguslaw Gronsluk			
	Handsink - Stocked ✓, Signage ✓			
	Sanitizer - TS ✓, Quat, Stramine tabs ✓			
	Allergen + Consumer ✓, Allergen poster ✓, vinyl gloves ✓			
	Restroom - covered trash ✓, ice machine ✓			
	Soda machine / Dip well / ice cream ✓, good, WIC organization ✓			
	Chest freezer ✓, Sign off on policy's ✓, V/D clean up plan / kit ✓			

- P 15 ✓ Chicken over cheese/dairy products 4 dr unit BSMT - COS ✓
- C 49 ✓ Exterior of some equipment (upper + BSMT) unclean/debris
- C 39 Boxes of fries in WIC on floor → had bigger delivery + couldn't fit, will lift
- C 36 ✓ missing therm in downstairs 2 dr unit - COS, placed new one in unit ✓
- PF 33 ✓ FOH Sliding unit not maintaining temp → therm reading 53°F
- P 22 ✓ milk in Sliding unit 55°F → COS, discarded dairy products, juice, + water OK

* Do Not Store food/dairy in FOH cooler ^{Sliding} → Service + send invoice/photo of therm in unit 41°F or ↓ to ARUCHIN@NVHD.ORG by 5/24/25

Person in Charge (Signature)

Date

Inspector (Signature)

Date 5/14/25