

Risk Category: 3

Food Establishment Inspection Report

Page 1 of 2

Establishment type: Permanent Temporary Mobile Other

Date: 2/5/25

Establishment Valley Burger Shack
Address 639 Southmain Street

Town/City Seymour

Permit Holder Fang Ter

Time In 1205 AM/PM Time Out AM/PM

LHD NVHD

Purpose of Inspection: Routine Pre-op

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
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health								Time/Temperature Control for Safety							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices								Food/Color Additives and Toxic Substances							
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands								Consumer Advisory							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population							
Approved Source								Food/Color Additives and Toxic Substances							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
								28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
								29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<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
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>
Food Temperature Control							46	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment				
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>
Food Identification							Physical Facilities				
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>
Prevention of Food Contamination							51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>

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

Person in Charge (Signature) [Signature] Date 2/5/25

Person in Charge (Printed) FANG TER

Inspector (Signature) Amy Lawrence Date 2/5/25

Inspector (Printed) Amy Durand

Violations documented	Date corrections due	#
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		

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

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 2/5/25

Establishment Valley Burger Shack Town San Juan

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hand sink	118 F	Hot dog raw	39 F		
Sliced tomatoes	40 F				
Diced onions	38 F				
Plates	36 F				
Sliced deli cheese	38 F				
Caramelized onions	40 F				
Chili Hot	151 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

CFPM: Eang Ter 6/11/29

Hand sink Stocked ✓ signage ✓ hot h2o ✓

Vinyl gloves ✓

labeling ✓

Dry storage + Bot Storage ok ✓

thermometers ✓

bleach sanitizer ✓ test strips ✓ 50 ppm ✓

consumer advisory

Person in Charge (Signature)

Date

Inspector (Signature)

Date