

Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>11/18/24</u>		
Establishment <u>Waterview Cafe</u>			Time In <u>11:10</u> AM/PM Time Out <u>11:30</u> AM/PM		
Address <u>1 Waterview Dr</u>			LHD <u>NVHD</u>		
Town/City <u>Shelton</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>James E. Calkins</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	
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"/>
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"/>
									17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Time/Temperature Control for Safety		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health		P/PI	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting		P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion		Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	<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"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									22	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									23	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									24	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Consumer Advisory		
									25	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Highly Susceptible Population		
									26	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Food/Color Additives and Toxic Substances		
									27	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									28	<input checked="" type="checkbox"/>	<input type="checkbox"/>
									Conformance with Approved Procedures		
									29	<input checked="" 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"/>	<input type="checkbox"/>	Pasteurized eggs used where required		P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source		P/PI/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods		Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>
									46	<input type="checkbox"/>	<input type="checkbox"/>
									Utensils and Equipment		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control		Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>
									51	<input type="checkbox"/>	<input type="checkbox"/>
									52	<input type="checkbox"/>	<input type="checkbox"/>
									53	<input type="checkbox"/>	<input type="checkbox"/>
									54	<input type="checkbox"/>	<input type="checkbox"/>
									55	<input type="checkbox"/>	<input type="checkbox"/>
									56	<input type="checkbox"/>	<input type="checkbox"/>
									Natural rubber latex gloves not used per CGS §19a-36f		
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>11/18/24</u>			Violations documented			Date corrections due		
Person in Charge (Printed) <u>Robin Jones</u>						Priority Item Violations					
Inspector (Signature) <u>[Signature]</u>			Date <u>11/18/24</u>			Priority Foundation Item Violations					
Inspector (Printed) <u>Amanda Ruchin</u>						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.											

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TEMPERATURE OBSERVATIONS					
Item/Location/Process		Temp	Item/Location/Process		Temp
Bm			HH - meatballs		140°F
- Ham		35°F	- Loaded Baked Pot		150°F
- Tuna		35°F	Soup		
- Am Cheese		41°F			
- Tomatoes (Sliced)		35°F			
2dr Victory		39°F			
- Am cheese/Bacon		38°F			

[illegible]

Date 11/18/24

Date 4/18/24