


Risk Category: <u>3</u>		Food Establishment Inspection Report				Page 1 of <u> </u>									
Establishment type: <u>Permanent</u> Temporary Mobile Other <u> </u>		Date: <u>3/21/25</u>													
Establishment <u>Hausatoric House</u>				Time In <u>1238</u> AM/PM Time Out <u> </u> AM/PM											
Address <u>337 Roosevelt Dr.</u>				LHD <u>NVHD</u>											
Town/City <u>Seymour</u>				Purpose of Inspection: Routine Pre-op											
Permit Holder <u>Mike Gjuraj</u>				Reinspection Other <u>Re-opening</u>											
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
<small>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.</small>															
<small>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</small>															
<small>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</small>															
Supervision				Protection from Contamination											
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Food separated and protected				P/C <input type="checkbox"/>			
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				P/Pf/C <input type="checkbox"/>			
Employee Health								Proper disposition of returned, previously served, reconditioned, and unsafe food				P <input type="checkbox"/>			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting								Time/Temperature Control for Safety							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion								Proper cooking time and temperatures				P/Pf/C <input type="checkbox"/>			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Written procedures for responding to vomiting and diarrheal events								Proper reheating procedures for hot holding				P <input type="checkbox"/>			
Good Hygienic Practices								Proper cooling time and temperatures				P <input type="checkbox"/>			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<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								Proper hot holding temperatures				P <input type="checkbox"/>			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>		
No discharge from eyes, nose, and mouth								Proper cold holding temperatures				P <input type="checkbox"/>			
Preventing Contamination by Hands								Proper date marking and disposition				P/Pf <input type="checkbox"/>			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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"/>		
Hands clean and properly washed								Time as a public health control: procedures and records				P/Pf/C <input type="checkbox"/>			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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								Consumer Advisory							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate handwashing sinks, properly supplied/accessible								Consumer advisory provided: raw/undercooked food				Pf <input type="checkbox"/>			
Approved Source								Highly Susceptible Population							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source								Pasteurized foods used; prohibited foods not offered				P/C <input type="checkbox"/>			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Food received at proper temperature								Food/Color Additives and Toxic Substances							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, and unadulterated								Food additives: approved and properly used				P <input type="checkbox"/>			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<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								Toxic substances properly identified, stored & used				P/Pf/C <input type="checkbox"/>			
GOOD RETAIL PRACTICES								Conformance with Approved Procedures							
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>								Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C <input type="checkbox"/>			
<small>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</small>								Proper Use of Utensils							
OUT	N/A	N/O	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"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Pasteurized eggs used where required								In-use utensils: properly stored				C <input type="checkbox"/>			
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"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Water and ice from approved source								Utensils/equipment/linens: properly stored, dried, & handled				Pf/C <input type="checkbox"/>			
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"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Variance obtained for specialized processing methods								Single-use/single-service articles: properly stored & used				P/C <input type="checkbox"/>			
Food Temperature Control								Gloves used properly				C <input type="checkbox"/>			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control								Utensils and Equipment							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Plant food properly cooked for hot holding								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"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Approved thawing methods used								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"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Thermometers provided and accurate								Non-food contact surfaces clean				C <input type="checkbox"/>			
Food Identification								Physical Facilities							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Food properly labeled; original container								Hot and cold water available; adequate pressure				Pf <input type="checkbox"/>			
Prevention of Food Contamination								Plumbing installed; proper backflow devices				P/Pf/C <input type="checkbox"/>			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present								Sewage and waste water properly disposed				P/Pf/C <input type="checkbox"/>			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Contamination prevented during food preparation, storage & display								Toilet facilities: properly constructed, supplied, & clean				Pf/C <input type="checkbox"/>			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness								Garbage and refuse properly disposed; facilities maintained				C <input type="checkbox"/>			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored								Physical facilities installed, maintained, and clean				P/Pf/C <input type="checkbox"/>			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Washing fruits and vegetables								Adequate ventilation and lighting; designated areas used				C <input type="checkbox"/>			
Violations documented								Natural rubber latex gloves not used per CGS §19a-36f				C <input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								Date corrections due							
Person in Charge (Signature) <u>Laurel Shaw</u> Date <u>3/21/25</u>								Violations documented				#			
Person in Charge (Printed) <u>Laurel Shaw</u>								Priority Item Violations				10 days			
Inspector (Signature) <u>Laurel Shaw</u> Date <u>3/21/25</u>								Priority Foundation Item Violations				90 days			
Inspector (Printed) <u>Laurel Shaw</u>								Core Item Violations				2			
								Risk Factor/Public Health Intervention Violations				3			
								Repeat Risk Factor/Public Health Intervention Violations				5			
								Good Retail Practices Violations				5			
								Requires Reinspection - check box if you intend to reinspect				<input checked="" 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 3/21/25

Establishment Hausatonic House Town Seymour

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
No Food on-site during inspection.					
# Contact NVHD prior to Thursday 3/27/2025					

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	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.
56pf	Hot Water handwash (by prep/fryers) not working Faucet broken (Fix prior to operation) OK OK
48pf	Dishwash not working (Fix prior to operation)
55C	Walkin s/s panel detached at floor - repair/seal
51C	Piping under handwash sink bar leaking, hand sink kitchen faucet leaking (by dishwasher).
	→ Ice machine disconnected in process of cleaning.
	→ Finishing cleaning of glassware, utensils, food contact surfaces prior to operation
	Quat sanitizer
	Interior reach in refrig clean, temp 39°F ✓ thermometers available
	HW 109°F

Person in Charge (Signature) [Signature]
Inspector (Signature) Rachel Adams

Date 3/21/25
Date 3/21/25