

5995

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|--|-------------------------------------|---|--|--|---------------------------------|
| 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>3/31/25</u> | | |
| Establishment <u>Kickstart Cafe</u> | | | Time In <u>10:30</u> AM/PM Time Out <u>11:10</u> AM/PM | | |
| Address <u>462 Howe Ave.</u> | | | LHD <u>NVHD</u> | | |
| Town/City <u>Shelton</u> | | | Purpose of Inspection: <u>Routine</u> Pre-op | | |
| Permit Holder <u>Stephanie Champagne</u> | | | Reinspection Other | | |
| 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> | | | | | |
| 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 | | IN OUT N/A N/O | |
| 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"/> |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certified Food Protection Manager for Classes 2, 3, & 4 | C <input type="checkbox"/> |
| IN OUT N/A N/O | | Employee Health | | IN OUT N/A N/O | |
| 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"/> |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of restriction and exclusion | P <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"/> |
| IN OUT N/A N/O | | Good Hygienic Practices | | IN OUT N/A N/O | |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco products use | P/C <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"/> |
| IN OUT N/A N/O | | Preventing Contamination by Hands | | IN OUT N/A N/O | |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hands clean and properly washed | P/Pf <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"/> |
| 10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible | Pf/C <input type="checkbox"/> |
| IN OUT N/A N/O | | Approved Source | | IN OUT N/A N/O | |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | P/Pf/C <input type="checkbox"/> |
| 12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food received at proper temperature | P/Pf <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"/> |
| 14 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Required records available: molluscan shellfish identification, parasite destruction | P/Pf/C <input type="checkbox"/> |
| IN OUT N/A N/O | | Protection from Contamination | | IN OUT N/A N/O | |
| 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated and protected | P/C <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"/> |
| 17 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, and unsafe food | P <input type="checkbox"/> |
| IN OUT N/A N/O | | Time/Temperature Control for Safety | | IN OUT N/A N/O | |
| 18 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time and temperatures | P/Pf/C <input type="checkbox"/> |
| 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding | P <input type="checkbox"/> |
| 20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time and temperatures | P <input type="checkbox"/> |
| 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | P <input type="checkbox"/> |
| 22 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | P <input type="checkbox"/> |
| 23 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking and disposition | P/Pf <input type="checkbox"/> |
| 24 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time as a public health control: procedures and records | P/Pf/C <input type="checkbox"/> |
| IN OUT N/A N/O | | Consumer Advisory | | IN OUT N/A N/O | |
| 25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer advisory provided: raw/undercooked food | Pf <input type="checkbox"/> |
| IN OUT N/A N/O | | Highly Susceptible Population | | IN OUT N/A N/O | |
| 26 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | P/C <input type="checkbox"/> |
| IN OUT N/A N/O | | Food/Color Additives and Toxic Substances | | IN OUT N/A N/O | |
| 27 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food additives: approved and properly used | P <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"/> |
| IN OUT N/A N/O | | Conformance with Approved Procedures | | IN OUT N/A N/O | |
| 29 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Compliance with variance/specialized process/ROP criteria/HACCP Plan | P/Pf/C <input type="checkbox"/> |
| GOOD RETAIL PRACTICES | | | | | |
| <small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</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 | | | | | |
| OUT N/A N/O | | Safe Food and Water | | OUT N/A N/O | |
| 30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | P <input type="checkbox"/> |
| 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | P/Pf/C <input type="checkbox"/> |
| 32 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Variance obtained for specialized processing methods | Pf <input type="checkbox"/> |
| OUT N/A N/O | | Food Temperature Control | | OUT N/A N/O | |
| 33 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling methods used; adequate equipment for temperature control | Pf/C <input type="checkbox"/> |
| 34 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plant food properly cooked for hot holding | Pf <input type="checkbox"/> |
| 35 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | Pf/C <input type="checkbox"/> |
| 36 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | Pf/C <input type="checkbox"/> |
| OUT N/A N/O | | Food Identification | | OUT N/A N/O | |
| 37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | Pf/C <input type="checkbox"/> |
| OUT N/A N/O | | Prevention of Food Contamination | | OUT N/A N/O | |
| 38 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | Pf/C <input type="checkbox"/> |
| 39 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | P/Pf/C <input type="checkbox"/> |
| 40 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | Pf/C <input type="checkbox"/> |
| 41 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | C <input type="checkbox"/> |
| 42 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | P/Pf/C <input type="checkbox"/> |
| OUT N/A N/O | | Proper Use of Utensils | | OUT N/A N/O | |
| 43 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | C <input type="checkbox"/> |
| 44 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils/equipment/linens: properly stored, dried, & handled | Pf/C <input type="checkbox"/> |
| 45 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored & used | P/C <input type="checkbox"/> |
| 46 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | C <input type="checkbox"/> |
| OUT N/A N/O | | Utensils and Equipment | | OUT N/A N/O | |
| 47 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | P/Pf/C <input type="checkbox"/> |
| 48 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | Pf/C <input type="checkbox"/> |
| 49 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | C <input type="checkbox"/> |
| OUT N/A N/O | | Physical Facilities | | OUT N/A N/O | |
| 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure | Pf <input type="checkbox"/> |
| 51 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | P/Pf/C <input type="checkbox"/> |
| 52 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage and waste water properly disposed | P/Pf/C <input type="checkbox"/> |
| 53 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, & clean | Pf/C <input type="checkbox"/> |
| 54 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage and refuse properly disposed; facilities maintained | C <input type="checkbox"/> |
| 55 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | P/Pf/C <input type="checkbox"/> |
| 56 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate ventilation and lighting; designated areas used | C <input type="checkbox"/> |
| OUT N/A N/O | | Violations documented | | OUT N/A N/O | |
| Date corrections due | | # | | Date corrections due | |
| Priority Item Violations | | - | | - | |
| Priority Foundation Item Violations | | - | | - | |
| Core Item Violations | | 7/1/25 | | 4 | |
| Risk Factor/Public Health Intervention Violations | | - | | - | |
| Repeat Risk Factor/Public Health Intervention Violations | | - | | - | |
| Good Retail Practices Violations | | - | | 4 | |
| Requires Reinspection - check box if you intend to reinspect | | - | | - | |
| Person in Charge (Signature) <u>Stephanie Champagne</u> Date <u>3/31/25</u> Person in Charge (Printed) <u>Stephanie Champagne</u> Inspector (Signature) <u>John Mucha</u> Date <u>3/31/25</u> Inspector (Printed) <u>John Mucha RS</u> | | | | | |
| 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 3/31/25

Establishment Kickstart Cafe Town Shelton

TEMPERATURE OBSERVATIONS

| Item/Location/Process | Temp | Item/Location/Process | Temp | Item/Location/Process | Temp |
|-----------------------|--------|-----------------------|------|-----------------------|------|
| Deli turkey | 38°F | | | | |
| Deli roast beef | 39°F | | | | |
| Sliced cheese | 40°F | | | | |
| Cooked eggs | 38°F | | | | |
| Freezers | Frozen | | | | |
| | | | | | |
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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. |
|-------------|--|
| | CFPM: Stephanie Champagne Exp: 6/29/27 |
| 55C | Wall behind ice machine is unclean → Correct by 7/1/25 |
| 55C | Some cracked floor tiles in kitchen → Correct by 7/1/25 |
| 55C | Wall behind prep table is unclean → Correct by 7/1/25 |
| 37C | Some squeeze bottles with product not labeled → Correct by 7/1/25 |
| - | Handsink ✓ Hot/Cold H ₂ O ✓ |
| - | Sanitizer: Chlorine - Bucket: 100ppm / 3-bay: 100ppm |
| - | Thermometers ✓ - Test Strips ✓ |
| - | Date-Marks ✓ - Allergen Notice ✓ |
| - | Restroom ✓ |
| | |
| | |
| | |

Person in Charge (Signature) [Signature]

Date 3/31/25

Inspector (Signature) John Mucha, RS

Date 3/31/25