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Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>1/7/26</b>	Time In <b>11:15</b> AM/PM Time Out _____ AM/PM
Establishment <b>Gardner Heights</b>	 <p>Keeping Connecticut Healthy <b>DPH</b> Connecticut Department of Public Health</p>	LHD <b>NVHTD</b>
Address <b>172 Rocky Rest Road</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Town/City <b>Shelton</b>		Reinspection Other _____
Permit Holder <b>Whitney Carter</b>		

**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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R							
<b>Supervision</b>																				
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"/>	<input type="checkbox"/>	P/C	<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"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>							
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized													
<b>Employee Health</b>																				
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"/>	<input type="checkbox"/>	P	<input type="checkbox"/>							
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food													
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"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>							
Proper use of restriction and exclusion							Proper cooking time and temperatures													
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"/>	<input type="checkbox"/>	P	<input type="checkbox"/>							
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding													
<b>Good Hygienic Practices</b>																				
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"/>	<input type="checkbox"/>	P	<input type="checkbox"/>							
Proper eating, tasting, drinking, or tobacco products use							Proper cooling time and temperatures													
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"/>	<input type="checkbox"/>	P	<input type="checkbox"/>							
No discharge from eyes, nose, and mouth							Proper hot holding temperatures													
<b>Preventing Contamination by Hands</b>																				
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"/>	<input type="checkbox"/>	P	<input type="checkbox"/>							
Hands clean and properly washed							Proper cold holding temperatures													
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"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>							
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Proper date marking and disposition													
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"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>							
Adequate handwashing sinks, properly supplied/accessible							Time as a public health control: procedures and records													
<b>Approved Source</b>																				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>													
Food obtained from approved source																				
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>								<b>Highly Susceptible Population</b>						
Food received at proper temperature																				
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>													
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"/>	<b>Conformance with Approved Procedures</b>													
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							
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R							
<b>Safe Food and Water</b>																				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Proper Use of Utensils</b>													
Pasteurized eggs used where required																				
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								<b>Utensils and Equipment</b>						
Water and ice from approved source																				
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>													
Variance obtained for specialized processing methods																				
<b>Food Temperature Control</b>																				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>													
Proper cooling methods used; adequate equipment for temperature control																				
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>								<b>Date corrections due</b>						
Plant food properly cooked for hot holding																				
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>#</b>													
Approved thawing methods used																				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Requires Reinspection - check box if you intend to reinspect</b>													
Thermometers provided and accurate																				
<b>Food Identification</b>																				
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Appeal:</b> 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 properly labeled; original container																				
<b>Prevention of Food Contamination</b>																				
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 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) *Kate Vasi* Date **1-7-26**

Person in Charge (Printed) **Kate Vasi**

Inspector (Signature) *Amy Durand* Date **1/7/26**

Inspector (Printed) **Amy Durand**

Priority Item Violations	<b>COS</b>	<b>1</b>
Priority Foundation Item Violations	<b>-</b>	<b>-</b>
Core Item Violations	<b>-</b>	<b>-</b>
Risk Factor/Public Health Intervention Violations	<b>-</b>	<b>1</b>
Repeat Risk Factor/Public Health Intervention Violations	<b>-</b>	<b>-</b>
Good Retail Practices Violations	<b>-</b>	<b>-</b>

