


Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

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| Risk Category: 3 | | Food Establishment Inspection Report | | | | Page 1 of <u>2</u> | | | | | | | | | | | | | | |
| Establishment type: Permanent Temporary Mobile Other _____ | | | | Date: <u>12/19/24</u> | | | | | | | | | | | | | | | | |
| Establishment <u>Mima's Kitchen</u> | |  | | Time In <u>12:00</u> AM/PM <u>AM</u> Time Out <u>12:30</u> AM/PM <u>AM</u> | | LHD <u>NVHD</u> | | | | | | | | | | | | | | |
| Address <u>ITV</u> | | | | Purpose of Inspection: Routine Pre-op | | Reinspection _____ Other _____ | | | | | | | | | | | | | | |
| Town/City <u>Shelton</u> | | | | Permit Holder <u>Phillippa Campbell Jack</u> | | | | | | | | | | | | | | | | |
| Permit Holder <u>Phillippa Campbell Jack</u> | | | | | | | | | | | | | | | | | | | | |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | | | | | | | | | | | | | | | | |
| <i>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.</i> | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 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"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Employee Health | | | | Time/Temperature Control for Safety | | | | | | | | | | | | | | | | |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | Proper cooking time and temperatures | | | | P/Pf/C | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Proper use of restriction and exclusion | | | | Proper reheating procedures for hot holding | | | | P | | | | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Written procedures for responding to vomiting and diarrheal events | | | | Proper cooling time and temperatures | | | | P | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Good Hygienic Practices | | | | Consumer Advisory | | | | | | | | | | | | | | | | |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Proper eating, tasting, drinking, or tobacco products use | | | | Consumer advisory provided: raw/undercooked food | | | | Pf | | | | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| No discharge from eyes, nose, and mouth | | | | Highly Susceptible Population | | | | 26 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Preventing Contamination by Hands | | | | Food/Color Additives and Toxic Substances | | | | | | | | | | | | | | | | |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Hands clean and properly washed | | | | Food additives: approved and properly used | | | | P | | | | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly followed | | | | Toxic substances properly identified, stored & used | | | | P/Pf/C | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| Adequate handwashing sinks, properly supplied/accessible | | | | Conformance with Approved Procedures | | | | 29 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Approved Source | | | | GOOD RETAIL PRACTICES | | | | | | | | | | | | | | | | |
| 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i> | | | | | | | | | | | | | |
| Food obtained from approved source | | | | 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 | | | | | | | | | | | | | | | | |
| 12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | Safe Food and Water | | | | Proper Use of Utensils | | | | | | | | | |
| Food received at proper temperature | | | | OUT | | | | V | | | | COS | | | | R | | | | |
| 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | 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"/> |
| Food in good condition, safe, and unadulterated | | | | 31 | | | | Pasturized eggs used where required | | | | 44 | | | | | | | | |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 32 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 45 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |
| Required records available: molluscan shellfish identification, parasite destruction | | | | 33 | | | | Variance obtained for specialized processing methods | | | | 46 | | | | | | | | |
| GOOD RETAIL PRACTICES | | | | Food Temperature Control | | | | Utensils and Equipment | | | | | | | | | | | | |
| 34 | | | | Proper cooling methods used; adequate equipment for temperature control | | | | 47 | | | | | | | | | | | | |
| 35 | | | | Plant food properly cooked for hot holding | | | | 48 | | | | | | | | | | | | |
| 36 | | | | Approved thawing methods used | | | | 49 | | | | | | | | | | | | |
| 37 | | | | Thermometers provided and accurate | | | | 50 | | | | | | | | | | | | |
| 38 | | | | Food Identification | | | | 51 | | | | | | | | | | | | |
| 39 | | | | Food properly labeled; original container | | | | 52 | | | | | | | | | | | | |
| 40 | | | | Prevention of Food Contamination | | | | 53 | | | | | | | | | | | | |
| 41 | | | | Insects, rodents, and animals not present | | | | 54 | | | | | | | | | | | | |
| 42 | | | | Contamination prevented during food preparation, storage & display | | | | 55 | | | | | | | | | | | | |
| 43 | | | | Personal cleanliness | | | | 56 | | | | | | | | | | | | |
| 44 | | | | Wiping cloths: properly used and stored | | | | 57 | | | | | | | | | | | | |
| 45 | | | | Washing fruits and vegetables | | | | 58 | | | | | | | | | | | | |
| 46 | | | | Natural rubber latex gloves not used per CGS §19a-36f | | | | 59 | | | | | | | | | | | | |
| 47 | | | | Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | | 60 | | | | | | | | | | | | |
| 48 | | | | Person in Charge (Signature) <u>Andrew Jack</u> Date <u>12-19-24</u> | | | | 61 | | | | | | | | | | | | |
| 49 | | | | Person in Charge (Printed) <u>Andrew Jack</u> | | | | 62 | | | | | | | | | | | | |
| 50 | | | | Inspector (Signature) <u>John Mucha</u> Date <u>12/19/24</u> | | | | 63 | | | | | | | | | | | | |
| 51 | | | | Inspector (Printed) <u>John Mucha</u> | | | | 64 | | | | | | | | | | | | |
| 52 | | | | 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. | | | | 65 | | | | | | | | | | | | |
| 53 | | | | Violations documented | | | | Date corrections due | | | | # | | | | | | | | |
| 54 | | | | Priority Item Violations | | | | | | | | - | | | | | | | | |
| 55 | | | | Priority Foundation Item Violations | | | | <u>C.O.S</u> | | | | 1 | | | | | | | | |
| 56 | | | | Core Item Violations | | | | | | | | - | | | | | | | | |
| 57 | | | | Risk Factor/Public Health Intervention Violations | | | | | | | | 1 | | | | | | | | |
| 58 | | | | Repeat Risk Factor/Public Health Intervention Violations | | | | | | | | - | | | | | | | | |
| 59 | | | | Good Retail Practices Violations | | | | | | | | - | | | | | | | | |
| 60 | | | | Requires Reinspection - check box if you intend to reinspect | | | | | | | | | | | | | | | | |

