


Risk Category: <u>2</u> <u>6306</u>		<b>Food Establishment Inspection Report</b>			Page 1 of <u>2</u>				
Establishment type: Permanent Temporary Mobile Other _____				Date: <u>3/16/26</u>					
Establishment <u>Glaze and Grind</u>				Time In _____ AM/PM		Time Out _____ AM/PM			
Address <u>785 River Rd</u>				LHD <u>NVITD</u>					
Town/City <u>Shelton</u>				Purpose of Inspection: <u>Routine</u> Pre-op					
Permit Holder _____				Reinspection _____ Other _____					
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>									
<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		
IN	OUT	N/A	N/O	V	COS	R			
<b>Supervision</b>				<b>Protection from Contamination</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"/> Food separated and protected P/C <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"/> Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> <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"/> <input type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> <input type="checkbox"/>		
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> <input type="checkbox"/>		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Proper reheating procedures for hot holding P <input type="checkbox"/> <input type="checkbox"/>		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Proper cooling time and temperatures P <input type="checkbox"/> <input type="checkbox"/>		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	21 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Proper hot holding temperatures P <input type="checkbox"/> <input type="checkbox"/>		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	22 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cold holding temperatures P <input type="checkbox"/> <input type="checkbox"/>		
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	23 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper date marking and disposition P/Pf <input type="checkbox"/> <input type="checkbox"/>		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	24 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> <input type="checkbox"/>		
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food Pf <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"/>	26 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered P/C <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"/>	<b>Food/Color Additives and Toxic Substances</b>		
<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food additives: approved and properly used P <input type="checkbox"/> <input type="checkbox"/>		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> <input type="checkbox"/>		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> <input type="checkbox"/>		
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>		
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>									
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
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>					
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"/> <input type="checkbox"/> In-use utensils: properly stored C <input type="checkbox"/> <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"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> <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"/> <input type="checkbox"/> Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> <input type="checkbox"/>		
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>					
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"/> <input type="checkbox"/> Gloves used properly C <input type="checkbox"/> <input type="checkbox"/>		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47 <input type="checkbox"/> <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"/> <input type="checkbox"/>		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48 <input type="checkbox"/> <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"/> <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"/> <input type="checkbox"/> Non-food contact surfaces clean C <input type="checkbox"/> <input type="checkbox"/>		
<b>Food Identification</b>				<b>Physical Facilities</b>					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/> <input type="checkbox"/>		
<b>Prevention of Food Contamination</b>				<b>Violations documented</b>					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> <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"/> <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> <input type="checkbox"/>		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> <input type="checkbox"/>		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> <input type="checkbox"/>		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> <input type="checkbox"/>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> <input type="checkbox"/>					
Person in Charge (Signature) <u>[Signature]</u> Date <u>3/16/26</u>				<b>Date corrections due</b>		<b>#</b>			
Person in Charge (Printed) _____				Priority Item Violations		_____			
Inspector (Signature) <u>[Signature]</u> Date <u>3/16/26</u>				Priority Foundation Item Violations		_____			
Inspector (Printed) <u>Melanie Dake</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.									

# Food Establishment Inspection Report

LHD NVHD Inspection Report Continuation Sheet

Date 3/16/26

Establishment Glaze and Grand Town Shelton

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Kitchen BM					
cheese	39°F				
tomato	39°F				
Walkin	41°F				

### 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: Cory Watson 9/29 ✓ Jaycee Gatewood
	Allergen signage / poster ✓ VID procedure / Kit ✓
	Front: H/S stocked signed ✓ lowboy 42°F thermometer 39°F
	Drineup:
	Kitchen: Bain Marie 40°F ✓ H/S stocked ✓ 3 bay - Quat 200ppm strips ✓ prep ✓. indirect ✓ mop sink ✓
	Upstairs: No food prep Storage only - good

Person in Charge (Signature)

Date

Inspector (Signature) [Signature]

Date 3/16/26