

5797

Risk Category: 4 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 11/19/24

Establishment Karaku Restaurant Time In 1155 AM/PM Time Out 1235 AM/PM

Address 1 Karides Village Drive LHD NVHD

Town/City Seymour Purpose of Inspection: Routine Pre-op

Permit Holder Yi Qun Chen Reinspection Other \_\_\_\_\_



**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"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Person/Alternate Person in charge present, demonstrates knowledge and performs duties         |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 2   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Certified Food Protection Manager for Classes 2, 3, & 4                                       |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| <b>Employee Health</b>  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 3   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 4   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Proper use of restriction and exclusion   |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 5   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Written procedures for responding to vomiting and diarrheal events                            |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| <b>Good Hygienic Practices</b>  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 6   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Proper eating, tasting, drinking, or tobacco products use                                     |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 7   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| No discharge from eyes, nose, and mouth   |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| <b>Preventing Contamination by Hands</b>  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 8   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Hands clean and properly washed   |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 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  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 10  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Adequate handwashing sinks, properly supplied/accessible                                      |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| <b>Approved Source</b>  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 11  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Food obtained from approved source  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 12  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Food received at proper temperature   |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 13  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Food in good condition, safe, and unadulterated   |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 14  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Required records available: molluscan shellfish identification, parasite destruction          |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| <b>Protection from Contamination</b>  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 15  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Food separated and protected  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 16  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Food-contact surfaces: cleaned & sanitized  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 17  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Proper disposition of returned, previously served, reconditioned, and unsafe food             |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| <b>Time/Temperature Control for Safety</b>  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 18  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Proper cooking time and temperatures  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 19  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Proper reheating procedures for hot holding   |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 20  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Proper cooling time and temperatures  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 21  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Proper hot holding temperatures   |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 22  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Proper cold holding temperatures  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 23  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Proper date marking and disposition   |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 24  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Time as a public health control: procedures and records                                       |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| <b>Consumer Advisory</b>  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 25  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Consumer advisory provided: raw/undercooked food  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| <b>Highly Susceptible Population</b>  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 26  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Pasteurized foods used; prohibited foods not offered  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| <b>Food/Color Additives and Toxic Substances</b>  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 27  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Food/additives: approved and properly used  |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 28  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Toxic substances properly identified, stored & used   |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| <b>Conformance with Approved Procedures</b>   |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |
| 29  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |                       |                    |   |                    |     |     |   |     |   |
| Compliance with variance/specialized process/ROP criteria/HACCP Plan                          |                                     |                          |                          |  |                       |                    |   |                    |     |     |   |     |   |

**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                  |  |  |  |  |
| <b>Safe Food and Water</b>   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 30   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Pasteurized eggs used where required   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 31   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Water and ice from approved source   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 32   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Variance obtained for specialized processing methods   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| <b>Food Temperature Control</b>  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 33   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Proper cooling methods used; adequate equipment for temperature control  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 34   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Plant food properly cooked for hot holding   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 35   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Approved thawing methods used  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 36   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Thermometers provided and accurate   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| <b>Food Identification</b>   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 37   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Food properly labeled; original container  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| <b>Prevention of Food Contamination</b>  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 38   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Insects, rodents, and animals not present  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 39   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Contamination prevented during food preparation, storage & display   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 40   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Personal cleanliness   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 41   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Wiping cloths: properly used and stored  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 42   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Washing fruits and vegetables  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| <b>Proper Use of Utensils</b>  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 43   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| In-use utensils: properly stored   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 44   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Utensils/equipment/linens: properly stored, dried, & handled   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 45   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Single-use/single-service articles: properly stored & used   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 46   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Gloves used properly   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| <b>Utensils and Equipment</b>  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 47   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Food and non-food contact surfaces cleanable, properly designed, constructed, and used                         |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 48   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 49   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Non-food contact surfaces clean  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| <b>Physical Facilities</b>   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 50   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Hot and cold water available; adequate pressure  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 51   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Plumbing installed; proper backflow devices  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 52   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Sewage and waste water properly disposed   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 53   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Toilet facilities: properly constructed, supplied, & clean   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 54   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Garbage and refuse properly disposed; facilities maintained  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 55   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Physical facilities installed, maintained, and clean   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| 56   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |     |   |   |                    |  |  |  |  |
| Adequate ventilation and lighting; designated areas used   |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |
| Natural rubber latex gloves not used per CGS §19a-36f  |                                     |                          |                          |                  |  |     |   |   |                    |  |  |  |  |

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) [Signature] Date 11/19/24

Person in Charge (Printed) Jun Bing Chi

Inspector (Signature) [Signature] Date 11/19/24

Inspector (Printed) Amy Durand

| Violations documented  | Date corrections due | #        |
|--|----------------------|----------|
| Priority Item Violations                                     |                      |          |
| Priority Foundation Item Violations                          |                      |          |
| Core Item Violations   | <u>2/18/24</u>       | <u>3</u> |
| Risk Factor/Public Health Intervention Violations            |                      | <u>1</u> |
| Repeat Risk Factor/Public Health Intervention Violations     |                      | <u>2</u> |
| Good Retail Practices Violations                             |                      | <u>4</u> |
| 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 11/19/24

Establishment Karaku Restaurant Town Seymour

### TEMPERATURE OBSERVATIONS

| Item/Location/Process | Temp  | Item/Location/Process | Temp  | Item/Location/Process | Temp |
|-----------------------|-------|-----------------------|-------|-----------------------|------|
| handsink BOT          | 95°F  | dr freezer            | -4.2  |                       |      |
| mushrooms             | 40°F  | dr freezer            | -1°F  |                       |      |
| carrots CH            | 40°F  | 2 dr sushi lowboy BOT | 35°F  |                       |      |
| 2 dr lowboy           | 32°F  | 2 dr lowboy           | 32°F  |                       |      |
| white rice HH         | 160°F | salmon CH             | 38°F  |                       |      |
| soup HH               | 164°F | fish CH               | 36°F  |                       |      |
| 2 dr fridge           | 38°F  | una CH                | 38°F  |                       |      |
| raw chx               | 38°F  | sushi HS              | 111°F |                       |      |

### OBSERVATIONS AND CORRECTIVE ACTIONS

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.

| Item Number | Observations and Corrective Actions                |
|-------------|--|
|             | CFM: Yun bing chi 7/8/23 Yi Qwen Chen 1/20/25      |
|             | BOTH handsink stocked signage hot h2o ✓            |
|             | poly gloves ✓ Probe thermometer ✓                  |
|             | Ice machine clean ✓                                |
|             | bleach sanitizer ✓ test strips ✓ buckets 100ppm ✓  |
|             | Bathrooms good date marking ok                     |
|             | BOTH food items being labeled during inspection ok |

- RV 10C BOTH handsink missing signage. Provided w/ signage
- ✓ 45C sushi bar to go containers not inverted cos inverted
- 39C food stored on floor (rice, soy sauce)
- 37C Items @ sushi bar not labeled in 2 door fridge
- RV 43C bowls without handle in product in BOTH storage

\* RV = repeat violation!

|   |                      |
|---|----------------------|
| Person in Charge (Signature)            | Date <u>11/19/24</u> |
| Inspector (Signature) <u>Amy Duward</u> | Date <u>11/19/24</u> |