


5529

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Risk Category: 3		Food Establishment Inspection Report				Page 1 of 2													
Establishment type: Permanent Temporary Mobile Other		Date: 11/8/24		Time In: 1020 AM/PM		Time Out: _____ AM/PM													
Establishment: Goldies Eatery				LHD: NUHD		Purpose of Inspection: Routine Pre-op													
Address: 45 New Haven Road				Reinspection: _____ Other: _____															
Town/City: Seymour																			
Permit Holder: Shannon Bowman																			
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"/>						
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"/>	<input type="checkbox"/>						
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized												
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"/>						
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"/>	<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"/>	<input type="checkbox"/>						
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding												
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"/>						
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"/>	<input type="checkbox"/>						
No discharge from eyes, nose, and mouth							Proper hot holding temperatures												
Preventing Contamination by Hands				Highly Susceptible Population															
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"/>						
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"/>	<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"/>	<input type="checkbox"/>						
Adequate handwashing sinks, properly supplied/accessible							Time as a public health control: procedures and records												
Approved Source				Food/Color Additives and Toxic Substances															
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Food obtained from approved source							Consumer advisory provided: raw/undercooked food												
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Food received at proper temperature							Pasteurized foods used; prohibited foods not offered												
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Food in good condition, safe, and unadulterated							Food additives: approved and properly used												
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
Required records available: molluscan shellfish identification, parasite destruction							Toxic substances properly identified, stored & used												
GOOD RETAIL PRACTICES																			
<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																			
Safe Food and Water				Proper Use of Utensils															
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R										
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"/>									
Pasteurized eggs used where required							In-use utensils: properly stored												
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"/>									
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled												
32	<input checked="" 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"/>									
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used												
Food Temperature Control				Utensils and Equipment															
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"/>									
Proper cooling methods used; adequate equipment for temperature control							Gloves used properly												
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities												
Plant food properly cooked for hot holding							50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure												
Approved thawing methods used							51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices												
Thermometers provided and accurate							52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Food Identification				Prevention of Food Contamination															
37	<input checked="" 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"/>									
Food properly labeled; original container							Sewage and waste water properly disposed												
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Insects, rodents, and animals not present							Toilet facilities: properly constructed, supplied, & clean												
39	<input checked="" 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"/>									
Contamination prevented during food preparation, storage & display							Garbage and refuse properly disposed; facilities maintained												
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Personal cleanliness							Physical facilities installed, maintained, and clean												
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented				Date corrections due				#				
Wiping cloths: properly used and stored							Priority Item Violations	COS			11/8/24			1					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations	2/18/24			2								
Washing fruits and vegetables							Core Item Violations				1								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							Risk Factor/Public Health Intervention Violations				3								
Person in Charge (Signature) _____				Date 11/8/24				Repeat Risk Factor/Public Health Intervention Violations											
Person in Charge (Printed) _____								Good Retail Practices Violations											
Inspector (Signature) Amy Durand				Date 11/8/24				Requires Reinspection - check box if you intend to reinspect											
Inspector (Printed) Amy Durand																			
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

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LHD NVHD Inspection Report Continuation Sheet

Date 11/8/24

Establishment Goldies Eatery Town Seymour


TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Handsink	98°F	empanadas HH	140°F		
2 door frige	39°F				
Sliced cheese	41°F				
Sliced tomatoes	41°F				
raw beef	38°F				
grilled chx CH	41°F				
chilli HH	143°F				
chx HH	173°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
	CFPM: Shannon Bowman 4/8/29
	Handsink stocked ✓ signage ✓ hot h2o ✓ Probe thermometer ✓ 1000 containers inverted ✓ nitrile gloves ✓ DPH allergen poster hung sanitizer tabs & bleach test strips ✓ 3bow 200ppm Datemarking system good ✓
	13P Dented cans in dry storage area cos discarded
rv 37C	Squeeze bottles not labeled
47C	daskets unclean 2 door low boy
39P	prep sink being used as handwashing sink COS talked with PIC

Person in Charge (Signature) 

Inspector (Signature) Amy DuZene

Date 11/8/24
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