

015

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Risk Category: <u>3</u>		<b>Food Establishment Inspection Report</b>				Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other				Date: <u>1/3/25</u>			
Establishment: <u>Haroula's coffee shop</u>				Time In: <u>11:05</u> AM/PM Time Out: _____ AM/PM			
Address: <u>29 Bank Street</u>				LHD: <u>NVHD</u>			
Town/City: <u>Seulmar</u>				Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder: <u>Konstantinos Hasiotis</u>				Reinspection _____ Other _____			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>							
<p><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></p> <p>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> <p>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</p>							
<b>Supervision</b>				<b>Protection from Contamination</b>			
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	V	Pf	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C		<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"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf		<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P		<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf		<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C		<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C		<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"/>	Hands clean and properly washed	P/Pf		<input type="checkbox"/>
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	P/Pf/C		<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C		<input type="checkbox"/>
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C		<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf		<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf		<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C		<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>				<b>Conformance with Approved Procedures</b>			
<p><i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i></p> <p>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</p>							
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	V	P	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C		<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf		<input type="checkbox"/>
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C		<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf		<input type="checkbox"/>
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C		<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C		<input type="checkbox"/>
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	P/C		<input type="checkbox"/>
<b>Prevention of Food Contamination</b>				<b>Violations documented</b>			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C		<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C		<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C		<input type="checkbox"/>
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C		<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C		<input type="checkbox"/>
<p>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</p>				<p>50 <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/></p> <p>51 <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/></p> <p>52 <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/></p> <p>53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, &amp; clean Pf/C <input type="checkbox"/></p> <p>54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/></p> <p>55 <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/></p> <p>56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/></p> <p><input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f</p>			
Person in Charge (Signature) <u>[Signature]</u>		Date <u>1-3-25</u>		Priority Item Violations		Date corrections due	
Person in Charge (Printed) <u>Konstantinos Hasiotis</u>				Priority Foundation Item Violations		<u>105</u>	
Inspector (Signature) <u>[Signature]</u>		Date <u>1/3/25</u>		Core Item Violations		<u>4/3/25</u>	
Inspector (Printed) <u>Amy Durand</u>				Risk Factor/Public Health Intervention Violations		<u>1</u>	
				Repeat Risk Factor/Public Health Intervention Violations		<u>1</u>	
				Good Retail Practices Violations		<u>3</u>	
				Requires Reinspection - check box if you intend to reinspect		<input type="checkbox"/>	
<p>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.</p>							



# Food Establishment Inspection Report

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LHD AVHD Inspection Report Continuation Sheet

Date 1/3/25

Establishment Haroula's coffee shop Town Seymour

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink BOT	115°F				
2 door fridge	39°F				
Sausage links	38°F				
caramelized onions	38°F				
2 door fridge	39°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: konstantinos Hasiotis 4/4/29
	handsink BOT Stocked ✓ signage ✓ hot hco ✓ sanitizer bleach ✓ buckets 50ppm ✓ test strips. bleach ✓ gloves nitrile ✓ restrooms stocked ok ✓ thermometer probe ✓ in all units ✓ eggs on bottom ✓ microwave clean ✓ Dish machine good ✓
	41c Wiping cloths not stored in buckets when not in use
	44c Utensils jumbled in bucket above dish area
rv 37PF	Allergen poster not hung / allergy statement. COS provided pic with statement & hung on wall ↓ add to menus as well ↓ rv = repeat violation
*	no food to observe date marking & labeling
*	2 door fridge only eggs & condiments - no food inside to temp.
	-Shortened menu-
Person in Charge (Signature)	<u>[Signature]</u> Date <u>1/3/25</u>
Inspector (Signature)	<u>[Signature]</u> Date <u>1/3/25</u>