


#4911

Risk Category: 2		Food Establishment Inspection Report				Page 1 of 2		
Establishment type: Permanent Temporary Mobile Other		Date: 11/4/24		Time In: 1:30 AM/PM		Time Out: 2:15 AM/PM		
Establishment: Seymour Henny Penny #28				LHD: NVHD		Purpose of Inspection: Routine Pre-op		
Address: 2-4 New Haven Rd				Reinspection		Other		
Town/City: Seymour								
Permit Holder: MCCoop LLC								
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								
Supervision				Protection from Contamination				
IN	OUT	N/A	N/O	V	COS	R		
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	
Employee Health				Time/Temperature Control for Safety				
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Management, food employee and conditional employee; knowledge, responsibilities and reporting	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper use of restriction and exclusion	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Written procedures for responding to vomiting and diarrheal events	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper cooking time and temperatures	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper reheating procedures for hot holding	
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper cooling time and temperatures	
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper hot holding temperatures	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper cold holding temperatures	
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper date marking and disposition	
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Time as a public health control: procedures and records	
Good Hygienic Practices				Consumer Advisory				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper eating, tasting, drinking, or tobacco products use	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				No discharge from eyes, nose, and mouth	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Hands clean and properly washed	
9	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Adequate handwashing sinks, properly supplied/accessible	
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Consumer advisory provided: raw/undercooked food	
Preventing Contamination by Hands				Highly Susceptible Population				
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food obtained from approved source	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food received at proper temperature	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food in good condition, safe, and unadulterated	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Required records available: molluscan shellfish identification, parasite destruction	
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Pasteurized foods used; prohibited foods not offered	
Approved Source				Food/Color Additives and Toxic Substances				
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food additives: approved and properly used	
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Toxic substances properly identified, stored & used	
GOOD RETAIL PRACTICES				Conformance with Approved Procedures				
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								
Safe Food and Water				Proper Use of Utensils				
OUT	N/A	N/O		V	COS	R		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Pasteurized eggs used where required	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Water and ice from approved source	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Variance obtained for specialized processing methods	
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				In-use utensils: properly stored	
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Utensils/equipment/linens: properly stored, dried, & handled	
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Single-use/single-service articles: properly stored & used	
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Gloves used properly	
Food Temperature Control				Utensils and Equipment				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper cooling methods used; adequate equipment for temperature control	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Plant food properly cooked for hot holding	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Approved thawing methods used	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Thermometers provided and accurate	
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	
Food Identification				Physical Facilities				
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food properly labeled; original container	
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Hot and cold water available; adequate pressure	
Prevention of Food Contamination				51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Insects, rodents, and animals not present	
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Contamination prevented during food preparation, storage & display	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Personal cleanliness	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Wiping cloths: properly used and stored	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Washing fruits and vegetables	
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Sewage and waste water properly disposed	
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Toilet facilities: properly constructed, supplied, & clean	
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Garbage and refuse properly disposed; facilities maintained	
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Physical facilities installed, maintained, and clean	
56	<input 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								
Person in Charge (Signature) Armen Morant		Date 11/4/24		Violations documented		Date corrections due		
Person in Charge (Printed) Armen Morant				Priority Item Violations		0		
Inspector (Signature) Laurel Shaw		Date 11/4/24		Priority Foundation Item Violations		180 days		
Inspector (Printed) Laurel Shaw				Core Item Violations		3		
				Risk Factor/Public Health Intervention Violations				
				Repeat Risk Factor/Public Health Intervention Violations				
				Good Retail Practices Violations		3		
				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 11/4/24
 Establishment Seymour Henry Penn Town Seymour

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Half and Half @ dispense	37°F	To go Display Ambient	37°F	Hot Hold unit: Ambient	147°F
*No food prep @ inspection customer self service only				Big AZ "Bacon Addict"	

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.
	D/V clean up plan posted Allergen notification: posted at cookie display - provided additional sign (Colleen Burg)
47c	Interior microwave disrepair, melted surfaces.
48c	Test Strips inadequate, expired
49c	Dust accumulation walk in fan covers
	Dust accumulation "to go" vents
→	Reviewed reheat process ^{fridge} using microwave before hot hold
→	Hot hold unit labeled w/ time product in and time out by.
Note:	Nuts / three cheese ^{wrapped} burger items (pre cooked/frozen product) (Cookie prep/service ending after today 11/4.) Toilet rooms clean, well maintained Handwash sinks (restroom, prep area) good repair, stocked soap, paper towel/air dryer - Hand wash signage <u>OK</u> Diversey Quat test strips: Single use utensils wrapped Hot water 100°F Ice machine / 3 bay air gap to drain Thermometer Dial prop.

Person in Charge (Signature) Armani Murant Date 11/4/24
 Inspector (Signature) Ramela Shaw Date 11/4/24