

Food Establishment Inspection Report

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| Fairfax County Health Department 10777 Main Street, Suite 100 Fairfax, Virginia 22030 (703) 246-2201 | | Risk Factors/Interventions Out of Compliance: 0 | Date: 12/14/2023 | |
| | | Repeat Risk Factors/Interventions Out of Compliance: 0 | Time In: 12:30:00 | |
| | | Good Retail Practices Out of Compliance: 0 | Time Out: 13:50:00 | |
| Establishment: KILN & CUSTARD Record Number: HFOOD-2023-00343 | Address: 115 Church St, Vienna, Va 22180 Inspection Number: 3059912 | | Person In Charge: Y Dmitry Shakhov - CFM:L- 31226 Expiration Date: 11/01/2027 | |
| Permit Holder: Kiln & Custard Llc | EHS: Suja Warriier | Purpose of Inspection: Routine | Establishment Type: Fast Food - Ice Cream | Priority Level: 1 |
| Smoking Status: No | Title 15.2-2825 Virginia Indoor Clean Air Act. | | | Active Managerial Control: Yes |
| | | IN | Compliance with legislation | Yes |

IN = In Compliance OUT = Not In Compliance N/O = Not Observed N/A = Not Applicable CDI = Corrected During Inspection

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| Supervision | | | Protection From Contamination | | |
|-----------------------------------|----|---|---|----|--|
| 1 | IN | Person in charge present, demonstrates knowledge, and performs duties | 15 | IN | Food separated and protected |
| 2 | IN | Certified Food Protection Manager | 16 | IN | Food-contact surfaces; cleaned and sanitized |
| Employee Health | | | 17 | IN | Proper disposition of returned, previously served, reconditioned and unsafe food |
| 3 | IN | Management, food employee and conditional employee; knowledge, responsibilities and reporting | Time And Temperature Control For Safety | | |
| 4 | IN | Proper use of restriction and exclusion | 18 | NA | Proper cooking time and temperatures |
| 5 | IN | Procedures for responding to vomiting and diarrheal events | 19 | NA | Proper reheating procedures for hot holding |
| Good Hygienic Practices | | | 20 | NO | Proper cooling time and temperature |
| 6 | IN | Proper eating, tasting, drinking, or tobacco use | 21 | NA | Proper hot holding temperatures |
| 7 | IN | No discharge from eyes, nose, and mouth | 22 | IN | Proper cold holding temperatures |
| Preventing Contamination By Hands | | | 23 | IN | Proper date marking and disposition |
| 8 | IN | Hands clean and properly washed | 24 | NA | Time as a Public Health Control; procedures and records |
| 9 | IN | No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | Consumer Advisory | | |
| 10 | IN | Adequate handwashing sinks properly supplied and accessible | 25 | NA | Consumer advisory provided for raw and undercooked food |
| Approved Source | | | Highly Susceptible Populations | | |
| 11 | IN | Food obtained from approved source | 26 | NA | Pasteurized foods used; prohibited foods not offered |
| 12 | NO | Food received at proper temperature | Food And Color Additives And Toxic Substances | | |
| 13 | IN | Food in good condition, safe, and unadulterated | 27 | IN | Food additives; approved and properly used |
| 14 | NA | Required records available: shellstock tags, parasite destruction | 28 | IN | Toxic substances properly identified, stored, and used |
| | | | Conformance With Approved Procedures | | |
| | | | 29 | NA | Compliance with variance, specialized process, HACCP |



GOOD RETAIL PRACTICES

| Safe Food And Water | | | Proper Use Of Utensils | | |
|----------------------------------|----|---|---------------------------------|----|--|
| 30 | IN | Pasteurized eggs used where required | 43 | IN | In-use utensils; properly stored |
| 31 | IN | Water and ice from approved source | 44 | IN | Utensils, equipment and linens, properly stored, dried and handled |
| 32 | NA | Variance obtained for specialized processing methods | 45 | IN | Single-use/single-service articles, properly stored and used |
| Food Temperature Control | | | 46 | IN | Gloves used properly |
| 33 | IN | Proper cooling methods used; adequate equipment for temperature control | Utensils, Equipment And Vending | | |
| 34 | NA | Plant food properly cooked for hot holding | 47 | IN | Food and non-food contact surfaces cleanable, properly designed, constructed, and used |
| 35 | NA | Approved thawing methods used | 48 | IN | Warewashing facilities; installed, maintained and used; test strips |
| 36 | IN | Thermometers provided and accurate | 49 | IN | Non-food contact surfaces clean |
| Food Identification | | | Physical Facilities | | |
| 37 | IN | Food properly labeled, original container | 50 | IN | Hot and cold water available, adequate pressure |
| Prevention Of Food Contamination | | | 51 | IN | Plumbing installed, proper backflow devices |
| 38 | IN | Insects, rodents, and animals not present | 52 | IN | Sewage and Waste water properly disposed |
| 39 | IN | Contamination prevented during food preparation, storage, and display | 53 | IN | Toilet Facilities; properly constructed, supplied, and cleaned |
| 40 | IN | Personal Cleanliness | 54 | IN | Garbage and refuse properly disposed, facilities maintained |
| 41 | IN | Wiping cloths, properly used and stored | 55 | IN | Physical facilities installed, maintained, and clean |
| 42 | IN | Washing fruits and vegetables | 56 | IN | Adequate ventilation and lighting, designated areas used |

| TEMPERATURE OBSERVATIONS | | |
|--|----------------|-----------------|
| Equipment Temperatures | | |
| Description | Temperature | |
| 3VAT sink | 112 | |
| Continental 2DR Upright refrigerator - (1) | 40 | |
| Hand wash sink (2 sink @ back being used) | 112 | |
| Chest freezer back - not in use | | |
| Chest freezer (front) | -10 | |
| Hand sink - front | 110 | |
| Food Temperatures | | |
| Food Item | Temperature °F | Process Step |
| Oat Milk - (1) | 39 | Cold Holding |
| Warewashing Info | | |
| Make | Model Number | Hot Water Usage |
| | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| COMMENTS |
|--|
| <p>Today a first ROUTINE inspection of your facility after pre-occupancy and permit issuance was conducted.</p> <p>All items listed in pre-occupancy inspection report have been completed.</p> <p>Thank you for your time.</p> <p>QUESTIONS: Please call 703-246-2201</p> |

| SCHEDULING | |
|--|------------------------|
| Follow-up Inspection Required: No | Follow-up On or About: |
| <p>This Inspection Report sets forth Fairfax County Health Department’s observations, alleged violations, and recommendations for compliance, but it is not a case decision as defined in Code of Virginia §2.2-4001. If you have additional facts you believe bear on this inspection and would like to schedule an informal fact-finding conference (IFFC) pursuant to Code of Virginia §2.2-4019, please contact the Environmental Health Specialist (EHS) referenced on the inspection report within fifteen days of receipt of this document. Should an IFFC be scheduled and you fail to appear absent good cause, the Fairfax County Health Department may issue an adverse case decision as contemplated by Code of Virginia §2.2-4020.2. This form contains information that could be subject to disclosure under Code of Virginia §2.2-3700.</p> | |
| <div> <div>  <div> Person in Charge </div> </div> <div>  <div> Suja Warriar Environmental Health Specialist </div> </div> </div> | |