


Fehim Cecunjanin  
9/14/25

# Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

|   |  |  |  |                    |  |
|---|--|--|--|--------------------|--|
| 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>9/16/25</u>                               |  |                    |  |
| Establishment <u>Amici's Restaurant</u>                     |  | Time In <u>130</u> AM/PM Time Out <u>400</u> AM/PM |  |                    |  |
| Address <u>SWC Howe Avenue</u>                              |  | LHD <u>N/A</u>                                     |  |                    |  |
| Town/City <u>Shelton # 2301</u>                             |  | Purpose of Inspection: <u>Routine</u> Pre-op       |  |                    |  |
| Permit Holder   |  | 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  |                                     |     |     |   |     |   |   |     |     |     |   |     |   |
| Supervision   |                                     |     |     |   |     | Protection from Contamination             |   |     |     |     |   |     |   |
| IN  | OUT                                 | N/A | N/O | V | COS | R   | IN  | OUT | N/A | N/O | V | COS | R |
| <input checked="" type="checkbox"/>   |                                     |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
| Person/Alternate Person in charge present, demonstrates knowledge and performs duties   |                                     |     |     |   |     |   | Food separated and protected  |     |     |     |   |     |   |
| Certified Food Protection Manager for Classes 2, 3, & 4   |                                     |     |     |   |     |   | Food-contact surfaces: cleaned & sanitized  |     |     |     |   |     |   |
|   |                                     |     |     |   |     |   | Proper disposition of returned, previously served, reconditioned, and unsafe food |     |     |     |   |     |   |
| Employee Health   |                                     |     |     |   |     | Time/Temperature Control for Safety       |   |     |     |     |   |     |   |
| <input checked="" type="checkbox"/>   |                                     |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting   |                                     |     |     |   |     |   | Proper cooking time and temperatures  |     |     |     |   |     |   |
| Proper use of restriction and exclusion   |                                     |     |     |   |     |   | Proper reheating procedures for hot holding                                       |     |     |     |   |     |   |
| Written procedures for responding to vomiting and diarrheal events  |                                     |     |     |   |     |   | Proper cooling time and temperatures  |     |     |     |   |     |   |
|   |                                     |     |     |   |     |   | Proper hot holding temperatures   |     |     |     |   |     |   |
|   |                                     |     |     |   |     |   | Proper cold holding temperatures  |     |     |     |   |     |   |
| Good Hygienic Practices   |                                     |     |     |   |     | Consumer Advisory                         |   |     |     |     |   |     |   |
| <input checked="" type="checkbox"/>   |                                     |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
| Proper eating, tasting, drinking, or tobacco products use   |                                     |     |     |   |     |   | Consumer advisory provided: raw/undercooked food                                  |     |     |     |   |     |   |
| No discharge from eyes, nose, and mouth   |                                     |     |     |   |     |   | Highly Susceptible Population   |     |     |     |   |     |   |
|   |                                     |     |     |   |     |   | Pasteurized foods used; prohibited foods not offered                              |     |     |     |   |     |   |
| Preventing Contamination by Hands   |                                     |     |     |   |     | Food/Color Additives and Toxic Substances |   |     |     |     |   |     |   |
| <input checked="" type="checkbox"/>   |                                     |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
| Hands clean and properly washed   |                                     |     |     |   |     |   | Food additives: approved and properly used  |     |     |     |   |     |   |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly followed  |                                     |     |     |   |     |   | Toxic substances properly identified, stored & used                               |     |     |     |   |     |   |
| Adequate handwashing sinks, properly supplied/accessible  |                                     |     |     |   |     |   | Conformance with Approved Procedures  |     |     |     |   |     |   |
| Approved Source   |                                     |     |     |   |     |   |   |     |     |     |   |     |   |
| <input checked="" type="checkbox"/>   |                                     |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
|   | <input checked="" type="checkbox"/> |     |     |   |     |   | <input checked="" type="checkbox"/>   |     |     |     |   |     |   |
| Food obtained from approved source  |                                     |     |     |   |     |   | Compliance with variance/specialized process/ROP criteria/HACCP Plan              |     |     |     |   |     |   |
| Food received at proper temperature   |                                     |     |     |   |     |   |   |     |     |     |   |     |   |
| Food in good condition, safe, and unadulterated   |                                     |     |     |   |     |   |   |     |     |     |   |     |   |
| Required records available: molluscan shellfish identification, parasite destruction  |                                     |     |     |   |     |   |   |     |     |     |   |     |   |

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

Person in Charge (Signature) Fehim Cecunjanin Date 9-16-25

Person in Charge (Printed) Fehim Cecunjanin

Inspector (Signature) Glinda Brennan Date 9/16/25

Inspector (Printed) Glinda Brennan

| Violations documented  | Date corrections due | # |
|--|----------------------|---|
| Priority Item Violations                                     |                      |   |
| Priority Foundation Item Violations                          |                      |   |
| Core Item Violations   |                      |   |
| Risk Factor/Public Health Intervention Violations            |                      |   |
| Repeat Risk Factor/Public Health Intervention Violations     |                      |   |
| Good Retail Practices Violations                             |                      |   |
| 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.

