Connecticut Department of Public Health

Risk Category: Food Establishment Inspection Report Page 1 of										
				ion report						
Establishment type Permanent Temporary Mobile Other				Date:	1912					
Establishment Sar 140 # 4005		sedicia Connecticus Health		Time In	AM/PM Tim	ne Out	AM/PM			
Address 190 Center St.		DP	H)	LHD /	IHD					
Town/City Sheltan				Purpose of Inspec	tion: Routin	Pre-	ор			
Permit Holder	C	onnecticut De of Public H	partment lealth	Reinspection	Other					
FOODBORNE ILLNESS RISK FA	D PUBL	C HEALTH INTE	RVENTIONS							
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 in			compliance			Participant of the second	=not observed			
P=Priority item Pf=Priority foundation item C=Core item V=violation type IN OUT N/A N/O Supervision	V	cos R			otection from Conta		v cos R			
IN OUT N/A N/O Supervision Person/Alternate Person in charge present,	V	CO3 K		O Food sepa	The state of the s	THE RESERVE THE PROPERTY OF THE PARTY OF THE	P/C 0 0			
demonstrates knowledge and performs duties	Pf	00			act surfaces: cleane		P/Pf/C O O			
Certified Food Protection Manager for Classes 2,	-		10	10000000	position of returned					
3, & 4	С	00	17	served, re	conditioned, and un	safe food	POO			
Employee Health					perature Control for					
Management, food employee and conditional employee;	P/Pf	00		O Proper coo			P/Pf/C O			
knowledge, responsibilities and reporting				O O Proper ref			POO			
4 O Proper use of restriction and exclusion	P	00		O Proper co			POO			
Written procedures for responding to vomiting and	Pf	00		Proper ho			POO			
diarrheal events				O Proper col			POO			
Good Hygienic Practices			23		te marking and dispo		P/Pf O O			
6 Proper eating, tasting, drinking, or tobacco products us			24 0		public health contro	il: procedures	P/Pf/C			
7 No discharge from eyes, nose, and mouth	С	00		and record						
Preventing Contamination by Hands	D/D/		05	The Contract of the Contract o	Consumer Advisory		Dr. O			
8 Hands clean and properly washed	P/Pf	00	25	The state of the s	dvisory provided: raw/ur		Pf O O			
9 No bare hand contact with RTE food or a	P/Pf/C	00	26		Susceptible Popu foods used; prohibited for		P/C 00			
pre-approved alternative procedure properly followed	DUC	00	26 0	A STATE OF THE PARTY OF THE PAR	Additives and Toxic		17/01010			
Adequate handwashing sinks, properly supplied/accessible	Pf/C		27 0	No. of the last of	tives: approved and		POO			
Approved Source	P/Pf/C	00	21	(Assessed)	stances properly ide		1700			
Food obtained from approved source Food received at proper temperature	P/Pf/C		28	stored & u		nunea,	P/Pf/C O			
Food received at proper temperature Epod in good condition, safe, and unadulterated	P/Pf				ce with Approved I	Procedures				
Required records available: molluscan shellfish					ce with variance/spe		2,242			
identification, parasite destruction	P/Pf/C	00	29		OP criteria/HACCP		P/Pf/C			
	OD RE	TAIL P	RACTICES	3						
Good Retail Practices are preventative measures t	o contro	ol the addit	ion of patho	gens, chemicals, and pl	hysical objects into foc	ods.				
			for COS an		ected on-site during in		=repeat violation			
OUT N/A N/O Safe Food and Water	V	COS R	OUT	Prop	er Use of Utensils		V COS R			
30 Pasteurized eggs used where required	Р	00	43 O Ir	-use utensils: properl	y stored		C 0 0			
31 Water and ice from approved source	P/Pf/C	0		tensils/equipment/linens			Pf/C O			
32 O Variance obtained for specialized processing methods	Pf	00		ingle-use/single-service	articles: properly stor	ed & used	P/C 0 0			
Food Temperature Control			46 0 0	loves used properly			C 00			
Proper cooling methods used; adequate equipment for	Pf/C				ensils and Equipme					
temperature control				ood and non-food con		able,	P/Pf/C			
34 O Plant food properly cooked for hot holding	Pf	00	P	roperly designed, con-						
35 O Approved thawing methods used	Pf/C			arewashing facilities:			Pf/C O			
36 Thermometers provided and accurate	Pf/C	00	C	leaning agents, sanitiz		available	1000			
Food Identification	5	2010	49 O N	lon-food contact surfa			TC 1010			
Food properly labeled; original container	Ht/C	00			Physical Facilities		Dr. 0 0			
Prevention of Food Contamination	Duo	1010		lot and cold water ava			Pf O O			
38 Insects, rodents, and animals not present		00		lumbing installed; pro			P/Pf/C O O			
39 Contamination prevented during food preparation, storage & display	P/Pf/C			ewage and waste wat oilet facilities: properly			Pf/C 0 0			
40 O Personal cleanliness 41 O Wiping cloths: properly used and stored	C	00		arbage and refuse property			6 00			
42 Washing fruits and vegetables	P/Pf/C			hysical facilities instal			P/PKC O O			
				dequate ventilation ar			600			
Permit Holder shall notify customers that a copy of the most recent inspection rep	ON	latural rubber latex glo	oves not used per Co	GS §19a-36f						
MIA II	1.	120		s documented		ections due	#			
Person in Charge (Signature) / My Date (0/19/05)				em Violations		to ./	7			
Person in Charge (Printed) 1 Robert Haidur		oundation Item Violati n Violations	ons	abiles	2					
				tor/Public Health Inter	vention Violations	100-1-	1			
Inspector (Signature) Date Old 19			Repeat F	Risk Factor/Public Hea	Ith Intervention Viola	ations	-			
				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.										

410 Capitol Avenue MS#11FDP Hartford, CT 06134 Chichen 40. Coleshaw 39.
Chichen 29. onins caramagin 39.
Pawhamb. 39. Sund bent 29.

Stear 34.0 members 345.

INSPECTION REPORT COM Adda 34 STATE OF CONNECTICUT

FOOD SERVICE ESTABLISHMENTS

DEPARTMENT OF PUBLIC HEALTH

CONTIN	UATION	SHEET
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	STABLISHMENT	TOWN	+71-	DATE OF INSPECTION				
INSPECTION	140	M	im	lellaly				
FORM #	REMARKS							
119	PICnota CEPU no CEPU an-Arte duny insp.							
York	Missing testing stryp for Sanitizer							
500	Made	quate light	is basemen	+ croper				
37C	Spices	out of or john	cecentaina	t croper				
STC	general Muniz to be done throughout							
	0							
	Le aelizin posta posteel							
	* themonter area!							
	* hundruk sticked							
	& What au dute-makin							
	4 hundruh sticked 4 hunt au date-making re wint au W 12 granders							
			,					
INITIAL (IN	SPECTOR)	m)	INITIAL (PERSON IN C	CHARGE) Z, H.				