

Risk Category: 2 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other

Establishment: Bruegger's Bagels Date: 11/13/25

Address: 811 Bridgeport Ave Time In: 10:45 AM/PM Time Out: 11:15 AM/PM

Town/City: Shelton LHD: NVH

Permit Holder: Sarah Spiegel Purpose of Inspection: Routine Pre-op

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					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Supervision				Person/Alternate Person in charge present, demonstrates knowledge and performs duties			Pf								
Employee Health				Certified Food Protection Manager for Classes 2, 3, & 4			C								
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Protection from Contamination								
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Time/Temperature Control for Safety								
Proper use of restriction and exclusion				P			18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper cooking time and temperatures								
Written procedures for responding to vomiting and diarrheal events				Pf			19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Good Hygienic Practices				Proper eating, tasting, drinking, or tobacco products use			P/C								
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Proper reheating procedures for hot holding								
No discharge from eyes, nose, and mouth				C			20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Preventing Contamination by Hands				Hands clean and properly washed			P/Pf								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper cooling time and temperatures								
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C			21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper hot holding temperatures								
Adequate handwashing sinks, properly supplied/accessible				Pf/C			22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Approved Source				Food obtained from approved source			P/Pf/C								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper cold holding temperatures								
Food received at proper temperature				P/Pf			23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper date marking and disposition								
Food in good condition, safe, and unadulterated				P/Pf			24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Time as a public health control: procedures and records								
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			Consumer Advisory								
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
							Consumer advisory provided: raw/undercooked food								
							Highly Susceptible Population								
							26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
							Pasteurized foods used; prohibited foods not offered								
							Food/Color Additives and Toxic Substances								
							27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
							Food additives: approved and properly used								
							28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
							Toxic substances properly identified, stored & used								
							Conformance with Approved Procedures								
							29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
							Compliance with variance/specialized process/ROP criteria/HACCP Plan								

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		
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			43	<input type="checkbox"/>								
Safe Food and Water				Pasteurized eggs used where required			Proper Use of Utensils								
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			44	<input type="checkbox"/>								
Water and ice from approved source				P/Pf/C			In-use utensils: properly stored								
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			45	<input type="checkbox"/>								
Variance obtained for specialized processing methods				Pf			Utensils/equipment/linens: properly stored, dried, & handled								
Food Temperature Control				Proper cooling methods used; adequate equipment for temperature control			Pf/C								
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			46	<input type="checkbox"/>								
Plant food properly cooked for hot holding				Pf			Single-use/single-service articles: properly stored & used								
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			47	<input type="checkbox"/>								
Approved thawing methods used				Pf/C			Gloves used properly								
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Utensils and Equipment									
Thermometers provided and accurate				Pf/C			Food and non-food contact surfaces cleanable, properly designed, constructed, and used								
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			48	<input type="checkbox"/>								
Food Identification				Food properly labeled; original container			Pf/C								
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available									
Prevention of Food Contamination				Insects, rodents, and animals not present			Pf/C								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			49	<input type="checkbox"/>								
Contamination prevented during food preparation, storage & display				P/Pf/C			Non-food contact surfaces clean								
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Physical Facilities									
Personal cleanliness				Pf/C			Hot and cold water available; adequate pressure								
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			50	<input type="checkbox"/>								
Wiping cloths: properly used and stored				C			Plumbing installed; proper backflow devices								
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			51	<input checked="" type="checkbox"/>								
Washing fruits and vegetables				P/Pf/C			Sewage and waste water properly disposed								
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			52	<input type="checkbox"/>								
							Toilet facilities: properly constructed, supplied, & clean								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
							Garbage and refuse properly disposed; facilities maintained								
							Physical facilities installed, maintained, and clean								
							Adequate ventilation and lighting; designated areas used								
							Natural rubber latex gloves not used per CGS §19a-36f								

Violations documented	Date corrections due	#
Priority Item Violations	<u>11/17/25</u>	<u>1</u>
Priority Foundation Item Violations		
Core Item Violations		
Risk Factor/Public Health Intervention Violations		<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>1</u>
Good Retail Practices Violations		<u>1</u>
Requires Reinspection - check box if you intend to reinspect		<u>N</u>

Person in Charge (Signature) Sara Guglielmon Date 11/13/25

Person in Charge (Printed) Sara Guglielmon

Inspector (Signature) Michael Schossates Date 11/13/25

Inspector (Printed) Michael Schossates

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

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LHD NUHIS Inspection Report Continuation Sheet

Date 11/13/25

Establishment Bruegger's Bagels Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cheese/Bain Marie	40°F				
Shredded Pork " "	40°F				
Sausage patty/Lo boy	36°F				
Tomatoes / Bacon Marie	40°F				
Shred turkey/ " "	40°F				
Cheese/Walk-in	41°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

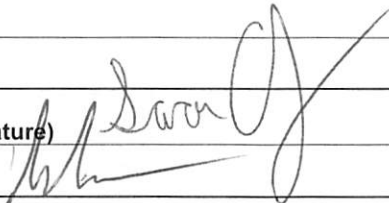
Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number

Sara Guglielmoni - CFPM - on-site

- P 51 - 3 bag sprayer head store inside 3 bag sink
- OK - 3 bag sanitizer at 400 ppm Quat
- OK - observed hand washing and gloves
- OK - observed clean walls, ceiling and floors
- OK - Bathroom
- OK - Dumpster
- OK - observed thin probe thermometer
- OK - observed dated and labeled food

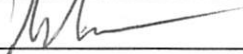
Person in Charge (Signature)



Date

11/13/25

Inspector (Signature)



Date

11/13/25