

Connecticut Department of Public Health

1/								~			
Risk Category: A Food Establishment Inspection Report Page 1 of A											
Establishment type: Permanent Temporary Mobile Other					Date:	125/25					
Establishment Burger King # 4711 Address 900 BPT AWL			Connec	ticut Health	Time In_	12:00 A	M/PM Time Out / 2	:30	AM/PM		
Address 900 BPT AVIL				H)	LHD	NVHD					
Town/City Shelton					Purpose	of Inspection:	Routine Pre	e-op			
Permit Holder NOVILLAST TOOTS (LC				partment palth	Reinspe	ction	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							ted on-site during inspection	R=repea			
IN OUT N/A N/O Supervision	V	cos	K		N/A N/O	The second secon	on from Contamination	P/C	COS R		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	0		16		Food separated	urfaces: cleaned & sanitized		00		
Certified Food Protection Manager for Classes 2							ion of returned, previously				
2 Solution 1 con 1 total of the state 2,	С	0		17			tioned, and unsafe food	Р	00		
/ Employee Health				/			ture Control for Safety				
Management, food employee and conditional employee;	P/Pf	0		18 🤝 🤈			time and temperatures	P/Pf/C			
knowledge, responsibilities and reporting	-						g procedures for hot holding				
Proper use of restriction and exclusion	P	0	9	/			time and temperatures ling temperatures	P			
Written procedures for responding to vomiting and diarrheal events	Pf	0					ding temperatures	P			
Good Hygienic Practices				23			rking and disposition	P/Pf	-		
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0				c health control: procedures	DIDUO			
7 No discharge from eyes, nose, and mouth	С	_	0	24		and records		P/Pf/C	00		
Preventing Contamination by Hands					/		umer Advisory				
8 Hands clean and properly washed	P/Pf	0		25 0			y provided: raw/undercooked food	Pf	100		
9 No bare hand contact with RTE food or a	P/Pf/C	0		00			ceptible Population	P/C	1010		
pre-approved alternative procedure properly followed Adequate handwashing sinks, properly supplied/accessible	Pf/C	0		26 0	1		used; prohibited foods not offered ves and Toxic Substances	P/C	1010		
10 Adequate handwashing sinks, properly supplied/accessible Approved Source	PIIC			27 0 0			approved and properly used	I P	1010		
11 Cood obtained from approved source	P/Pf/C	0		/			es properly identified,				
12 O Food received at proper temperature	P/Pf	-	Ŏ	28		stored & used	о р. оро,	P/Pf/C			
13 Food in good condition, safe, and unadulterated	P/Pf	0	0		9		ith Approved Procedures				
Required records available: molluscan shellfish	P/Pf/C	0		29 0	0		h variance/specialized	P/Pf/C	00		
identification, parasite destruction			DD			process/ROP c	riteria/HACCP Plan				
Good Retail Practices are preventative measures to				ACTICES		icals and physica	I objects into foods				
				or COS an			on-site during inspection	R=renea	t violation		
OUT N/A N/O Safe Food and Water	v	100000	R	OUT	10/01 10		se of Utensils	V	COS R		
30 Pasteurized eggs used where required	Р	0	0	-	n-use utens	ils: properly stor		С	00		
31 Water and ice from approved source	P/Pf/C	0	0				perly stored, dried, & handled	Pf/C	00		
32 O Variance obtained for specialized processing methods	Pf	0					es: properly stored & used	P/C	00		
Food Temperature Control				46 0	Bloves used		F	С	1010		
Proper cooling methods used; adequate equipment for	Pf/C	0			ood and no		s and Equipment surfaces cleanable,	T			
temperature control Plant food properly cooked for hot holding	Pf	0		14/()		igned, construct		P/Pf/C	00		
35 O Approved thawing methods used	Pf/C	_	0	l V			alled, maintained and used;	DUG			
36 Thermometers provided and accurate		_		148 ()		•	and test strips available	Pf/C	00		
Food Identification				49 O N	lon-food co	ntact surfaces c		С	00		
37 O Food properly labeled; original container	Pf/C	0	0				ical Facilities	-			
Prevention of Food Contamination	Taria.						; adequate pressure	Pf	_		
38 Insects, rodents, and animals not present 39 Contamination prevented during food preparation, storage & display	Pf/C P/Pf/C	0	_			stalled; proper b		P/Pf/C P/Pf/C			
40 Personal cleanliness	Pf/C						structed, supplied, & clean	Pf/C	00		
41 Wiping cloths: properly used and stored	C	_	ŏ				isposed; facilities maintained	C	00		
42 Washing fruits and vegetables	P/Pf/C	0					maintained, and clean	P/Pf/C			
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable.					hting; designated areas used not used per CGS §19a-36f	C	00		
					ns docume		Date corrections due		#		
Person in Charge (Signature)				Priority It	em Violatio	ns					
						tem Violations					
Person in Charge (Printed)			_	Core Item Violations							
Inspector (Signature) Amendy Kunhi Date 3/3	Risk Factor/Public Health Intervention Violations Repeat Risk Factor/Public Health Intervention Violations										
Good Retail Practices Violations											
Inspector (Printed) Amanda Kvonin 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											

,	F(ood Esta	biisnmen	tinspec	ction h	keport	Page	of
LHD_NVT	11)		Inspection Report C	Continuation Shee	et		Date	125/25
Establishment Bugu King Town Shuton								
		U	TEMPERATU	RE OBSERV	ATIONS			
WIC - Tomo - Onion	dalld Ch	Temp 31°F d) 39°F 39°F 39°F 30°F	Item/Location	n/Process	Temp - 2° F	_	ation/Proces	1600
		OB	SERVATIONS AI	ND CORRECT	TIVE ACTIO	ONS		
Item	Violations cited in		corrected within the t				.11 & 8-406,1	1 of the food code.
Number	5/1/	27 -	2/02/09		10/19/28		211/1	0/27
CFPM-	0 1 1	nomis, Shu	W li Gutien			Herpera Rai		Posa Portillo
VIII	taindatin P.	- Ctarlon	I Hat t	42005			11100 / 1	051 10111110
T	and Inc	STOUCEL	1701 1	700,0	ignage	/ ^ .	101/1	
	White	- 3 Bay (900 19 TEXA	Quat 20	Oppm	, Bucker	30	
<i>F</i>	Hergeri	Statemen	Ty, Ice M	rachine	, Dr	STOVA	ge	
HT.	obe The	mometer	sy mops	hungs	0/	/		
	datemai	rking V,	Labels	Time	Stan	105		
				<u>. 1</u>				
\ \	lery go	cool!						
	' 0	/						
N	hc condit	jon , co	olers					
			•					
								150
	w.							
X	rovided	Allerger	1 poster					
		1						
Person in Ch	narge (Signature	Rose	R .				Date	
Inspector (Si		anda Ruchi	1				Date	125/25
mapector (SI	gnature)	when them	V				Date (1-0/0-