

4141

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <b>3/24/26</b>	
Establishment: <b>Caloroso</b>	Time In: <b>17:41</b> AM/PM	Time Out: _____ AM/PM
Address: <b>100 center st</b>	LHD: <b>NVIF</b>	
Town/City: <b>Shelton</b>	Purpose of Inspection: <b>Routine</b> 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			
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<b>Supervision</b>													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>							
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>							
Certified Food Protection Manager for Classes 2, 3, & 4													
<b>Employee Health</b>													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>							
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>							
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>							
Written procedures for responding to vomiting and diarrheal events													
<b>Good Hygienic Practices</b>													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>							
Proper eating, tasting, drinking, or tobacco products use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>							
No discharge from eyes, nose, and mouth													
<b>Preventing Contamination by Hands</b>													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>							
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>							
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>							
Adequate handwashing sinks, properly supplied/accessible													
<b>Approved Source</b>													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>							
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>							
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input checked="" type="checkbox"/>							
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>							
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

OUT	N/A	N/O	V	COS	R	OUT	V	COS	R		
<b>Safe Food and Water</b>											
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>					
Pasteurized eggs used where required											
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>					
Water and ice from approved source											
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>					
Variance obtained for specialized processing methods											
<b>Food Temperature Control</b>											
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>					
Proper cooling methods used; adequate equipment for temperature control											
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>					
Plant food properly cooked for hot holding											
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>					
Approved thawing methods used											
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>					
Thermometers provided and accurate											
<b>Food Identification</b>											
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>					
Food properly labeled; original container											
<b>Prevention of Food Contamination</b>											
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>					
Insects, rodents, and animals not present											
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>					
Contamination prevented during food preparation, storage & display											
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>					
Personal cleanliness											
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>					
Wiping cloths: properly used and stored											
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>					
Washing fruits and vegetables											
Permit Holder shall notify customers that a copy of the most recent inspection report is available.											
Person in Charge (Signature)			Date <b>3/24/26</b>			Violations documented			Date corrections due		
Person in Charge (Printed)			Date <b>3/24/26</b>			Priority Item Violations			<b>C.O.S</b>		
Inspector (Signature)			Date <b>3/24/26</b>			Priority Foundation Item Violations			<b>6/24/26</b>		
Inspector (Printed)			Date <b>3/24/26</b>			Core Item Violations			<b>3</b>		
						Risk Factor/Public Health Intervention Violations			<b>2</b>		
						Repeat Risk Factor/Public Health Intervention Violations			<b>3</b>		
						Good Retail Practices Violations			<b>3</b>		
						Requires Reinspection - check box if you intend to reinspect			<b>N/A</b>		

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

LHD NUTHS

Inspection Report Continuation Sheet

Date 3/24/26

Establishment Caloroso

Town Shelton

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sliced tomato/Bain marie	41°F	Hamburger/2 Door cooler	38°F		
cheese / " "	41°F	Pasta / walk-in cooler	41°F		
Fish salmon / " "	41°F	Beef / " "	41°F		
Raw chicken / " "	41°F	Block of cheese/delivered	41°F		
Menthol / steam table	140°F				
Pasta soup / " "	140°F				
Cheese / 2 cooler	38°F	→ walk-in cooler			
Steak / 2 cooler	38°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

CFPM - Lou Como

- C 47 - cutting <sup>board</sup> not cost time gauge
- C 47 - using cardboard as shelf liner for dry goods
- P 9 - Touching ready to eat food when cutting bread - COS food worker wearing gloves
- P 13 - cracked eggs store in walk-in cooler COS discard eggs
- C 40 - food worker not wear hair <sup>Restraint</sup> - COS food worker wearing hair
- OK - observed hand washing
- OK - Bathrooms
- OK - Dumpster
- OK - Dishwasher at 160°F
- OK - observed clean floors, walls and ceiling

Person in Charge (Signature)

*[Signature]*

Date

3/24/26

Inspector (Signature)

*[Signature]*

Date

3/24/26