


3583

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>4/24/25</u>		Time In <u>1215</u> AM/PM Time Out _____ AM/PM	
Establishment <u>Casa Varina</u>		 Connecticut Department of Public Health		LHD <u>NVHD</u>	
Address <u>110 Rubber Avenue</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Town/City <u>Naugatuck</u>				Reinspection _____ Other _____	
Permit Holder <u>Deafo Dasilva</u>					

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		Supervision	
1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>					Certified Food Protection Manager for Classes 2, 3, & 4	
		IN		OUT		N/A		N/O		Protection from Contamination	
15		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Food separated and protected	
16		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Food-contact surfaces: cleaned & sanitized	
17		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Proper disposition of returned, previously served, reconditioned, and unsafe food	
		IN		OUT		N/A		N/O		Time/Temperature Control for Safety	
18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Proper cooking time and temperatures	
19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Proper reheating procedures for hot holding	
20		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Proper cooling time and temperatures	
21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Proper hot holding temperatures	
22		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Proper cold holding temperatures	
23		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Proper date marking and disposition	
24		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Time as a public health control: procedures and records	
		IN		OUT		N/A		N/O		Consumer Advisory	
25		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Consumer advisory provided: raw/undercooked food	
		IN		OUT		N/A		N/O		Highly Susceptible Population	
26		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Pasteurized foods used; prohibited foods not offered	
		IN		OUT		N/A		N/O		Food/Color Additives and Toxic Substances	
27		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Food additives: approved and properly used	
28		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Toxic substances properly identified, stored & used	
		IN		OUT		N/A		N/O		Conformance with Approved Procedures	
29		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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		Safe Food and Water		V COS R	
30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Pasteurized eggs used where required		P	
31		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Water and ice from approved source		P/Pf/C	
32		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Variance obtained for specialized processing methods		Pf	
		OUT		N/A		N/O		Food Temperature Control		V COS R	
33		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Proper cooling methods used; adequate equipment for temperature control		Pf/C	
34		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Plant food properly cooked for hot holding		Pf	
35		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Approved thawing methods used		Pf/C	
36		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Thermometers provided and accurate		Pf/C	
		OUT		N/A		N/O		Food Identification		V COS R	
37		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Food properly labeled; original container		Pf/C	
		OUT		N/A		N/O		Prevention of Food Contamination		V COS R	
38		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Insects, rodents, and animals not present		Pf/C	
39		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Contamination prevented during food preparation, storage & display		P/Pf/C	
40		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Personal cleanliness		Pf/C	
41		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Wiping cloths: properly used and stored		C	
42		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Washing fruits and vegetables		P/Pf/C	
		OUT		N/A		N/O		Proper Use of Utensils		V COS R	
43		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			In-use utensils: properly stored		C	
44		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Utensils/equipment/linens: properly stored, dried, & handled		P/C	
45		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Single-use/single-service articles: properly stored & used		P/C	
46		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Gloves used properly		C	
		OUT		N/A		N/O		Utensils and Equipment		V COS R	
47		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Food and non-food contact surfaces cleanable, properly designed, constructed, and used		P/Pf/C	
48		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available		Pf/C	
49		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Non-food contact surfaces clean		C	
		OUT		N/A		N/O		Physical Facilities		V COS R	
50		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Hot and cold water available; adequate pressure		Pf	
51		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Plumbing installed; proper backflow devices		P/Pf/C	
52		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Sewage and waste water properly disposed		P/Pf/C	
53		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Toilet facilities: properly constructed, supplied, & clean		Pf/C	
54		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Garbage and refuse properly disposed; facilities maintained		C	
55		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Physical facilities installed, maintained, and clean		P/Pf/C	
56		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Adequate ventilation and lighting; designated areas used		C	
		OUT		N/A		N/O		Violations documented		Date corrections due #	
		OUT		N/A		N/O		Priority Item Violations			
		OUT		N/A		N/O		Priority Foundation Item Violations			
		OUT		N/A		N/O		Core Item Violations			
		OUT		N/A		N/O		Risk Factor/Public Health Intervention Violations			
		OUT		N/A		N/O		Repeat Risk Factor/Public Health Intervention Violations			
		OUT		N/A		N/O		Good Retail Practices Violations			
		OUT		N/A		N/O		Requires Reinspection - check box if you intend to reinspect			

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) <u>Deafo Silva</u> Date <u>4/24/25</u>	
Person in Charge (Printed) <u>DEAFO SILVA</u>	
Inspector (Signature) <u>Amy Durand</u> Date <u>4/24/25</u>	
Inspector (Printed) <u>Amy Durand</u>	

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.

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Date 4/24/25

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sliced onions	38°F				
2 door low boy	35°F				
raw meat	35°F				
3 door fridge	33°F				
kitchen sink	109°F				
2 door freezer	4°F				



Item Number	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.
	CFpm: Erika Vivgen-lozano 6/20/27
	hand sink stocked ✓ signage ✓ hot h2o ✓
	Vinyl gloves ✓ Thermometers ✓
	bleach sanitizer ✓ buckets 50 ppm tabs ✓
	fridge organization good ✓
	Microwave good ✓ Hoods good ✓
	Shellfish tags ✓ labelling ok ✓
	good inspection!

Date _____
Date 4/4/25