


John S. 8/3/23

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: Permanent Temporary Mobile Other _____			Date: <u>NUHD</u> <u>5/28/23</u>		
Establishment <u>Chili's Grill & Bar</u>			Time In <u>105</u> AM/PM Time Out <u>20</u> AM/PM		
Address <u>825 Bridgeport Ave</u>			LHD <u>NUHD</u>		
Town/City <u>Shelton # 282</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder _____			Reinspection <u>Other</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																	
Supervision				Protection from Contamination				Time/Temperature Control for Safety									
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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Food separated and protected									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized									
								Proper disposition of returned, previously served, reconditioned, and unsafe food									
Employee Health																	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Management, food employee and conditional employee; knowledge, responsibilities and reporting								Proper cooking time and temperatures									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
Proper use of restriction and exclusion								Proper reheating procedures for hot holding									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
Written procedures for responding to vomiting and diarrheal events								Proper cooling time and temperatures									
Good Hygienic Practices																	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
Proper eating, tasting, drinking, or tobacco products use								Proper hot holding temperatures									
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
No discharge from eyes, nose, and mouth								Proper cold holding temperatures									
Preventing Contamination by Hands																	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Hands clean and properly washed								Proper date marking and disposition									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								Time as a public health control: procedures and records									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>											
Adequate handwashing sinks, properly supplied/accessible								Consumer Advisory									
Approved Source								Consumer advisory provided: raw/undercooked food									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Food obtained from approved source								Highly Susceptible Population									
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food received at proper temperature								Pasteurized foods used; prohibited foods not offered									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>											
Food in good condition, safe, and unadulterated								Food/Color Additives and Toxic Substances									
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
Required records available: molluscan shellfish identification, parasite destruction								Food additives: approved and properly used									
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																	
Safe Food and Water				Proper Use of Utensils				Utensils and Equipment									
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required								In-use utensils: properly stored				Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source								Utensils/equipment/linens: properly stored, dried, & handled				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods								Single-use/single-service articles: properly stored & used				Non-food contact surfaces clean					
Food Temperature Control												Physical Facilities					
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control								Gloves used properly				Hot and cold water available; adequate pressure					
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>							51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plant food properly cooked for hot holding														Plumbing installed; proper backflow devices			
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Approved thawing methods used														Sewage and waste water properly disposed			
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thermometers provided and accurate														Toilet facilities: properly constructed, supplied, & clean			
Food Identification												Garbage and refuse properly disposed; facilities maintained					
37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food properly labeled; original container														55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination												Physical facilities installed, maintained, and clean					
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present														Adequate ventilation and lighting; designated areas used			
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Contamination prevented during food preparation, storage & display														Natural rubber latex gloves not used per CGS §19a-36f			
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Personal cleanliness																	
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>												
Wiping cloths: properly used and stored																	
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<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) <u>John S.</u>	Date <u>5/28/23</u>
Person in Charge (Printed) _____	
Inspector (Signature) <u>Glinda Bueran</u>	Date <u>5/28/23</u>
Inspector (Printed) _____	

Violations documented	Date corrections due
Priority Item Violations	
Priority Foundation Item Violations	
Core Item Violations	<u>6/24/23</u>
Risk Factor/Public Health Intervention Violations	
Repeat Risk Factor/Public Health Intervention Violations	
Good Retail Practices Violations	
Requires Reinspection - check box if you intend to reinspect	<input checked="" type="checkbox"/>

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.

raw chicken 252
 rice 37.5
 corn on cob 370
 wings 37.5
 sliders 38.0

mozz shells 30.8
 shrimp 38.0
 quick hand 810
 mac-n-cheese 38.5

chili 178
 baked pot 8177
 chick-chicken 178
 all rolls 100
 chick chicken 100
 mashed pot 170

INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT Chili's Grill & Bar		TOWN Shelton	DATE OF INSPECTION 5/22/23
INSPECTION FORM #	REMARKS		
10PF	Using handhike for other purpose - not in equipment (105)		
10C	mishy sign at handhike (105)		
49C	unclan buffers at rear hood & need to be dried - old sticker (105)		
11C	unclan floor underneath equipment		
	* handhike stored with soap, paper towels		
	* allergen poster posted		
	* sanitizing strip / sanitizer ready avail.		
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)		