

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

50665

| Risk Category: <u>3</u>
 | Food Establishment Inspection Report | | | | | | | | | | Page 1 of <u>2</u> | | | | | | | | | | | | | | | | | | |
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| Establishment type: Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/>
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| Establishment <u>Chinatown Kitchen</u>
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Connecticut Department of Public Health</p> | | | | | | | | | | Time In <u>1210</u> AM/PM <input checked="" type="checkbox"/> Time Out <input type="checkbox"/> AM/PM | | | | | | | | | | | | | | | | | | |
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| Town/City <u>Naugatuck</u>
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| <p><i>Risk factors</i> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <i>Interventions</i> are control measures to prevent foodborne illness or injury.</p> <p>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> <p>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</p>
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| <table border="1"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Supervision</th> <th>V</th> <th>COS</th> <th>R</th> <th colspan="4">Protection from Contamination</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>15</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food separated and protected</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certified Food Protection Manager for Classes 2, 3, & 4</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>16</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food-contact surfaces: cleaned & sanitized</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Employee Health</th> <th colspan="4">Time/Temperature Control for Safety</th> </tr> </thead> <tbody> <tr> <td>3</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Management, food employee and conditional employee; 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facilities maintained</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>42</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Washing fruits and vegetables</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>55</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Physical facilities installed, maintained, and clean</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</th> <th colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</th> </tr> </thead> <tbody> <tr> <td>Person in Charge (Signature) <u>Mingda Huang</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>56</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate ventilation and lighting; 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated and protected | P/C | <input type="checkbox"/> | <input type="checkbox"/> | 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certified Food Protection Manager for Classes 2, 3, & 4 | C | <input type="checkbox"/> | <input type="checkbox"/> | 16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th colspan="4">Employee Health</th> <th colspan="4">Time/Temperature Control for Safety</th> </tr> </thead> <tbody> <tr> <td>3</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>18</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooking time and temperatures</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper use of restriction and exclusion</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper reheating procedures for hot holding</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Written procedures for responding to vomiting and diarrheal events</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>20</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooling time and temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4"></td> <td>21</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>22</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper hot holding temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4"></td> <td>23</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>24</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cold holding temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4"></td> <td>25</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>26</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper date marking and disposition</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4"></td> <td>27</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>28</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Time as a public health control: procedures and records</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Consumer Advisory</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>25</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Consumer advisory provided: raw/undercooked food</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>27</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food additives: approved and properly used</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>26</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized foods used; 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 | <input type="checkbox"/> | <input type="checkbox"/> | 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>
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 | |
 | 25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer advisory provided: raw/undercooked food | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 27 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food additives: approved and properly used | P | <input type="checkbox"/> | <input type="checkbox"/> | 26 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | P/C | <input type="checkbox"/> | <input type="checkbox"/> | 28 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>
 | Toxic substances properly identified, stored & used | P/Pf/C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th colspan="4">Conformance with Approved Procedures</th> </tr> </thead> <tbody> <tr> <td>29</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | | | | | | | | | | Conformance with Approved Procedures | |
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original container | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure | Pf | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1">
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proper backflow devices | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 39 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage & display | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 52 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage and waste water properly disposed | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 40 | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 53 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, & clean | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 41 | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | C | <input type="checkbox"/> | <input type="checkbox"/> | 54 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage and refuse properly disposed; facilities maintained | C | <input type="checkbox"/> | <input type="checkbox"/> | 42 | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 55 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th colspan="4">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</th> <th colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</th> </tr> </thead> <tbody> <tr> <td>Person in Charge (Signature) <u>Mingda Huang</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>56</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate ventilation and lighting; designated areas used</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Person in Charge (Printed) <u></u></td> <td colspan="3"></td> <td>57</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</td>
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Person/Alternate Person in charge present, demonstrates knowledge and performs duties | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 15 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated and protected | P/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certified Food Protection Manager for Classes 2, 3, & 4 | C | <input type="checkbox"/> | <input type="checkbox"/> | 16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
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 | | | | | | | | | | | GOOD RETAIL PRACTICES | | | | <p><i>Good Retail Practices</i> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</p> <p>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</p> | | | | | | | | | | | | | <table border="1"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> <th colspan="4">Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>30</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>43</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>44</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>45</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Utensils and Equipment</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>46</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>47</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Approved thawing methods used</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>48</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>49</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Non-food contact surfaces clean</td> <td>C</td> <td><input
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 | P | <input type="checkbox"/> | <input type="checkbox"/> | 43 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | C | <input type="checkbox"/> | <input type="checkbox"/> | 31 | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 44 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils/equipment/linens: properly stored, dried, & handled | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 32 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Variance obtained for specialized processing
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type="checkbox"/> | 34 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 47 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 35 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 48 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 36 | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 49 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | C | <input type="checkbox"/> | <input type="checkbox"/>
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| 3
 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Management, food employee and conditional employee; knowledge, responsibilities and reporting | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | 18 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time and temperatures | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of restriction and exclusion | P | <input type="checkbox"/> | <input type="checkbox"/> | 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
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| 5
 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written procedures for responding to vomiting and diarrheal events | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time and temperatures | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
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 | | | | 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
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 | | | | 23 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th colspan="4">Consumer Advisory</th> <th colspan="4">Food/Color Additives and Toxic Substances</th> </tr> </thead> <tbody> <tr> <td>25</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Consumer advisory provided: raw/undercooked food</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>27</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food additives: approved and properly used</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>26</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized foods used; prohibited foods not offered</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>28</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toxic substances properly identified, stored & used</td> <td>P/Pf/C</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Conformance with Approved Procedures</th> </tr> </thead> <tbody> <tr> <td>29</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">GOOD RETAIL PRACTICES</th> </tr> </thead> <tbody> <tr> <td colspan="13"> <p><i>Good Retail Practices</i> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</p> <p>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</p> </td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> <th colspan="4">Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>30</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>43</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>31</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>44</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>32</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>45</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Utensils and Equipment</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>46</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>47</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Approved thawing methods used</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>48</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>49</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Physical Facilities</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Food properly labeled; original container</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>50</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hot and cold water available; adequate pressure</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Prevention of Food Contamination</th> <th colspan="4">Physical Facilities</th> </tr> </thead> <tbody> <tr> <td>38</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Insects, rodents, and animals not present</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>51</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Plumbing installed; proper backflow devices</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>39</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Contamination prevented during food preparation, storage & display</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>52</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sewage and waste water properly disposed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>40</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Personal cleanliness</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>53</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toilet facilities: properly constructed, supplied, & clean</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wiping cloths: properly used and stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>54</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Garbage and refuse properly disposed; facilities maintained</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>42</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Washing fruits and vegetables</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>55</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Physical facilities installed, maintained, and clean</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</th> <th colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</th> </tr> </thead> <tbody> <tr> <td>Person in Charge (Signature) <u>Mingda Huang</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>56</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate ventilation and lighting; 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 | R | 30 | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | P | <input type="checkbox"/> | <input type="checkbox"/> | 43 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | C | <input type="checkbox"/> | <input type="checkbox"/> | 31 | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 44 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils/equipment/linens: properly stored, dried, & handled | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 32 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 45 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored & used | P/C | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Utensils and Equipment</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>46</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>47</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Approved thawing methods used</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>48</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>36</td> <td><input
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 | | | | | | | | | | Food Temperature Control
 | | | | Utensils and Equipment | | | | 33 | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling methods used; adequate equipment for temperature control | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 46 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>
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 | <input type="checkbox"/> | <input type="checkbox"/> | 34 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 47 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 35 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 48 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>
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 | | | | | | | | | Prevention of Food Contamination | | |
 | Physical Facilities | | | | 38 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Insects, rodents, and animals not present | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 51 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 39 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage & display | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 52 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage and waste water properly disposed | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 40 |
<input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 53 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, & clean | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 41 | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | C | <input type="checkbox"/> | <input type="checkbox"/> | 54 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage and refuse properly disposed; facilities maintained | C | <input type="checkbox"/> | <input type="checkbox"/> | 42 | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 55 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th colspan="4">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</th> <th colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</th> </tr> </thead> <tbody> <tr> <td>Person in Charge (Signature) <u>Mingda Huang</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>56</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate ventilation and lighting; designated areas used</td> <td>C</td> <td><input type="checkbox"/></td> <td><input
type="checkbox"/></td> </tr> <tr> <td>Person in Charge (Printed) <u></u></td> <td colspan="3"></td> <td>57</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspector (Signature) <u>Amy Durand</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>58</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspector (Printed) <u>Amy Durand</u></td> <td colspan="3"></td> <td>59</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | | | | | | | | | | Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | | Natural rubber latex gloves not used per CGS §19a-36f | | | | Person in Charge (Signature) <u>Mingda Huang</u> | Date <u>11/10/25</u> | | | 56 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate ventilation and lighting; designated areas used | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | Person in Charge (Printed) <u></u> |
 | | | 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Inspector (Signature) <u>Amy Durand</u> | Date <u>11/10/25</u> | | | 58 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Requires Reinspection - check box if you intend to reinspect | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Inspector (Printed) <u>Amy Durand</u> | | | | 59 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Consumer Advisory
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer advisory provided: raw/undercooked food | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 27 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food additives: approved and properly used | P | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | P/C | <input type="checkbox"/> | <input type="checkbox"/> | 28 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified, stored & used | P/Pf/C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th colspan="4">Conformance with Approved Procedures</th> </tr> </thead> <tbody> <tr> <td>29</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>
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 | Gloves used properly | C | <input type="checkbox"/> | <input type="checkbox"/> | 34 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 47 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 35 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 48 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 36 | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 49 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | C
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 | <input type="checkbox"/> | <input type="checkbox"/>
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 | <input type="checkbox"/> | Washing fruits and vegetables | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 55 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | P/Pf/C | <input type="checkbox"/>
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type="checkbox"/> | <input type="checkbox"/> | Person in Charge (Printed) <u></u> | | | | 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Inspector (Signature) <u>Amy Durand</u> | Date <u>11/10/25</u> | | | 58 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Requires Reinspection - check box if you intend to reinspect | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Inspector (Printed) <u>Amy Durand</u> | | | | 59 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
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| GOOD RETAIL PRACTICES
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| <p><i>Good Retail Practices</i> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</p> <p>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</p>
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 | <input type="checkbox"/> | Gloves used properly | C | <input type="checkbox"/> | <input type="checkbox"/> | 34
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 47 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 35 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 48 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>

 | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 36 | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 49 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | C | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Physical Facilities</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Food properly labeled; original container</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>50</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hot and cold water available; 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original container | Pf/C | <input type="checkbox"/> | <input type="checkbox"/>
 | 50 | <input type="checkbox"/> | <input type="checkbox"/>
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 | | | | | | | | | Prevention of Food Contamination | | | | Physical Facilities | | | | 38 | <input type="checkbox"/>
 | <input checked="" type="checkbox"/> | Insects, rodents, and animals not present
 | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 51 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 39 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage & display | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 52 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage and waste water properly disposed | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 40 | <input type="checkbox"/>
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 | 54 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage and refuse properly disposed; facilities maintained | C | <input type="checkbox"/> | <input type="checkbox"/> | 42 | <input type="checkbox"/>
 | <input type="checkbox"/> | Washing fruits and vegetables | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 55 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th colspan="4">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</th> <th colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</th> </tr> </thead> <tbody> <tr> <td>Person in Charge (Signature) <u>Mingda Huang</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>56</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate ventilation and lighting; designated areas used</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Person in Charge (Printed) <u></u></td> <td colspan="3"></td> <td>57</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspector (Signature) <u>Amy Durand</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>58</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspector (Printed) <u>Amy Durand</u></td> <td colspan="3"></td> <td>59</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | | | | | | | | | | Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | |
 | Natural rubber latex gloves not used per CGS §19a-36f | | | | Person in Charge (Signature) <u>Mingda Huang</u> | Date <u>11/10/25</u> | | | 56 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>
 | Adequate ventilation and lighting; designated areas used | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | Person in Charge (Printed) <u></u> | | | | 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Inspector (Signature) <u>Amy Durand</u> | Date <u>11/10/25</u> | | | 58 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Requires Reinspection - check box if you intend to reinspect | | | | | <input type="checkbox"/>
 <input type="checkbox"/> | Inspector (Printed) <u>Amy Durand</u> | | | | 59 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OUT
 | N/A | N/O | Safe Food and Water | V | COS | R | Proper Use of Utensils | | | | V | COS | R | | | | | | | | | | | | | | | | |
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| 30
 | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | P | <input type="checkbox"/> | <input type="checkbox"/> | 43 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| 31
 | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 44 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils/equipment/linens: properly stored, dried, & handled | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| 32
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Variance obtained for specialized processing methods | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 45 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored & used | P/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th colspan="4">Food Temperature Control</th> <th colspan="4">Utensils and Equipment</th> </tr> </thead> <tbody> <tr> <td>33</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>46</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>34</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>47</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>35</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Approved thawing methods used</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>48</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>36</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>49</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Physical Facilities</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Food properly labeled; original container</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>50</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hot and cold water available; adequate pressure</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Prevention of Food Contamination</th> <th colspan="4">Physical Facilities</th> </tr> </thead> <tbody> <tr> <td>38</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Insects, rodents, and animals not present</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>51</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Plumbing installed; proper backflow devices</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>39</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Contamination prevented during food preparation, storage & display</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>52</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sewage and waste water properly disposed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>40</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Personal cleanliness</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>53</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toilet facilities: properly constructed, supplied, & clean</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wiping cloths: properly used and stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>54</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Garbage and refuse properly disposed; facilities maintained</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>42</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Washing fruits and vegetables</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>55</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Physical facilities installed, maintained, and clean</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</th> <th colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</th> </tr> </thead> <tbody> <tr> <td>Person in Charge (Signature) <u>Mingda Huang</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>56</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate ventilation and lighting; designated areas used</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Person in Charge (Printed) <u></u></td> <td colspan="3"></td> <td>57</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspector (Signature) <u>Amy Durand</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>58</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspector (Printed) <u>Amy Durand</u></td> <td colspan="3"></td> <td>59</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="13"> <p>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.</p> </td> </tr> </tbody> </table> </td></tr></tbody></table></td></tr></tbody></table>
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 | <input type="checkbox"/> | Gloves used properly | C | <input type="checkbox"/> | <input type="checkbox"/> | 34
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 47 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 35 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 48 | <input type="checkbox"/> | <input type="checkbox"/>
 | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 36 | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | Pf/C | <input type="checkbox"/> | <input type="checkbox"/>
 | 49 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | C
 | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th colspan="4">Food Identification</th> <th colspan="4">Physical Facilities</th> </tr> </thead> <tbody> <tr> <td>37</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Food properly labeled; original container</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>50</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hot and cold water available; adequate pressure</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="13"> <table border="1"> <thead> <tr> <th colspan="4">Prevention of Food Contamination</th> <th colspan="4">Physical Facilities</th> </tr> </thead> <tbody> <tr> <td>38</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Insects, rodents, and animals not present</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>51</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Plumbing installed; proper backflow devices</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>39</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Contamination prevented during food preparation, storage & display</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>52</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sewage and waste water properly disposed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>40</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Personal cleanliness</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>53</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toilet facilities: properly constructed, supplied, & clean</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wiping cloths: properly used and stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>54</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Garbage and refuse properly disposed; facilities maintained</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>42</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Washing fruits and vegetables</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>55</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Physical facilities installed, maintained, and clean</td> <td>P/Pf/C</td> <td><input
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 | Physical Facilities | | | | 38 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Insects, rodents, and animals not present | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 51 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 39 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage & display | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 52 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage and waste water properly disposed | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 40 | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 53 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, & clean | Pf/C
 | <input type="checkbox"/> | <input type="checkbox"/> | 41
 | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | C | <input type="checkbox"/> | <input type="checkbox"/> | 54 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>
 | Garbage and refuse properly disposed; facilities maintained | C | <input type="checkbox"/> | <input type="checkbox"/> | 42 | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 55 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | P/Pf/C | <input type="checkbox"/>
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 | Adequate ventilation and lighting; designated areas used | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | Person in Charge (Printed) <u></u> | | | | 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f | | | |
 | <input type="checkbox"/> | <input type="checkbox"/> | Inspector (Signature) <u>Amy Durand</u> | Date <u>11/10/25</u> | | | 58 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>
 | Requires Reinspection - check box if you intend to reinspect | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Inspector (Printed) <u>Amy Durand</u> | | | | 59 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 33
 | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling methods used; adequate equipment for temperature control | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 46 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| 34
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plant food properly cooked for hot holding | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 47 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| 35
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 48 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| 36
 | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 49 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| 37
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food properly labeled; original container | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 50 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure | Pf | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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 | <input type="checkbox"/> | Plumbing installed; proper backflow devices | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 39
 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage & display | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 52 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage and waste water properly disposed | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 40 | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 53 | <input type="checkbox"/> | <input type="checkbox"/>
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 | 54 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage and refuse properly disposed; facilities maintained | C
 | <input type="checkbox"/> | <input type="checkbox"/> | 42
 | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 55 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th colspan="4">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</th> <th colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</th> </tr> </thead> <tbody> <tr> <td>Person in Charge (Signature) <u>Mingda Huang</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>56</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate ventilation and lighting; designated areas used</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Person in Charge (Printed) <u></u></td> <td colspan="3"></td> <td>57</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspector (Signature) <u>Amy Durand</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>58</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspector (Printed) <u>Amy Durand</u></td> <td colspan="3"></td> <td>59</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> | | | | | | | | | |
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 | | | 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Inspector (Signature) <u>Amy Durand</u> | Date <u>11/10/25</u> | | | 58 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Requires Reinspection - check box if you intend to reinspect | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Inspector (Printed) <u>Amy Durand</u> | | | | 59 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p> | | |
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| 41
 | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | C | <input type="checkbox"/> | <input type="checkbox"/> | 54 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Garbage and refuse properly disposed; facilities maintained | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| 42
 | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 55 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| <table border="1"> <thead> <tr> <th colspan="4">Permit Holder shall notify customers that a copy of the most recent inspection report is available.</th> <th colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</th> </tr> </thead> <tbody> <tr> <td>Person in Charge (Signature) <u>Mingda Huang</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>56</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Adequate ventilation and lighting; designated areas used</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Person in Charge (Printed) <u></u></td> <td colspan="3"></td> <td>57</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Natural rubber latex gloves not used per CGS §19a-36f</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspector (Signature) <u>Amy Durand</u></td> <td colspan="3">Date <u>11/10/25</u></td> <td>58</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inspector (Printed) <u>Amy Durand</u></td> <td colspan="3"></td> <td>59</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4"></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>
 | | | | | | | | | | | | | Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | | Natural rubber latex gloves not used per CGS §19a-36f | | | | Person in Charge (Signature) <u>Mingda Huang</u> | Date <u>11/10/25</u> | | | 56 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate ventilation and lighting; designated areas used |
 | | | C | <input type="checkbox"/> | <input type="checkbox"/> | Person in Charge (Printed) <u></u>
 | | | | 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f | | | | | <input type="checkbox"/> | <input type="checkbox"/> | Inspector (Signature) <u>Amy Durand</u> | Date <u>11/10/25</u> | | | 58 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Requires Reinspection - check box if you intend to reinspect |
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| Person in Charge (Signature) <u>Mingda Huang</u>
 | Date <u>11/10/25</u> | | | 56 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate ventilation and lighting; designated areas used | | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| Person in Charge (Printed) <u></u>
 | | | | 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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 | | | | 59 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
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| <p>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.</p>
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Food Establishment Inspection Report

Page 22 of 22

LHD NYHD

Inspection Report Continuation Sheet

Date 11/10/25

Establishment Chinatown Kitchen Town Naugatuck

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Handsink	91°F	Wontons	37°F		
Rice dish	149°F	Ambient WIC	33°F		
Egg drop SOUP	177°F				
Dish	91°F				
Raw chx	91°F				
Raw shrimp	40°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number C1Pm: mingda Huang 1/31/29 yan hui zhang 1/31/29
 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.

C1Pm: mingda Huang 1/31/29 yan hui zhang 1/31/29
 Handsink stocked ✓ Signage ✓ hot h2o ✓
 Vinyl gloves ✓ probe thermometers ✓
 Bleach Sanitizer ✓ test strips ✓
 Allergen ✓ consumer advisory ✓ Items labeled ✓ DM ✓

28P ✓ Sanitizer bucket reading 0 ppm + not labeled
 COS remade 50 ppm + labeled

55C floors unclean throughout kitchen + around equipment

37L 30L food uncovered in walk in cooler

47C Rusty shelves in walk in cooler

Person in Charge (Signature)

Mingda Huang

Date

11/10/25

Inspector (Signature)

Amy Durand

Date

11/10/25