

Connecticut Department of Public Health

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2									
Establishment type: Permanent Temporary Mobile Other					Date):	4/13/	25	
Establishment DTDP1330 # 4769 Address For Bridgepur ave		1 section	onne	ecticus Health	Time		126 A	M/PM Time Out_/5	AM/PM
Address For Bridgeper ave			P	H)	LHD		JUHD		
Town/City Sheeta	,				Purp	ose	of Inspection:	Routine Pre	-ор
Permit Holder	Co		cut De ublic H	partment ealth	Rein	spec	ction	Other	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.									
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	The second second			complian		77.07	ot in compliance		not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type			_						R=repeat violation
IN OUT N/A N/O Supervision	V	cos	R		OUT N/			on from Contamination	V COS R
Person/Alternate Person in charge present,	Pf	0	0	15		Total Control of	Food separated		P/C O O
demonstrates knowledge and performs duties Certified Food Protection Manager for Classes 2,	-	-	-			10000000		urfaces: cleaned & sanitized on of returned, previously	
2 3, & 4	С	0	0	17	0			tioned, and unsafe food	POO
Employee Health								ture Control for Safety	
Management, food employee and conditional employee;	P/Pf	0		18 🔾	00			time and temperatures	P/Pf/C O O
knowledge, responsibilities and reporting				19 🔾	00			g procedures for hot holding	P O O
Proper use of restriction and exclusion	P	0	0	20 🔾	2			time and temperatures	P 0 0
Written procedures for responding to vomiting and	Pf	0	0	21 🔾				ing temperatures ding temperatures	POO
Good Hygienic Practices				23				rking and disposition	P/Pf O O
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	10	0					c health control: procedures	
7 No discharge from eyes, nose, and mouth	C		0	24	0		and records	o maanii oomion proceduree	P/Pf/C
Preventing Contamination by Hands				100100				ımer Advisory	
8 Hands clean and properly washed	P/Pf	0	0	25	60		Consumer advisor	y provided: raw/undercooked food	Pf OO
No hare hand contact with RTE food or a	DIDUC				/		Highly Sus	ceptible Population	
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26	00		Pasteurized foods	used; prohibited foods not offered	P/C O
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		/	Foo	od/Color Additi	ves and Toxic Substances	
Approved Source				27	90			approved and properly used	POO
11 Food obtained from approved source	P/Pf/C		0	28	00			es properly identified,	P/Pf/C
12 Food received at proper temperature	P/Pf	-	0	20			stored & used		1
Pood in good condition, safe, and unadulterated	P/Pf	0	0			C		th Approved Procedures	
Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0	0	29 🔾	0 9			h variance/specialized riteria/HACCP Plan	P/Pf/C O
	OD RE	TAII	PE	RACTICI	FS	Name of Street	process//(Or Ci	itelia/1/ACCI Tiali	
Good Retail Practices are preventative measures to						chemi	cals, and physica	l objects into foods.	
				for COS					R=repeat violation
OUT N/A N/O Safe Food and Water	V	cos		OUT				e of Utensils	V COS R
30 Pasteurized eggs used where required	Р	0	0			utens	ils: properly stor		c 00
31 Water and ice from approved source	P/Pf/C	0	0	44 🔾	Utensils	/equip	ment/linens: prop	erly stored, dried, & handled	Pf/C O
32 Variance obtained for specialized processing methods	Pf	0	0	45 🔾	Single-u	se/sir	gle-service article	es: properly stored & used	P/C O O
Food Temperature Control				46 🔾	Gloves	used	properly		C 00
Proper cooling methods used; adequate equipment for	Pf/C	0			-			and Equipment	
temperature control	-							urfaces cleanable,	P/Pf/C
34 O Plant food properly cooked for hot holding	Pf	0	0				igned, construct	ed, and used lled, maintained and used;	
35 O Approved thawing methods used	Pf/C Pf/C	-	0	1/18/()			0	and test strips available	Pf/C O
Thermometers provided and accurate Food Identification	PI/C	0	9				ntact surfaces cl		C 00
37 Food properly labeled; original container	Pf/C	0	0		14011-100	Ju 60		ical Facilities	
Prevention of Food Contamination	11110			50	Hot and	d cold		: adequate pressure	Pf OO
38 O Insects, rodents, and animals not present	Pf/C	0	0				stalled; proper ba		P/Pf/C O O
39 Contamination prevented during food preparation, storage & display	P/Pf/C						waste water pro		P/Pf/C O O
40 Personal cleanliness	Pf/C	0	0	53 🔾	Toilet fa	acilitie	es: properly cons	structed, supplied, & clean	Pf/C O
41 Wiping cloths: properly used and stored	С	0	0	540	Garbage	e and	refuse properly di	sposed; facilities maintained	200
42 Washing fruits and vegetables	P/Pf/C	0	0		-			naintained, and clean	P/P(/C)
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								nting; designated areas used not used per CGS §19a-36f	600
	_ /			Commonweal Common Commo	ons doc			Date corrections due	#
Person in Charge (Signature) Date 3	3/8	25		Priority	Item Vid	olatio	ns		
0	/						tem Violations		
Person in Charge (Printed) There Ladgue	,				em Viola			4045/00	No.
	3/1	T	×4				lealth Intervention		
Inspector (Signature) Date	10	-	-				es Violations	tervention Violations	2
Inspector (Printed) GI Indu Bulnum				Require	es Rein	Spec	tion - check ho	x if you intend to reinspect	10
Appeal: The owner or operator of a food establishment aggrieved by the	his ord	er to	COTT						hold, destroy
or dispose of unsafe food, may appeal such order to the									

Maind pot 390 Child wing 345 Shrip 370 Saw 170.0 Chick van Crylat pam 37.0 Chick van Crylat pam 37.0 Chick van Pm 23.37. Chick van Pm 23.37. Chick van Paw Saw 37.0 Chick van Paw Saw 37.0 Chick van Connecticut FOOD SERVICE ESTABLISHMENTS DEPARTMENT OF PUBLIC HEALTH

CONTINUA	TION SHEET								
NAME OF ES	STABLISHMENT	TOWN		DATE OF INSPECTION					
1)]	1 / 33a	Shelten		5/13/25					
INSPECTION FORM #	REMARKS								
496	undlun shelling throughout lesp in warewash area.								
490	unclear evap fan in w/c								
TIC	unclean certi, vents certix								
576	undly walls								
550	C Noclin floors - Usp underhouse liggipment								
ULL	L under buffers at had septem								
		2		1					
	+ augen poster poster - log conputal								
	* augen poster poster - los conpleted * d'all-maring gove * sunirzing strips aulabre								
	of sunitizing strips aulabre								
	*								
				<u> </u>					
		*							
	O m								
INITIAL (IN	SPECTOR)	INITIA	L (PERSON IN C	CHARGE)					
	Distribution:	st - White - Health Department	2nd - Yellow -	Owner/Manager ,					