Connecticut Department of Public Health

Risk Category: 3 Food Establ	iehn	nan	t In	enecti	on Ren	ort	Page	1 of <u></u>	
	Specific	on Kep	les lall	1 age	101	-			
Establishment type: Permanent Temporary Mobile Other					Date: 12	117/24		CA -	_
Establishment CCACCIA'S Cafe		4xerin	Connec	cticut Health	Time In	1:00	M/PM Time Out	50 AM/P	M
Address 702 Bridgeport Ave			P	H)	LHD 🚺	VHD			
Town/City She Hoo						Purpose of Inspection: Routine Pre-op			
Permit Holder NEW Renais Sace Grp LW - Mejollari	C	onnectic of Pu	ut Dep	partment ealth	Reinspect	ion	Other		_
FOODBORNE ILLNESS RISK FA									
Risk factors are important practices or procedures identified as the most prevalent contri		-	0.00			380			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it				compliance				N/O=not observed	
	_								
		000							
	Pf	0	\circ						_
Certified Food Protection Manager for Classes 2	+-				Total Control of the last of t				
3, & 4	C			17) bosonsatement		1990 (1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 -	POC	
Employee Health									
Management, food employee and conditional employee;	P/Pf	0							
knowledge, responsibilities and reporting								9	_
	P	0	\bigcirc						_
h ()	Pf	0	0						
	_								-
	e P/C	0	0		7			96	
7 No discharge from eyes, nose, and mouth	С	0	0	24				P/Pf/C	
Preventing Contamination by Hands					1	Const	ımer Advisory		
8 O Hands clean and properly washed	P/Pf	0	0	25 🔾				od Pf O	\supseteq
No bare hand contact with RTE food or a	P/Pf/C				-				
pre-approved alternative procedure properly followed				26 0 0	The Person Name of Street, or other Designation of the Person of the Per				\supseteq
	PfC		9	07 0	- former				
	DIDUO			27 0 0	1000000			sed PO	=
A DESCRIPTION OF THE PROPERTY	-	-	\exists	28) ()		es property identified,	P/Pf/C	0
	-	-	-				th Approved Procedures	3	
Poquired records available; molluscan shallfish				00 0					
identification, parasite destruction	P/Pf/C	0		29	P	rocess/ROP c	riteria/HACCP Plan	PIPIIC	
The state of the s					/or R				
	1/2//	1000000	1000		utonoil				_
			\exists						_
		_	0						_
				46 O GI	oves used	properly		C O	0
Proper cooling methods used; adequate equipment for	DEIC			1			and Equipment		
temperature control	PI/C	0	\cup					P/Pf/C	
34 O Plant food properly cooked for hot holding	Pf	0	0	pro	, , .				
35 Approved thawing methods used	_	_	0					f; Pf/C	\circ
Thermometers provided and accurate	Pf/C	0	9	CIE					=
	Df/C			49 0 INC	on-1000 con				_
37 Food properly labeled; original container	PI/C	, 0		50 O Ho	at and cold			Pf O	0
38 Insects, rodents, and animals not present	Pf/C		0						
39 Contamination prevented during food preparation, storage & display		_		52 O Se	ewage and v	waste water pro	perly disposed		0
40 Personal cleanliness	Pf/C	0	0	53 O To	ilet facilities	s: properly con:	structed, supplied, & clear		0
41 Wiping cloths: properly used and stored	С	-	-						_
42 Washing fruits and vegetables	P/Pf/C	0	0						-
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is av	ailable).						\preceq
	100	10	1.						
Person in Charge (Signature) A Date / 7	111	12	9	Priority Ite	m Violation	S	(05	i	
	/		,			em Violations			_
Person in Charge (Printed)			\dashv			alth Intervention			-
Inspector (Signature) Amanda Rinki Date 12/	7/2	U						17	\neg
mispector loigitature Thinking Idilune	Supervision Supervision Nullemate Person in charge present, near the state of the								
Inspector (Printed) Amanda Ruchio				Requires	Reinspecti	on - check bo		ect /	
Appeal: The owner or operator of a food establishment aggrieved by the	nis ord	er to	corre	ect any ins	pection vio	lation identifie	d by the food inspector	or to hold, destro	by,

Food Establishment Inspection Report Page 2 of 2

LHD NV			Inspection Report Continuation S		Date_ 12/17	124					
		Cala			Date 12/11/39						
Establishment Facaccia's Cafe Town Shelton											
ltem/	/Location/Process	Temp	TEMPERATURE OBSER	Temp	Item/Location/Process	Temp					
Bm Ive		38°+	coffee reach-in	37°E	Cookling BM	4501					
	cutlet	3904	milk cooler (nxt icen		- Tomatoes /sliced)	1480 - 8					
-mixed greens 40F		- Banana mix	35°F	- Chicken Cutlet	1 5201						
	- Cranbarry diessing 42°F		French onion Soup	1670	- Slived chiese	52°P					
	on (nxf to prep)	HIOF	Chx Noodle Soup	181°F	Sliding unit						
	mpers Apples	39°F	Broc cheddan saxp	141°F	-Turkey	4205					
- Com	more balls	40°F	,		- provalane cheese	410					
- rice	, '	HOOP	SEEDVATIONS AND CORDS	CTIVE ACTI	- Chx cutlet	4100					
lt a ma	Violations cited in this	report must b	SERVATIONS AND CORRE be corrected within the time frames be	low, or as stated	UNS I in sections 8-405.11 & 8-406.11 of the	e food code.					
Item Number	0/201		6/20/29								
CFPM			tviana Bekiri Mujolla	lti							
	Handsink-s	tocked	1, Signage 1,93	°FV							
	Sanitizer- 3 Bay Orbrine 50-100ppm , Test strips										
	Vinul aloves,	CUIDS X	protected inverted	1. probe +	termometer/wipes	V					
	CFPM on-site	e lar	pels t datemarking	Dish	machine-sticker						
	3e If Serve	Soda -	Area	12/01/							
	Allergen poster provided										
	Allergen Statement										
16	Tail H.	0 = : (/)	and an anager to								
	10 FOH Handsink has no paper towels										
	10 Handsink by 3 Bay in disrepair - Not working hot cold worker 19 41 Caskets in disrepair on coffee to reach in in ordered value reply										
41					12 ordered V	ave repla					
16	Interior ic	e ma	chine (FOH) uncl	ean							
49	Hoods Walls	behiv	nd equipment @ co	okline 1	Inclean - Cleaning J	an					
/			of remotastick position			A					
22					ves food itoms rep	naced					
	LA SUDGEST	ed usin	a metal containers	instrad	of plastic in this	unit					
	Sive	there	is no lid/cover	tor BM							
	# COS, PIC (manged	out food items, uni	t reading	g 45°F -> service unit	1 to					
	makes	ure ma	intaining 41°F, it no	t do No	Tose will be back	-					
	to chec	KEMA	ARICHING NVHD.	ORG Whe	in ready Any Question	15					
Person in	Charge (Signature)	K			Date 12/1	7/24					
	(Signature) Aman	La Punte	- A		Date 12/1						