

4729

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>5/27/25</u>			
Establishment <u>G's Burgers / carver</u>		Time In <u>1202</u> AM/PM Time Out _____ AM/PM			
Address <u>778 New Haven Road</u>		LHD <u>NV HD</u>			
Town/City <u>Naugatuck</u>		Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder <u>George Tsioflikis</u>		Reinspection _____ Other _____			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<small>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.</small>					
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed					
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
IN OUT N/A N/O		Supervision		IN OUT N/A N/O	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	V	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
GOOD RETAIL PRACTICES					
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>					
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
OUT N/A N/O		Safe Food and Water		OUT N/A N/O	
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>
OUT N/A N/O		Food Temperature Control		OUT N/A N/O	
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>
OUT N/A N/O		Food Identification		OUT N/A N/O	
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>
OUT N/A N/O		Prevention of Food Contamination		OUT N/A N/O	
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>Fernando Moreno</u>		Date <u>5/27/25</u>			
Person in Charge (Printed) <u>Fernando Moreno</u>					
Inspector (Signature) <u>Amy Durand</u>		Date <u>5/27/25</u>			
Inspector (Printed) <u>Amy Durand</u>					
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.					
Violations documented		Date corrections due		#	
Priority Item Violations					
Priority Foundation Item Violations					
Core Item Violations					
Risk Factor/Public Health Intervention Violations					
Repeat Risk Factor/Public Health Intervention Violations					
Good Retail Practices Violations					
Requires Reinspection - check box if you intend to reinspect					

Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 5/27/25

Establishment G's Burger/Carvel Town Naugatuck

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Both handsink	92°F	Sliced peppers	39°F	Carvel	
2 door freezer	-9°F	Sliced tomatoes	39°F	handsink	80°F
1 door freezer	-9°F	raw meat	38°F	1 door fridge	-2°F
walk in fridge	43°F	sliced am. cheese	39°F	2 door freezer	-14°F
raw beef partly w/	43°F	Sauteed mushroom HT	135°F	1 door freezer	-20°F
Carvel fridge w/	30°F				
Carvel 2 door	-22°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Dyrak Gancher, Devon Gancher 6/26/28
	Kaula Duarte 6/26/28 Alivia Stewart 7/20/28
G's Burger	Handsinks stocked ✓ signage hot h2o ✓
	Vinyl gloves ✓ thermometers ✓
	Hand good ✓
	Sanitizer quat ✓ test strips ✓ buckets 200ppm
	labeling ✓ date marking ✓
	Carvel - handsinks good ✓ labeling ✓ date marking ✓
	vinyl gloves ✓ dry storage good ✓
	Allergen statements ✓
	Consumer advisory ✓
	Restrooms OK ✓ stocked ✓
	Self Service area good ✓
	Good inspection! ☺

Person in Charge (Signature) Fernando Mobero

Date 5/27/25

Inspector (Signature) Amy Durand

Date 5/27/25