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| Risk Category: 3 | Food Establishment Inspection Report | Page 1 of 2 |
| Establishment type: Permanent Temporary Mobile Other |  <p>Keeping Connecticut Healthy Connecticut Department of Public Health</p> | Date: 9/16/25 |
| Establishment: Hilton Garden Inn | | Time In: 2:35 AM/PM Time Out: 3:40 AM/PM |
| Address: 25 Old Stratford Rd | | LHD: NVHS |
| Town/City: Shelton #1639 | | Purpose of Inspection: Reinspection Routine Pre-op |
| Permit Holder | | Other |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | |
| <i>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.</i> | | |
| 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 | | |
| | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Supervision | <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R |
| 1 <input checked="" type="checkbox"/> <input 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"/> <input type="checkbox"/> |
| 2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Certified Food Protection Manager for Classes 2, 3, & 4 | C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Employee Health | | |
| 3 <input checked="" type="checkbox"/> <input 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"/> <input type="checkbox"/> |
| 4 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper use of restriction and exclusion | P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 5 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Written procedures for responding to vomiting and diarrheal events | Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Good Hygienic Practices | | |
| 6 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco products use | P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 7 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | No discharge from eyes, nose, and mouth | C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Preventing Contamination by Hands | | |
| 8 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Hands clean and properly washed | P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 9 <input checked="" type="checkbox"/> <input type="checkbox"/> <input 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"/> <input type="checkbox"/> <input type="checkbox"/> |
| 10 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible | Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Approved Source | | |
| 11 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Food obtained from approved source | P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 12 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Food received at proper temperature | P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 13 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Food in good condition, safe, and unadulterated | P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 14 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Required records available: molluscan shellfish identification, parasite destruction | P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| GOOD RETAIL PRACTICES | | |
| <i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i> | | |
| 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 | | |
| | | |
| <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O | Safe Food and Water | <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R |
| 30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Pasteurized eggs used where required | P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Water and ice from approved source | P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 32 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Variance obtained for specialized processing methods | Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Food Temperature Control | | |
| 33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Proper cooling methods used; adequate equipment for temperature control | Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Plant food properly cooked for hot holding | Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Approved thawing methods used | Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 36 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Thermometers provided and accurate | Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Food Identification | | |
| 37 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Food properly labeled; original container | Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Prevention of Food Contamination | | |
| 38 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Insects, rodents, and animals not present | Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 39 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Personal cleanliness | Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Wiping cloths: properly used and stored | C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Washing fruits and vegetables | P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | |
| Person in Charge (Signature) Cristia Diaz Date 9/16/25 | | |
| Person in Charge (Printed) Cristia Diaz | | |
| Inspector (Signature) [Signature] Date 9/16/25 | | |
| Inspector (Printed) Edenra Buchanan | | |
| 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 | | NO |



INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

| | | |
|---|---|--|
| NAME OF ESTABLISHMENT <i>Hilton Garden Inn</i> | TOWN <i>Shelton</i> | DATE OF INSPECTION <i>9/14/25</i> |
| INSPECTION FORM # | REMARKS | |
| | <i>Corrected violations from inspection 9/14/25</i> | |
| | <i>1. hand sink fixed</i> | |
| | <i>2. Signage at all hand sinks; all hand sinks stocked</i> | |
| | <i>3. Interior of prep tables cleaned</i> | |
| | <i>4. Hood cleaned, serviced</i> | |
| | <i>5. floor transition to food container (food pan)</i> | |
| | <i>6. alleys posted</i> | |
| | <i>7. Ext hoods of prep table equipment cleaned</i> | |
| | <i>Kitchen closed in a food prep discipline</i> | |
| | <i>at time of re-inspection</i> | |
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| INITIAL (INSPECTOR) | <i>[Signature]</i> | INITIAL (PERSON IN CHARGE) <i>C.D.</i> |