

2620

Connecticut Department of Public Health

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 10/28/25
Establishment Howe Ave Valero		Time In 12:00 AM/PM PM Time Out 12:25 AM/PM AM
Address 276 Howe Ave		LHD NVHD
Town/City Shelton		Purpose of Inspection: Routine Pre-op
Permit Holder Standard Petroleum Co Michael Malone		Reinspection 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 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
Supervision														
1	Person/Alternate Person in charge present, demonstrates knowledge and performs duties					Pf		<input checked="" type="checkbox"/>						
2	Certified Food Protection Manager for Classes 2, 3, & 4					C		<input type="checkbox"/>						
Employee Health														
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting					P/Pf		<input checked="" type="checkbox"/>						
4	Proper use of restriction and exclusion					P		<input checked="" type="checkbox"/>						
5	Written procedures for responding to vomiting and diarrheal events					Pf		<input checked="" type="checkbox"/>						
Good Hygienic Practices														
6	Proper eating, tasting, drinking, or tobacco products use					P/C		<input checked="" type="checkbox"/>						
7	No discharge from eyes, nose, and mouth					C		<input checked="" type="checkbox"/>						
Preventing Contamination by Hands														
8	Hands clean and properly washed					P/Pf		<input checked="" type="checkbox"/>						
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed					P/Pf/C		<input checked="" type="checkbox"/>						
10	Adequate handwashing sinks, properly supplied/accessible					Pf/C		<input checked="" type="checkbox"/>						
Approved Source														
11	Food obtained from approved source					P/Pf/C		<input checked="" type="checkbox"/>						
12	Food received at proper temperature					P/Pf		<input checked="" type="checkbox"/>						
13	Food in good condition, safe, and unadulterated					P/Pf		<input checked="" type="checkbox"/>						
14	Required records available: molluscan shellfish identification, parasite destruction					P/Pf/C		<input checked="" type="checkbox"/>						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

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	V	COS	R	OUT	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				<input type="checkbox"/>	In-use utensils: properly stored			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods				<input type="checkbox"/>	Single-use/single-service articles: properly stored & used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control				<input type="checkbox"/>	Gloves used properly			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				<input type="checkbox"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate				<input type="checkbox"/>	Non-food contact surfaces clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification				<input type="checkbox"/>	Physical Facilities			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				<input type="checkbox"/>	Hot and cold water available; adequate pressure			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination				<input type="checkbox"/>	Plumbing installed; proper backflow devices			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present				<input type="checkbox"/>	Sewage and waste water properly disposed			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored				<input type="checkbox"/>	Physical facilities installed, maintained, and clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables				<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used			
<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.				<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f			

Person in Charge (Signature) *[Signature]* Date **10/28/25**

Person in Charge (Printed) **Matthew Bernardy**

Inspector (Signature) *[Signature]* Date **10/28/25**

Inspector (Printed) **Amanda Ruchin**

Violations documented	Date corrections due	#
Priority Item Violations	COS	
Priority Foundation Item Violations		16
Core Item Violations		0
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		

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.

