## **Connecticut Department of Public Health**

Risk Category: 3 Food Establishment Inspection Report Page 1 of											
Establishment type: Permanent Temporary Mobile Other					Date: 11 /18/24						
Establishment Hubbell Employee Dining			ing Conne	cticut Hea	à,	Time In 12:15 AM/PM) Time Out 12:40 AM/PM					
Address 40 waterview Dr			D	H		LHD 1	JUHD				
own/city Shelton						Purpose of Inspection: Routine Pre-op					
Permit Holder	Connecticut Depo of Public Hea			partmer salth	nt	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	appr	ropriat	te box	for C	OS and/or	R COS=correc	ted on-site during inspection	R=repeat	violation	
IN OUT N/A N/O Supervision	V	cos	R		IN O	UT N/A N/O		on from Contamination	V	COS R	
1 Person/Alternate Person in charge present,	Pf	0		15	5	000	Food separated	and protected	P/C	00	
demonstrates knowledge and performs duties	-1	0		16	9		Food-contact su	urfaces: cleaned & sanitized	P/Pf/C	00	
2 Certified Food Protection Manager for Classes 2,	С	0	0	17	1		Proper dispositi	on of returned, previously	Р	00	
3, & 4	0			17			served, recondi	tioned, and unsafe food	T.		
/ Employee Health								ture Control for Safety			
Management, food employee and conditional employee;	P/Pf	0		18	0	00	Proper cooking	time and temperatures	P/Pf/C		
knowledge, responsibilities and reporting				19	0		Proper reheatin	g procedures for hot holding		00	
4 O Proper use of restriction and exclusion	P	0	0	20	2			time and temperatures		00	
Written procedures for responding to vomiting and	Pf	0	0	21	0/			ing temperatures		00	
diarrneal events				22	0/2	00	Proper cold hole	ding temperatures	P	00	
Good Hygienic Practices				23	0			rking and disposition	P/Pf	00	
6 Proper eating, tasting, drinking, or tobacco products use			_	24	00			c health control: procedures	P/Pf/C	00	
7 O No discharge from eyes, nose, and mouth	C	0	0				and records				
Preventing Contamination by Hands		-		-	/	-		umer Advisory			
8 Hands clean and properly washed	P/Pf	0	0	25	0			y provided: raw/undercooked food	Pf	00	
9 No bare hand contact with RTE food or a	P/Pf/C	0						ceptible Population			
pre-approved alternative procedure properly followed				26	00			used; prohibited foods not offered	P/C	00	
10 C Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0					ves and Toxic Substances	1-		
Approved Source				27	$\bigcirc$			approved and properly used	P	00	
11 C Pood obtained from approved source	P/Pf/C	-	-	28	X			es properly identified,	P/Pf/C	00	
12 C Food received at proper temperature	P/Pf	-	0				stored & used		1		
13 C Food in good condition, safe, and unadulterated	P/Pf	0	0			2		th Approved Procedures			
Required records available: molluscan shellfish	P/Pf/C	0	0	29	00			h variance/specialized	P/Pf/C	00	
identification, parasite destruction			DD		1050		process/ROP c	riteria/HACCP Plan			
GOOD RETAIL PRACTICES  Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
		_									
	n appro	-		_		I/or R			R=repeat		
OUT N/A N/O Safe Food and Water	V	cos	-	-	UT			e of Utensils		COS R	
30 Pasteurized eggs used where required	Р	0	0		_		ils: properly stor		C	99	
31 Water and ice from approved source	P/Pf/C	-	0					perly stored, dried, & handled	Pf/C		
32 O Variance obtained for specialized processing methods	Pf	0	0	-				es: properly stored & used	P/C	99	
Food Temperature Control					46 Gloves used properly C C C Utensils and Equipment						
Proper cooling methods used; adequate equipment for	Pf/C	0		-	-						
temperature control		-		47	3			surfaces cleanable,	P/Pf/C	00	
34 O Plant food properly cooked for hot holding	Pf	0	9	$\vdash$			signed, construct		4		
35 O Approved thawing methods used	Pf/C		0	48				lled, maintained and used;	Pf/C	00	
36 C Thermometers provided and accurate	Pf/C	0	0					and test strips available	10	00	
Food Identification				49 Non-food contact surfaces clean C Physical Facilities							
37 Food properly labeled; original container				FOL					Di	00	
Prevention of Food Contamination	Drio	10						; adequate pressure	Pf	99	
38 Insects, rodents, and animals not present		0					stalled; proper be I waste water pro		P/Pf/C	00	
39 Contamination prevented during food preparation, storage & display	P/Pf/C	_	0					structed, supplied, & clean		00	
40 Personal cleanliness	Pf/C	0	0					isposed; facilities maintained	C	00	
41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables	P/Pf/C	-	-					naintained, and clean		00	
TE VIGORING HURS and Vegetables	111110			-			THE RESIDENCE OF THE PARTY OF T	nting; designated areas used		00	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					_			not used per CGS §19a-36f	- 0		
1 = 1 +					_	s docume		Date corrections due		#	
Person in Charge (Signature) James 11/18	5/20	-/		-	_	m Violatio					
4	1	/					Item Violations		1		
Person in Charge (Printed) Simes + styne 1/1/1						Violations					
	121			Risk	Facto	or/Public H	lealth Intervention				
Inspector (Signature) Amanda Michi Date 11/18	3/24			-	ingenia triingen meet			tervention Violations			
1-0-01-10	ALC: NO						es Violations				
Inspector (Printed) / MOCO (LCO) 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,											

Food Establishment Inspection Report LHD MVHD Inspection Report Continuation Sheet Establishment HUDDELL Employee Diving Town Shelton Item/Location/Process Temp Item/Location/Process Temp 2 dr unit 3900 Drink Fruit Showcase 1 Or Freezen Salad Station WIC - Froit (Pine Straw -raw Chx - grilled chx HH - mex Black bean Soup 2 dr reach FOH Bm/reach FOH **OBSERVATIONS AND CORRECTIVE ACTIONS** 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. Item Number CFPM

Person in Charge (Signature) James
Inspector (Signature) Amanda Rurolli

Date 11/18/24