

5679

Connecticut Department of Public Health

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 3/16/26

Establishment Hunan Pan Time In 11:40 AM/PM Time Out 12:45 AM/PM

Address 110 Commerce Dr LHD NVHD

Town/City Shelton Purpose of Inspection: Routine Pre-op

Permit Holder Zhangmei Gao 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

| IN | OUT | N/A | N/O | Supervision | V | COS | R | IN | OUT | N/A | N/O | Protection from Contamination | V | COS | R |
|--|-------------------------------------|--------------------------|--------------------------|---|--------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------|
| <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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated and protected | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, and unsafe food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health | | | | | | | | | | | | | | | |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time and temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time and temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | | | | | | | | | | | | | | | |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventing Contamination by Hands | | | | | | | | | | | | | | | |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking and disposition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time as a public health control: procedures and records | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer Advisory | | | |
| Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Approved Source | | | | | | | | | | | | | | | |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Highly Susceptible Population | | | |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> | | | |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food/Color Additives and Toxic Substances | | | |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food additives: approved and properly used P <input type="checkbox"/> | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> | | | |
| Conformance with Approved Procedures | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input 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 | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | Utensils/equipment/linens: properly stored, dried, & handled | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | Single-use/single-service articles: properly stored & used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Temperature Control | | | | | | | | | | | |
| <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"/> | Gloves used properly | <input type="checkbox"/> | <input type="checkbox"/> | <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 checked="" type="checkbox"/> | Utensils and Equipment | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Identification | | | | | | | | | | | |
| <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"/> | Non-food contact surfaces clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention of Food Contamination | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | Pf/C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical Facilities | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage & display | P/Pf/C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | Pf/C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage and waste water properly disposed | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | Toilet facilities: properly constructed, supplied, & clean | <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) _____ | Date <u>3/16/26</u> |
| Person in Charge (Printed) <u>Chaochi</u> | |
| Inspector (Signature) <u>Michael Delossantos</u> | Date <u>3/16/26</u> |
| Inspector (Printed) _____ | |

| Violations documented | Date corrections due | # |
|--|----------------------|----------|
| Priority Item Violations | <u>3/30/26</u> | <u>2</u> |
| Priority Foundation Item Violations | <u>3/14/26</u> | <u>5</u> |
| Core Item Violations | | <u>6</u> |
| Risk Factor/Public Health Intervention Violations | | <u>4</u> |
| Repeat Risk Factor/Public Health Intervention Violations | | <u>1</u> |
| Good Retail Practices Violations | | <u>4</u> |
| Requires Reinspection - check box if you intend to reinspect | | <u>N</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.

Food Establishment Inspection Report

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LHD NUHD Inspection Report Continuation Sheet Date 3/16/26
 Establishment Hunan Pan Town Spelton

TEMPERATURE OBSERVATIONS

| Item/Location/Process | Temp | Item/Location/Process | Temp | Item/Location/Process | Temp |
|----------------------------|-------|-------------------------------|-------|-----------------------|------|
| Shrimp/ bin ware | 34°F | Cooked chicken/walk-in cooler | 42°F | | |
| Chicken/ " " | 29°F | Fish salmon/sushi cooler | 35°F | | |
| Eggroll/one door cooler | 42°F | Tuna/ " " | 38°F | | |
| Rice/rice warmer | 148°F | Sushi Rice/rice warmer | 140°F | | |
| Brown rice/ " " | 140°F | | | | |
| Dumplings/one door cooler | 41°F | | | | |
| Buns/buns/ bin ware | 42°F | | | | |
| Raw chicken/walk-in cooler | 39°F | | | | |

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.

CFM - on-site - Meiqing Zhang

- PF 16 - Interior ice machine unclean
- C 38 - Fly glue strip on ceiling - COS removed
- C 41 - using wet cloth underneath - COS removed
- PF 10 - Storing items in handsink
- C 47 - using trash bin as counter space - trash bin remove
- PF 16 - interior of microwave unclean
- C 47 - using cardboard as shelf liner
- C 47 - cutting board gauge - COS removed
- PF 10 - No hand soap at handsink in sushi area - COS place hand soap
- PF 10 - Storing container full of water in handsink
- ~~PF 22~~ Fried chicken store on counter at 45°F - COS Place in cooler
- C 47 - using aluminum foil as shelf liner in sushi area
- OK - Dish washer sanitizer at 50 ppm.
- OK - Dumpster
- OK - Bathroom
- PF 15 - Storing raw shrimp with ready to eat food below in walk-in cooler - COS remove shrimp and place in bottom shelf

Person in Charge (Signature) _____ Date 3/16/26
 Inspector (Signature) [Signature] Date 3/16/26