

5679

Risk Category: 4	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: Permanent Temporary Mobile Other _____	Date: <u>11/13/25</u>	
Establishment: <u>Hunan Pan</u>	Time In: <u>12:10</u> AM/PM	Time Out: <u>1:00</u> AM/PM
Address: <u>110 Commerce Dr.</u>	LHD: <u>NVHD</u>	
Town/City: <u>Shelton</u>	Purpose of Inspection: Routine Pre-op	
Permit Holder: <u>Meiging Zhang</u>	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						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1			Pf			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			C			
Certified Food Protection Manager for Classes 2, 3, & 4						
Employee Health						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			P/Pf			
Management, food employee and conditional employee; knowledge, responsibilities and reporting						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			P			
Proper use of restriction and exclusion						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			Pf			
Written procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			P/C			
Proper eating, tasting, drinking, or tobacco products use						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7			C			
No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8			P/Pf			
Hands clean and properly washed						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9			P/Pf/C			
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10			Pf/C			
Adequate handwashing sinks, properly supplied/accessible						
Approved Source						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11			P/Pf/C			
Food obtained from approved source						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12			P/Pf			
Food received at proper temperature						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13			P/Pf			
Food in good condition, safe, and unadulterated						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14			P/Pf/C			
Required records available: molluscan shellfish identification, parasite destruction						

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	V	COS	R
Safe Food and Water			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30			P
Pasteurized eggs used where required			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31			P/Pf/C
Water and ice from approved source			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32			Pf
Variance obtained for specialized processing methods			
Food Temperature Control			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33			Pf/C
Proper cooling methods used; adequate equipment for temperature control			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34			Pf
Plant food properly cooked for hot holding			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35			Pf/C
Approved thawing methods used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36			Pf/C
Thermometers provided and accurate			
Food Identification			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37			Pf/C
Food properly labeled; original container			
Prevention of Food Contamination			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38			Pf/C
Insects, rodents, and animals not present			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39			P/Pf/C
Contamination prevented during food preparation, storage & display			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40			Pf/C
Personal cleanliness			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41			C
Wiping cloths: properly used and stored			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42			P/Pf/C
Washing fruits and vegetables			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			

IN	OUT	N/A	N/O	V	COS	R
Protection from Contamination						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
15						P/C
Food separated and protected						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
16						P/Pf/C
Food-contact surfaces: cleaned & sanitized						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
17						P
Proper disposition of returned, previously served, reconditioned, and unsafe food						
Time/Temperature Control for Safety						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
18						P/Pf/C
Proper cooking time and temperatures						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
19						P
Proper reheating procedures for hot holding						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
20						P
Proper cooling time and temperatures						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
21						P
Proper hot holding temperatures						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
22						P
Proper cold holding temperatures						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
23						P/Pf
Proper date marking and disposition						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
24						P/Pf/C
Time as a public health control: procedures and records						
Consumer Advisory						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
25						Pf
Consumer advisory provided: raw/undercooked food						
Highly Susceptible Population						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
26						P/C
Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
27						P
Food additives: approved and properly used						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
28						P/Pf/C
Toxic substances properly identified, stored & used						
Conformance with Approved Procedures						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
29						P/Pf/C
Compliance with variance/specialized process/ROP criteria/HACCP Plan						

Person in Charge (Signature) _____ Date 11/13/25

Person in Charge (Printed) _____

Inspector (Signature) John Mucha Date 11/13/25

Inspector (Printed) John Mucha RS

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	<u>C.O.S</u>	3
Core Item Violations	<u>2/13/26</u>	3
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		4
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.

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 11/13/25

Establishment Hunan Pan

Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Tuna sushi	40°F	Dumplings	41°F		
Salmon sushi	40°F	Cook chicken	41°F		
White tuna sushi	40°F	Rice - pH 3.9	144		
Cream cheese	39°F	Fried rice	156°F		
Beef	41°F	Egg drop soup	197°F		
Pork	41°F	Freezer	Frozen		
Raw shrimp	40°F				
Crab sushi	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.

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: Meiqing Zhang 2/19/2027
45C	single-service trays not inverted → C.O.S flipped
47C	Cloth under cutting board → Correct by 2/13/26
55C	Wall under handsink is unclean → Correct by 2/13/26
39PF	Fly strips in kitchen area → C.O.S removed
	- Handsink ✓ Hot/Cold H ₂ O ✓
	- Sanitizer: Chlorine Bucket: 100ppm ✓
	- Test Strips ✓ - Thermometers ✓
	- Ice Machine ✓ - Dry Goods ✓
	- pH meter ✓ - Dish-Machine: Chlorine: 50ppm ✓
	- Bar Area ✓ - Restroom ✓
	- Allergen Notice ✓ - Consumer Advisory ✓

Person in Charge (Signature)

Date 11/13/25

Inspector (Signature)

John Mucha, RS

Date 11/13/25