

Risk Category: 3		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other			Date: 3/13/25		
Establishment JC's Sports Bar & Grill			Time In 4:30 AM/PM Time Out 5:00 AM/PM		
Address 330 Hane Ave			LHD NUTR		
Town/City Shelton #711			Purpose of Inspection: Routine Pre-op		
Permit Holder			Reinspection Other		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<i>Risk factors</i> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <i>Interventions</i> 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			Protection from Contamination		
IN	OUT	N/A	N/O	V	COS
1	<input checked="" type="checkbox"/>			Pf	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties					
2	<input checked="" type="checkbox"/>			C	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4					
Employee Health			Time/Temperature Control for Safety		
IN	OUT	N/A	N/O	V	COS
3	<input checked="" type="checkbox"/>			P/Pf	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4	<input checked="" type="checkbox"/>			P	<input type="checkbox"/>
Proper use of restriction and exclusion					
5	<input checked="" type="checkbox"/>			Pf	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events					
Good Hygienic Practices			Consumer Advisory		
IN	OUT	N/A	N/O	V	COS
6	<input checked="" type="checkbox"/>			P/C	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use					
7	<input checked="" type="checkbox"/>			C	<input type="checkbox"/>
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands			Highly Susceptible Population		
IN	OUT	N/A	N/O	V	COS
8	<input checked="" type="checkbox"/>			P/Pf	<input type="checkbox"/>
Hands clean and properly washed					
9	<input checked="" type="checkbox"/>			P/Pf/C	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed					
10	<input checked="" type="checkbox"/>			Pf/C	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessibile					
Approved Source			Food/Color Additives and Toxic Substances		
IN	OUT	N/A	N/O	V	COS
11	<input checked="" type="checkbox"/>			P/Pf/C	<input type="checkbox"/>
Food obtained from approved source					
12	<input checked="" type="checkbox"/>			P/Pf	<input type="checkbox"/>
Food received at proper temperature					
13	<input checked="" type="checkbox"/>			P/Pf	<input type="checkbox"/>
Food in good condition, safe, and unadulterated					
14	<input checked="" type="checkbox"/>			P/Pf/C	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction					
GOOD RETAIL PRACTICES					
<i>Good Retail Practices</i> 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					
Safe Food and Water			Proper Use of Utensils		
OUT	N/A	N/O	V	COS	R
30	<input checked="" type="checkbox"/>			P	<input type="checkbox"/>
Pasteurized eggs used where required					
31	<input checked="" type="checkbox"/>			P/Pf/C	<input type="checkbox"/>
Water and ice from approved source					
32	<input checked="" type="checkbox"/>			Pf	<input type="checkbox"/>
Variance obtained for specialized processing methods					
Food Temperature Control			Utensils and Equipment		
IN	OUT	N/A	N/O	V	COS
33	<input checked="" type="checkbox"/>			Pf/C	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control					
34	<input checked="" type="checkbox"/>			Pf	<input type="checkbox"/>
Plant food properly cooked for hot holding					
35	<input checked="" type="checkbox"/>			Pf/C	<input type="checkbox"/>
Approved thawing methods used					
36	<input checked="" type="checkbox"/>			Pf/C	<input type="checkbox"/>
Thermometers provided and accurate					
Food Identification			Physical Facilities		
IN	OUT	N/A	N/O	V	COS
37	<input checked="" type="checkbox"/>			Pf/C	<input type="checkbox"/>
Food properly labeled; original container					
Prevention of Food Contamination			Violations documented		
IN	OUT	N/A	N/O	V	COS
38	<input checked="" type="checkbox"/>			Pf/C	<input type="checkbox"/>
Insects, rodents, and animals not present					
39	<input checked="" type="checkbox"/>			P/Pf/C	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display					

raw pork 38.5
 raw chicken 38.0
 cole slaw 39.0
 roast beef 40.0
 chicken wings 39.0
 Chili 1.00
 pot/chicken soup 1.58
 duration 40
 pasta 40



INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT <u>JC's Sports Bar</u>		TOWN <u>Shelton</u>	DATE OF INSPECTION <u>3/13/25</u>
INSPECTION FORM #	REMARKS		
<u>47C</u>	<u>rusted shelving</u>		
<u>47C</u>	<u>using non-food grade containers for storing food</u>		
<u>57C</u>	<u>unclean walls, ceiling, floors</u>		
<u>57C</u>	<u>defunct paint on walls / things</u>		
<u>49C</u>	<u>unclean, dusty & greasy baffles at hood system</u>		
<u>49C</u>	<u>unclean exterior / sides of equipment</u>		
<u>41C</u>	<u>WIP's cloths not stored in sanitizer between use</u>		
	<u>& handwash station stocked - 1 sign posted</u>		
INITIAL (INSPECTOR)	<u>JEK</u>		INITIAL (PERSON IN CHARGE) <u>[Signature]</u>