Connecticut Department of Public Health

40811733													
Risk Category: Food Estable	ishn	nen	t Ir	nsp	ectio	n Re	port			Pag	e 1 of _	2	
Establishment type: Permanent Temporary Mobile Other						ate:	5	12	25				
Establishment, PSSC Camille's Faveway PV						ime In	12	30	AMPM	Time Out		AN	//PM
Address 0 15 North Church Street DP						.HD	71/4	+I					
Town/City Name HXK						urpose	e of Ins	spection	on:	Routine	Pre-or)	
Connecticut De					nt R	Reinspe	ection	•	Oth	er			
Permit Holder FOODBORNE ILLNESS RISK FA	СТО							NTER					
Risk factors are important practices or procedures identified as the most prevalent contri											ne illness or	injury.	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered ite	em	11	V=in	compl	iance	OUT=r	not in co	mpliano	e N/A	A=not applicable	N/O=n	ot observ	ved
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark ir	appr	opria	ate box	for CO	S and/or	R C	OS=cor	rected on-	site during inspecti	on R=r	epeat vic	lation
IN OUT N/A N/O Supervision	V	cos	R	100	IN OUT	N/A N/C	0	Prote	ction fro	m Contamination	n	v co	S R
Person/Alternate Person in charge present,	Pf	0	0	15	09	00	_		ted and p			P/C C	_
demonstrates knowledge and performs duties				16	V9	0	-			s: cleaned & sanit		/Pf/C	0
2 Certified Food Protection Manager for Classes 2,	С	0	0	17	50		The second second			eturned, previous		PC	00
3, & 4						E STATE				, and unsafe food ontrol for Safety			
Employee Health Management, food employee and conditional employee;		Г		18		0	Frone	r cooki	ng time a	and temperatures		/Pf/C	
knowledge, responsibilities and reporting	P/Pf	0	0	19						edures for hot ho		PC	-
4 Proper use of restriction and exclusion	P	0	0	20	0/0					nd temperatures	unig	PC	
Written procedures for responding to vomiting and				21	30	00	+		~	nperatures		PC	0
diarrheal events	Pf	0	$^{\circ}$	22	00	00	Prope	er cold l	holding te	mperatures		PC	0
Good Hygienic Practices				23		09	Prope	er date	marking a	and disposition		P/Pf C	0
6 Proper eating, tasting, drinking, or tobacco products use		0	0	24		00	Time	as a pu	ıblic healt	th control: proced	ures p	Pf/C	0
7 O No discharge from eyes, nose, and mouth	С	0	0	24			and re	ecords				1 110	
Preventing Contamination by Hands	1				/		1		nsumer A				
8 Hands clean and properly washed	P/Pf	0	0	25	V O					ed: raw/undercooked	food	Pf C	
9 No bare hand contact with RTE food or a	P/Pf/C	0	0	20		/	H	ighly S	usceptib	le Population	facad	D/C	10
pre-approved alternative procedure properly followed	Delo			26	010					rohibited foods not of		P/C C	
Adequate handwashing sinks, properly supplied/accessible Approved Source	Pf/C	0	\subseteq	27			_			d Toxic Substar ved and properly		PC	
	P/Pf/C	0		21						perly identified,	useu	15	10
12 Food received at proper temperature	P/Pf		0	28	0			d & use		berry identified,	P	/Pf/C	0
13 Food in good condition, safe, and unadulterated	P/Pf	-	0		2 182	-				proved Procedur	es		
Required records available: molluscan shellfish				00						nce/specialized		IDEIO C	
identification, parasite destruction	P/Pf/C	0		29			proce	ss/ROF	criteria/l	HACCP Plan	P	/Pf/C	
	D RE		_										
Good Retail Practices are preventative measures to	contro	I the a	additi	ion of p	pathoge	ns, chen	nicals, a	nd phys	sical object	ts into foods.			
Mark OUT if numbered item is not in compliance V=violation type Mark in	appro			for CC	S and/o	or R				during inspection	R=r	epeat vio	
OUT N/A N/O Safe Food and Water	٧	cos	R	-	UT				Use of U	tensils			S R
Pasteurized eggs used where required	P	0	9	_		se uten				1 12 1 0 1 - 1			0
	P/Pf/C Pf	9	\leq							ored, dried, & hand		Pf/C C	
32 Variance obtained for specialized processing methods Food Temperature Control	PI	10	9			ves use			licies, prop	perly stored & used		C	
Proper applies methods used; adequate equipment for	1			40	0101	ves use	a prope		sils and F	Equipment	1000	0 10	10
mperature control	Pf/C	0	0	P	- Feo	d and n	on-food			s cleanable,		_	
34 O Plant food properly cooked for hot holding	Pf	0	0	47					ucted, and		P	Pf/C)	
35 O Approved thawing methods used	Pf/C		Ö	-						naintained and us	ed;	DEIC	力
Thermometers provided and accurate	Pf/C	_	0	48	clea	ning ag	ents, sa	anitizer	s, and tes	st strips available		Pf/C	
Food Identification				49	○ Non	-food co	ontact s	surfaces	s clean			C	
37 C Food properly labeled; original container	Pf/C	0	0					Ph	ysical Fa	acilities			
Prevention of Food Contamination										uate pressure	1	Pf C	
38 Insects, rodents, and animals not present	Pf/C	0	0						r backflov			Pf/C	
									properly o				
40 Personal cleanliness	Pf/C	_	0							d, supplied, & cle			0
41 Wiping cloths: properly used and stored	C		0		_					d; facilities maintain			
42 Washing fruits and vegetables	P/Pf/C	0	0	_	-					ned, and clean designated areas		C	
Permit Holder shall notify customers that a copy of the most recent inspection repo	rt is av	ailable		-						d per CGS §19a-		0	
(1/1 1/11)				Name and Address of the Owner, where		docume		9.010		te corrections		#	
Person in Charge (Signature) Mth. Alth. Date 5/12	25			-		Violatio					P		
						ndation		iolation	S	at-		=	
Person in Charge (Printed) ATVICLY BETHIN	1					iolation				9 12 25		2	
Came 0/11/200 5/12/25									ntion Viola			=	
Inspector (Signature) Of The Date Date									intervent	ion Violations		2	
Inspector (Printed) Amu Durand						Practic			hoy if you	u intend to reinsp	ect	-	-
Appeal: The owner or operator of a food establishment aggrieved by the	is ord	er to	COLL									old des	trov
or dispose of unsafe food, may appeal such order to the												J.u, 403	оу,

Food Establishment Inspection Report Page of
LHD NHD Inspection Report Continuation Sheet Date 225
Establishment CSSC CAMILES Town NAUGATUCK
TEMPERATURE OBSERVATIONS Item/Location/Process Temp Item/Location/Process Temp Chi Chi Chi Sula of 10 to 1
Handsink Stocked Signage hothzor VINUI Gloves labeling or lam observed Santtleer tabs for buckets 200 ppm aish = childrine test strips Basement ary Storage or basement ary Storage or asement ary Jood - upstairs bar good Ice Machine Gean
47c 2000 10Wboy gaskethröven near Sandwich Prep 39c food Uncovered in walkin tridge 1850-tloor in disversiv in walkin tridge 04 Spore wildic - in progress to getting it fixed proof provided
Person in Charge (Signature) Date 5/12/25 Inspector (Signature) Date 5/12/25