


408/1733

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>11/6/25</u>					
Establishment <u>Jesse Camille's</u>				Time In <u>11:00</u> AM/PM		Time Out _____ AM/PM	
Address <u>615 North Church St.</u>		LHD <u>NVHD</u>					
Town/City <u>Naugatuck</u>		Purpose of Inspection: <u>Routine</u> Pre-op					
Permit Holder <u>Larry Erickson</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							
IN	OUT	N/A	N/O	V	COS	R	
Supervision							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15 Person/Alternate Person in charge present, demonstrates knowledge and performs duties
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16 Certified Food Protection Manager for Classes 2, 3, & 4
Employee Health							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18 Management, food employee and conditional employee; knowledge, responsibilities and reporting
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19 Proper use of restriction and exclusion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20 Written procedures for responding to vomiting and diarrheal events
Good Hygienic Practices							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21 Proper eating, tasting, drinking, or tobacco products use
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22 No discharge from eyes, nose, and mouth
Preventing Contamination by Hands							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23 Hands clean and properly washed
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24 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"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25 Adequate handwashing sinks, properly supplied/accessible
Approved Source							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26 Food obtained from approved source
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27 Food received at proper temperature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28 Food in good condition, safe, and unadulterated
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29 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"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	30	Pasteurized eggs used where required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31	Water and ice from approved source
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	32	Variance obtained for specialized processing methods
Food Temperature Control							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33	Proper cooling methods used; adequate equipment for temperature control
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	34	Plant food properly cooked for hot holding
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	35	Approved thawing methods used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36	Thermometers provided and accurate
Food Identification							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	Food properly labeled; original container
Prevention of Food Contamination							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38	Insects, rodents, and animals not present
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	39	Contamination prevented during food preparation, storage & display
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40	Personal cleanliness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	41	Wiping cloths: properly used and stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	42	Washing fruits and vegetables
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <u>Patricia Bethry</u>		Date <u>11/6/25</u>					
Person in Charge (Printed) <u>Patricia Bethry</u>							
Inspector (Signature) <u>Amy Durand</u>		Date <u>11/6/25</u>					
Inspector (Printed) <u>Amy Durand</u>							
Violations documented		Date corrections due		#			
Priority Item Violations				=			
Priority Foundation Item Violations				=			
Core Item Violations		<u>2/6/26</u>		<u>3</u>			
Risk Factor/Public Health Intervention Violations				=			
Repeat Risk Factor/Public Health Intervention Violations				<u>1</u>			
Good Retail Practices Violations				=			
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 AVHD

Inspection Report Continuation Sheet

Date 11/6/25

Establishment Jesse Camille's Town Naugatuck

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hand sink	109°F	1 door freezer	-3°F		
AU Jus HH	160°F	raw chicken	38°F		
french onion HH	138°F	salmon	36°F		
chicken salad cH	41°F	raw sausage	35°F		
2 door salad lowbay	41°F	wic ambient	39°F		
cut onions	41°F	deli meat wic	41°F		
pico de gallo	39°F	cut veggies wic	41°F		
server hand sink	126°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	Observations and Corrective Actions
	CFPM: Law renee Erickson 2/8/26, michael Erickson 2/8/26
	Hand sink stocked ✓ signage ✓ hot h2o ✓ vinyl gloves ✓ thermometers ✓ basement dry storage good ✓ storage of food good ✓ sanitizer tabs - buckets 200ppm ✓ date marking & labeling in process allergen statement & posters.
*	in middle of food prep - glove use & handwashing good ✓
W	47C baskets @ 2 door Baine Marie salad unit in disrepair 39C food stored on floor in walk in cooler ✓ 39C food uncovered / not protected in wic & reach in units

Person in Charge (Signature) [Signature]
Inspector (Signature) Amy duwend

Date 11/6/25
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