


Nickolas Kolas 7/30/30

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>		Page 1 of <b>2</b>	
Establishment type: <b>Permanent</b> Temporary Mobile Other			Date: <b>8/11/25</b>		
Establishment <b>Legends Pizzeria</b>			Time In <b>11:15</b> AM/PM Time Out <b>11:45</b> AM/PM		
Address <b>888 Bridgeport Ave</b>			LHD <b>Nutrition</b>		
Town/City <b>Shelton #5336</b>			Purpose of Inspection: <b>Routine</b> Pre-op		
Permit Holder			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 checked="" type="checkbox"/>			Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food separated and protected			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Certified Food Protection Manager for Classes 2, 3, & 4				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food-contact surfaces: cleaned & sanitized			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper disposition of returned, previously served, reconditioned, and unsafe food			
Employee Health								Time/Temperature Control for Safety							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Management, food employee and conditional employee; knowledge, responsibilities and reporting				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper cooking time and temperatures			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper use of restriction and exclusion				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Written procedures for responding to vomiting and diarrheal events				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper cooling time and temperatures			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper hot holding temperatures			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper cold holding temperatures			
Good Hygienic Practices								Consumer Advisory							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Proper eating, tasting, drinking, or tobacco products use				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Consumer advisory provided: raw/undercooked food			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			No discharge from eyes, nose, and mouth				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Pasteurized foods used; prohibited foods not offered			
Preventing Contamination by Hands								Food/Color Additives and Toxic Substances							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Hands clean and properly washed				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food additives: approved and properly used			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Toxic substances properly identified, stored & used			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Adequate handwashing sinks, properly supplied/accessible				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Conformance with Approved Procedures			
Approved Source								Compliance with variance/specialized process/ROP criteria/HACCP Plan							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food obtained from approved source				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Compliance with variance/specialized process/ROP criteria/HACCP Plan			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food received at proper temperature				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food in good condition, safe, and unadulterated				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Required records available: molluscan shellfish identification, parasite destruction				<input checked="" type="checkbox"/>	<input checked="" 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	N/A	N/O	Proper Use of Utensils	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Pasteurized eggs used where required				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		In-use utensils: properly stored			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Water and ice from approved source				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Utensils/equipment/linens: properly stored, dried, & handled			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Variance obtained for specialized processing methods				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored & used			
Food Temperature Control							Utensils and Equipment						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Proper cooling methods used; adequate equipment for temperature control				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Plant food properly cooked for hot holding				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Approved thawing methods used				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Non-food contact surfaces clean			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Thermometers provided and accurate				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Food Identification							Physical Facilities						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Food properly labeled; original container				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure			
Prevention of Food Contamination							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Insects, rodents, and animals not present				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Sewage and waste water properly disposed			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage & display				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, & clean			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Personal cleanliness				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Garbage and refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Washing fruits and vegetables				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Adequate ventilation and lighting; designated areas used			
							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Natural rubber latex gloves not used per CGS §19a-36f			

Person in Charge (Signature) <i>Nickolas Kolas</i> Date <b>8/11/25</b>		
Person in Charge (Printed) <b>NICK KOLAS</b>		
Inspector (Signature) <i>Blinda Bueran</i> Date <b>8/11/25</b>		
Inspector (Printed) <b>Blinda Bueran</b>		

Violations documented		Date corrections due		#
Priority Item Violations				
Priority Foundation Item Violations				
Core Item Violations				
Risk Factor/Public Health Intervention Violations				
Repeat Risk Factor/Public Health Intervention Violations				
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.



