

5503

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>6/10/25</u>		
Establishment <u>Little Chopstick</u>			Time In <u>11:20</u> AM/PM Time Out _____ AM/PM		
Address <u>17 Huntington Plaza</u>			LHD <u>NVHD</u>		
Town/City <u>Shelton</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>George Johnson</u> <u>Little Chopstick LLC</u> <u>Huichen, President</u>			Reinspection _____ Other _____		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<small>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.</small>					
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		IN OUT N/A N/O	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES					
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>					
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		OUT N/A N/O	
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
OUT N/A N/O		Food Temperature Control		OUT N/A N/O	
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>
OUT N/A N/O		Food Identification		OUT N/A N/O	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OUT N/A N/O		Prevention of Food Contamination		OUT N/A N/O	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	<input checked="" type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>Clary Wang</u>			Date <u>6/10/25</u>		
Person in Charge (Printed) _____					
Inspector (Signature) <u>Amanda Ruchin</u>			Date <u>6/10/25</u>		
Inspector (Printed) <u>Amanda Ruchin</u>					
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.					
GOOD RETAIL PRACTICES					
OUT N/A N/O		Proper Use of Utensils		OUT N/A N/O	
43	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
OUT N/A N/O		Utensils and Equipment		OUT N/A N/O	
47	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="checkbox"/>	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OUT N/A N/O		Physical Facilities		OUT N/A N/O	
50	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f					
Violations documented		Date corrections due		#	
Priority Item Violations		<u>COS</u>		<u>3</u>	
Priority Foundation Item Violations		<u>COS</u>		<u>2</u>	
Core Item Violations		<u>9/10/25</u>		<u>6</u>	
Risk Factor/Public Health Intervention Violations				<u>3</u>	
Repeat Risk Factor/Public Health Intervention Violations				<u>1</u>	
Good Retail Practices Violations				<u>8</u>	
Requires Reinspection - check box if you intend to reinspect <input type="checkbox"/>					

Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 6/10/25

Establishment Little Chopstick

Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Soda Unit	39°F	Shrimp	31°F	HH-mushroom Soup	155°F
W. rice (in cooker)	165°F	Chicken	31°F	WIC	39°F
Brown rice (in cooker)	160°F	Beef	42°F	- raw chx	38°F
ldr @ cookline	32°F	Chicken	41°F	- cooked chx	38°F
- Egg roll	36°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.

11/30/29

CFM - Qiang Wang

Handsink - stocked ✓, Signage ✓, Hot H₂O 112°F ✓

Sanitizer - Chlorine Bucket 50-100ppm ✓, Test Strips ✓

Allergen Statement @ Register → Add to menu when next printed

Restroom ✓, Thermometer ✓, Datemarking ✓

- P 22 ✓ Pork boxes sitting out that just got delivered - COS, moved to WIC
- C 38 ✓ Front door open w/o screen during @ start of inspection - COS, closed ✓
- C 35 ✓ meats defrosting on cooling rack @ room temp → COS, moved to running H₂O ^{cold} → ^{see} 39°F
- P 38 RAID on site under 3 Bay sink + FOH, Sticky traps hanging by 3 Bay
- C 55 mop stored in bucket → hang to dry when not in use
- C 38 Some gnats/drain flies in dry storage area → hire Pest company
- C 49 Gaskets / Exterior of BM/reach in @ cookline unclean
- C 37 Spices on cookline in containers not labeled
- P 15 ✓ Raw Chicken stored over open container of soy sauce
- P 39 ✓ meats put under cold running H₂O to defrost in sanitizing 3 Bay → COS, moved to prep sink ✓
- P 28 ✓ No Sanitizer bucket made @ Start of Inspection - COS, PIC made bucket ✓

* * Hire Pest company to treat for Gnats / flies + Send copy of invoice to ARUCHIN@NVHD.ORG
by 6/20/25

Person in Charge (Signature) Qiang Wang

Date 6/10/25

Inspector (Signature) Amanda Ruchin

Date 6/10/25