

Guilany Wang 1/8/25

Risk Category: 3 **Food Establishment Inspection Report** **Page 1 of** 2

Establishment type: Permanent Temporary Mobile Other _____ **Date:** 12/4/24

Establishment: Little Chippick **Time In:** 11:30 AM/PM **Time Out:** 12:30 AM/PM

Address: 17 Huntington Plaza **LHD:** NVHD

Town/City: Shelton #5503 **Purpose of Inspection:** Routine Pre-op

Permit Holder: Huichan **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
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated and protected	P/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employee Health								Time/Temperature Control for Safety							
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Good Hygienic Practices								Consumer Advisory							
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cold holding temperatures	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventing Contamination by Hands								Food/Color Additives and Toxic Substances							
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition	P/Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Highly Susceptible Population							
Approved Source								25 <input checked="" type="checkbox"/> Consumer advisory provided: raw/undercooked food Pf <input checked="" type="checkbox"/>							
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26 <input checked="" type="checkbox"/> Pasteurized foods used; prohibited foods not offered P/C <input checked="" type="checkbox"/>							
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Conformance with Approved Procedures							
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27 <input checked="" type="checkbox"/> Food additives: approved and properly used P <input checked="" type="checkbox"/>							
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28 <input checked="" type="checkbox"/> Toxic substances properly identified, stored & used P/Pf/C <input checked="" type="checkbox"/>							
GOOD RETAIL PRACTICES								29 <input checked="" type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input checked="" type="checkbox"/>							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>															
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	Proper Use of Utensils	V	COS	R				
30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43	In-use utensils: properly stored	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	44	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45	Single-use/single-service articles: properly stored & used	P/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Food Temperature Control								46	Gloves used properly	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils and Equipment								
34	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
35	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	48	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	49	Non-food contact surfaces clean	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Food Identification								Physical Facilities							
37	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50	Hot and cold water available; adequate pressure	Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Prevention of Food Contamination								51	Plumbing installed; proper backflow devices	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	52	Sewage and waste water properly disposed	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
39	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	53	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness	Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	54	Garbage and refuse properly disposed; facilities maintained	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
41	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	55	Physical facilities installed, maintained, and clean	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
42	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	56	Adequate ventilation and lighting; designated areas used	C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Natural rubber latex gloves not used per CGS §19a-36f															
Violations documented Date corrections due #															
Person in Charge (Signature) <u>Guilany Wang</u> Date <u>12/6/24</u>															
Person in Charge (Printed) _____															
Inspector (Signature) <u>[Signature]</u> Date <u>12/4/24</u>															
Inspector (Printed) <u>Guilany Wang</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.															
Violations documented: 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 <input checked="" type="checkbox"/>															

White rice 1.60 shrimp 39.5
 brown rice 1.77 beef 39.5
 brown rice 1.78.5 pork 40.0
 Wonton 37.5
 Sweet soy sup 172
 Sweet soy sup 172



Wonton 37.5
 Crab rangoon 39.0
 Chicken 39.5
 Brown rice 40.0
 Mushrooms 39.5
 Egg roll 38.0

Vau chicken 37.5

INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

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STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT		TOWN	DATE OF INSPECTION
Little Choptical		Shelton	12/4/24
INSPECTION FORM #	REMARKS		
37C	if food; spices out of original container not labeled		
43C/47C	plastic bowls with no handles buried in food product (w/s)		
43C	food soup handle buried in food product (w/s)		
49C	unclean, greasy buffers; hood needs to be professionally serviced		
53C	unclean, dust ceiling & ceiling vent above food prep area		
	* food allergen poster posted. gave owner log for training		
	* hand sinks stocked; soap, paper towels, trash can, sanitizer		
	* test strips avail. for chem sanitizer		
	* food prep cooler cooling of food		
	* went out date marking		
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)		
	Giang Wang		