
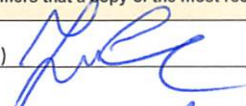
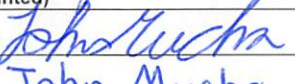
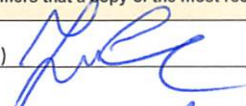
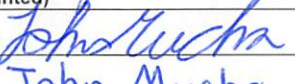
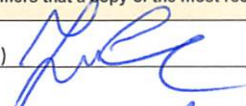
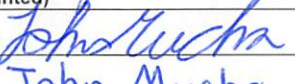


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| <b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <i>Risk factors</i> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <i>Interventions</i> are control measures to prevent foodborne illness or injury.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <table border="1"><thead><tr><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>1</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>15</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, &amp; 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>16</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned &amp; sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8"><b>Employee Health</b></td><td colspan="8"><b>Time/Temperature Control for Safety</b></td></tr><tr><td>3</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>18</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>19</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>20</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8"><b>Good Hygienic Practices</b></td><td colspan="8"><b>Food/Color Additives and Toxic Substances</b></td></tr><tr><td>6</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>21</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper hot holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>22</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cold holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8"><b>Preventing Contamination by Hands</b></td><td colspan="8"><b>Consumer Advisory</b></td></tr><tr><td>8</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>23</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper date marking and disposition</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>9</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>24</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Time as a public health control: procedures and records</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="8"><b>Highly Susceptible Population</b></td></tr><tr><td colspan="8"><b>Approved Source</b></td><td colspan="8"><b>Food/Color Additives and Toxic Substances</b></td></tr><tr><td>11</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food 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Retail Practices Violations</td><td></td><td></td></tr><tr><td>Requires Reinspection - check box if you intend to reinspect</td><td></td><td><input checked="" type="checkbox"/></td></tr></tbody></table></td></tr><tr><td colspan="8">Person in Charge (Signature)  Date 10/29/24</td><td colspan="8"></td></tr><tr><td colspan="8">Person in Charge (Printed)</td><td colspan="8"></td></tr><tr><td colspan="8">Inspector (Signature)  Date 10/29/24</td><td colspan="8"></td></tr><tr><td colspan="8">Inspector (Printed) John Mucha</td><td colspan="8"></td></tr><tr><td colspan="16">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.</td></tr></tbody></table> |                                     |                                                                                                                |                                                      |                                                                                               |                          | 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 type="checkbox"/> | <input type="checkbox"/>           | Person/Alternate Person in charge present, demonstrates knowledge and performs duties | Pf                       | <input type="checkbox"/>                          | <input type="checkbox"/> | 15                                  | <input checked="" type="checkbox"/>                      | <input type="checkbox"/>                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Food separated and protected     | P/C                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                     | 2                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certified Food Protection Manager for Classes 2, 3, & 4 | C                                        | <input type="checkbox"/> | <input type="checkbox"/> | 16 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                               | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | P/Pf/C                           | <input type="checkbox"/>            | <input type="checkbox"/>                                                                                       | <b>Employee Health</b>   |                          |                          |                                                              |                                                      |                          |                          |    | <b>Time/Temperature Control for Safety</b> |                                                            |     |                          |                          |                          |                                                       |                      | 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Management, food employee and conditional employee; knowledge, responsibilities and reporting | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | 18 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time and temperatures | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of restriction and exclusion | P | <input type="checkbox"/> | <input type="checkbox"/> | 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding | P | <input type="checkbox"/> | <input type="checkbox"/> | 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written procedures for responding to vomiting and diarrheal events | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time and temperatures | P | <input type="checkbox"/> | <input type="checkbox"/> | <b>Good Hygienic Practices</b> |  |  |  |  |  |  |  | <b>Food/Color Additives and Toxic Substances</b> |  |  |  |  |  |  |  | 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco products use | P/C | <input type="checkbox"/> | <input type="checkbox"/> | 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | P | <input type="checkbox"/> | <input type="checkbox"/> | 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No discharge from eyes, nose, and mouth | C | <input type="checkbox"/> | <input type="checkbox"/> | 22 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | P | <input type="checkbox"/> | <input type="checkbox"/> | <b>Preventing Contamination by Hands</b> |  |  |  |  |  |  |  | <b>Consumer Advisory</b> |  |  |  |  |  |  |  | 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hands clean and properly washed | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | 23 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking and disposition | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | 9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No bare hand contact with RTE food or a pre-approved alternative procedure properly followed | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 24 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Time as a public health control: procedures and records | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 10 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible | Pf/C | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Highly Susceptible Population</b> |  |  |  |  |  |  |  | <b>Approved Source</b> |  |  |  |  |  |  |  | <b>Food/Color Additives and Toxic Substances</b> |  |  |  |  |  |  |  | 11 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 25 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer advisory provided: raw/undercooked food | Pf | <input type="checkbox"/> | <input type="checkbox"/> | 12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food received at proper temperature | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | 26 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | P/C | <input type="checkbox"/> | <input type="checkbox"/> | 13 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food in good condition, safe, and unadulterated | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | <b>Conformance with Approved Procedures</b> |  |  |  |  |  |  |  | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required records available: molluscan shellfish identification, parasite destruction | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | 27 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food additives: approved and properly used | P | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  |  |  |  |  | <b>Good Retail Practices</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <i>Good Retail Practices</i> 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 |  |  |  |  |  |  |  | <table border="1"><thead><tr><th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>30</td><td><input 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backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td></tr><tr><td>52</td><td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td></tr><tr><td>53</td><td><input type="checkbox"/></td><td>Toilet facilities: properly constructed, supplied, &amp; clean</td><td>Pf/C</td><td><input type="checkbox"/></td></tr><tr><td>54</td><td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td></tr><tr><td>55</td><td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td></tr><tr><td>56</td><td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td></td></tr></tbody></table> |  |  |  |  |  |  |  |  | Physical Facilities | Pf |  |  | 50 | <input type="checkbox"/> | Hot and cold water available; adequate pressure | Pf | <input type="checkbox"/> | 51 | <input type="checkbox"/> | Plumbing installed; proper backflow devices | P/Pf/C | <input type="checkbox"/> | 52 | <input type="checkbox"/> | Sewage and waste water properly disposed | P/Pf/C | <input type="checkbox"/> | 53 | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, & clean | Pf/C | <input type="checkbox"/> | 54 | <input type="checkbox"/> | Garbage and refuse properly disposed; facilities maintained | C | <input type="checkbox"/> | 55 | <input type="checkbox"/> | Physical facilities installed, maintained, and clean | P/Pf/C | <input type="checkbox"/> | 56 | <input type="checkbox"/> | Adequate ventilation and lighting; designated areas used | C | <input type="checkbox"/> |  | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f |  |  | Permit Holder shall notify customers that a copy of the most recent inspection report is available. |  |  |  |  |  |  |  | <table border="1"><thead><tr><th>Violations documented</th><th>Date corrections due</th><th>#</th></tr></thead><tbody><tr><td>Priority Item Violations</td><td></td><td></td></tr><tr><td>Priority Foundation Item Violations</td><td>11/12/24</td><td>5</td></tr><tr><td>Core Item Violations</td><td>11/12/24</td><td></td></tr><tr><td>Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr><tr><td>Repeat Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr><tr><td>Good Retail Practices Violations</td><td></td><td></td></tr><tr><td>Requires Reinspection - check box if you intend to reinspect</td><td></td><td><input checked="" type="checkbox"/></td></tr></tbody></table> |  |  |  |  |  |  |  | Violations documented | Date corrections due | # | Priority Item Violations |  |  | Priority Foundation Item Violations | 11/12/24 | 5 | Core Item Violations | 11/12/24 |  | 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"/> | Person in Charge (Signature)  Date 10/29/24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Person in Charge (Printed) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Inspector (Signature)  Date 10/29/24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Inspector (Printed) John Mucha |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 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. |  |  |  |  |  |  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type="checkbox"/>                             | Person/Alternate Person in charge present, demonstrates knowledge and performs duties         | Pf                       | <input type="checkbox"/>            | <input type="checkbox"/> | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Food separated and protected                            | P/C    | <input type="checkbox"/> | <input type="checkbox"/>                                                |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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type="checkbox"/>                             | Certified Food Protection Manager for Classes 2, 3, & 4                                       | C                        | <input type="checkbox"/>            | <input type="checkbox"/> | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized              | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/>                                                |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <table border="1"><thead><tr><th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>30</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>31</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>32</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>                                                                                                                                                                                          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type="checkbox"/> | <input type="checkbox"/>                          | 32                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                 | Variance obtained for specialized processing methods | Pf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>         | <input type="checkbox"/> | <table border="1"><thead><tr><th>OUT</th><th>Proper Use of Utensils</th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td>43</td><td><input type="checkbox"/></td><td>In-use utensils: properly stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>44</td><td><input type="checkbox"/></td><td>Utensils/equipment/linens: properly stored, dried, &amp; handled</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>45</td><td><input type="checkbox"/></td><td>Single-use/single-service articles: properly stored &amp; used</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>46</td><td><input type="checkbox"/></td><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table> |                                                              |                                             |                                     |                          |                          |                                                         |                                          | OUT                      | Proper Use of Utensils   | V  | COS                                 | R                                                                                      | 43                       | <input type="checkbox"/>                   | In-use utensils: properly stored | C                                   | <input type="checkbox"/>                                                                                       | <input type="checkbox"/> | 44                       | <input type="checkbox"/> | Utensils/equipment/linens: properly stored, dried, & handled | Pf/C                                                 | <input type="checkbox"/> | <input type="checkbox"/> | 45 | <input type="checkbox"/>                   | Single-use/single-service articles: properly stored & used | P/C | <input type="checkbox"/> | <input type="checkbox"/> | 46                       | <input type="checkbox"/>                              | Gloves used properly | C | <input type="checkbox"/>            | <input type="checkbox"/> |                          |                                                                                               |      |                          |                          |    |                                     |                          |                          |                                      |        |                          |                          |   |                                     |                          |                          |                                         |   |                          |                          |    |                                     |                          |                          |                                             |   |                          |       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| <table border="1"><thead><tr><th></th><th>Food Temperature Control</th><th>Pf/C</th><th></th><th></th></tr></thead><tbody><tr><td>33</td><td><input type="checkbox"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td></tr><tr><td>34</td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td></tr><tr><td>35</td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td></tr><tr><td>36</td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td></tr></tbody></table>                                                                                                                                                                                                                                                               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type="checkbox"/> | 36                                                | <input type="checkbox"/> | Thermometers provided and accurate  | Pf/C                                                     | <input type="checkbox"/>                             | <table border="1"><thead><tr><th></th><th>Utensils and Equipment</th><th>Pf/C</th><th></th><th></th></tr></thead><tbody><tr><td>47</td><td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td></tr><tr><td>48</td><td><input checked="" type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td></tr><tr><td>49</td><td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td></tr></tbody></table> |                                  |                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                                  |                          |                          | Utensils and Equipment                                  | Pf/C                                     |                          |                          | 47 | <input type="checkbox"/>            | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | P/Pf/C                   | <input type="checkbox"/>                   | 48                               | <input checked="" type="checkbox"/> | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available | Pf/C                     | <input type="checkbox"/> | 49                       | <input type="checkbox"/>                                     | Non-food contact surfaces clean                      | C                        | <input type="checkbox"/> |    |                                            |                                                            |   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type="checkbox"/></td></tr><tr><td>54</td><td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td></tr><tr><td>55</td><td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td></tr><tr><td>56</td><td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td></tr><tr><td></td><td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td></td></tr></tbody></table> |                          |                                            |                          |                                     |                                     |                          |                                    |                                                                                       | Physical Facilities      | Pf                                                |                          |                                     | 50                                                       | <input type="checkbox"/>                             | Hot and cold water available; adequate pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pf                               | <input type="checkbox"/> | 51                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                     | Plumbing installed; proper backflow devices | P/Pf/C                              | <input type="checkbox"/> | 52                       | <input type="checkbox"/>                                | Sewage and waste water properly disposed | P/Pf/C                   | <input type="checkbox"/> | 53 | <input type="checkbox"/>            | Toilet facilities: properly constructed, supplied, & clean                             | Pf/C                     | <input type="checkbox"/>                   | 54                               | <input type="checkbox"/>            | Garbage and refuse properly disposed; facilities maintained                                                    | C                        | <input type="checkbox"/> | 55                       | <input type="checkbox"/>                                     | Physical facilities installed, maintained, and clean | P/Pf/C                   | <input type="checkbox"/> | 56 | <input type="checkbox"/>                   | Adequate ventilation and lighting; designated areas used   | C   | <input type="checkbox"/> |                          | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f |                      |   |                                     |                          |                          |                                                                                               |      |                          |                          |    |                                     |                          |                          |                                      |        |                          |                          |   |                                     |                          |                          |                                         |   |                          |                          |    |                                     |                          |                          |                                             |   |                          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| Permit Holder shall notify customers that a copy of the most recent inspection report is available.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                           |                                                                                               |                          |                                     |                          | <table border="1"><thead><tr><th>Violations documented</th><th>Date corrections due</th><th>#</th></tr></thead><tbody><tr><td>Priority Item Violations</td><td></td><td></td></tr><tr><td>Priority Foundation Item Violations</td><td>11/12/24</td><td>5</td></tr><tr><td>Core Item Violations</td><td>11/12/24</td><td></td></tr><tr><td>Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr><tr><td>Repeat Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr><tr><td>Good Retail Practices Violations</td><td></td><td></td></tr><tr><td>Requires Reinspection - check box if you intend to reinspect</td><td></td><td><input checked="" type="checkbox"/></td></tr></tbody></table> |                                     |              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|  |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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|  |  |  |  |



# Food Establishment Inspection Report

Page 2 of       

LHD NVHD

Inspection Report Continuation Sheet

Date 10/29/24

Establishment Plaza Diner Town Shelton

## TEMPERATURE OBSERVATIONS

| Item/Location/Process | Temp  | Item/Location/Process | Temp   | Item/Location/Process | Temp |
|-----------------------|-------|-----------------------|--------|-----------------------|------|
| Coleslaw              | 40°F  | Meat stuffing         | 36°F   |                       |      |
| Cheese                | 40°F  | Cook pasta            | 36°F   |                       |      |
| Raw cod               | 40°F  | Cook rice             | 36°F   |                       |      |
| Mozzarella            | 36°F  | Raw beef              | 38°F   |                       |      |
| Hot dogs              | 41°F  | Freezers              | Frozen |                       |      |
| Tomato sauce          | 151°F |                       |        |                       |      |
| Mashed potatoes       | 166°F |                       |        |                       |      |
| Mushroom soup         | 183°F |                       |        |                       |      |

## OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | 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.            |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | CFPM: Jacek Kzaleski Exp: 9/23/2029                                                                                                                       |
| 10PF        | No paper towel at handsink → C.O.S restocked                                                                                                              |
| 10PF        | Articles stored in handsink → C.O.S removed                                                                                                               |
| 39C         | Uncovered food in walk-in → Correct by 11/12/24                                                                                                           |
| 48PF        | No chlorine test strips available → Correct by 11/12/24                                                                                                   |
| 39C         | Food on floor in walk-in freezer → Correct by 11/12/24                                                                                                    |
| 48PF        | Dish Machine; plate temp reaching 156°F → Correct by 11/12/24 → use quick chlorine-base of 50-100ppm in 3-bay after dish machine to sanitize; watch dials |
| 39C         | Food on floor in walk-in refrigerator → Correct by 11/12/24 Over 158°F ✓                                                                                  |
| 23PF        | Cooked product not date-marked → Correct by 11/12/24                                                                                                      |
|             | - Thermometers ✓ - Ice Machine ✓                                                                                                                          |
|             | - Hot/Cold H <sub>2</sub> O ✓ - Rest Rooms ✓                                                                                                              |
|             | - Sanitizer: Chlorine - 100ppm ✓ - Bar Area ✓                                                                                                             |
|             | - Dry Goods/Cans ✓ 203-231-9976                                                                                                                           |

Person in Charge (Signature)

Date 10/29/24

Inspector (Signature)

Date 10/29/24