Connecticut Department of Public Health

Risk Category: 4376 Food Establishment Inspection Report Page 1 of 2											
Establishment type: Permanent Temporary Mobile Other					Date:	10/3/24					
Establishment Pucks Putters & Fuel			teching Connection Months			2:45 AM/PM	Time Out 34	5	AM	6M	
Address 184 Ruer Rd			P	H)	LHD	NUHD					
Town/City Shellon						Purpose of Inspection: Routine Pre-op					
Permit Holder	Co		tut De iblic H	partment lealth	Reinspe	ection Other				_	
FOODBORNE ILLNESS RISK FA	-	_	-								
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								R=repeat	100		
IN OUT N/A N/O Supervision	V	cos			UT N/A N/C			V	cos	R	
Person/Alternate Person in charge present,	Pf		0		-	Food separated and prote		P/C	0		
demonstrates knowledge and performs duties Certified Food Protection Manager for Classes 2,	-			1		Food-contact surfaces: c Proper disposition of retu		P/Pf/C	0	0	
2 3, & 4	С	0	0	17		served, reconditioned, ar	50.00	P	0	0	
Employee Health						Time/Temperature Cont					
Management, food employee and conditional employee;	P/Pf	0	0			Proper cooking time and Proper reheating procedu		P/Pf/C		-	
knowledge, responsibilities and reporting Proper use of restriction and exclusion	Р		0			Proper reneating procedu		P		00	
Written procedures for responding to vomiting and	Pf					Proper hot holding tempe	eratures	P	-	0	
diarrheal events	Fi			22	000	9		P		0	
Good Hygienic Practices 6 O Proper eating, tasting, drinking, or tobacco products us	e P/C	0			000	Proper date marking and Time as a public health of		P/Pf		0	
7 O No discharge from eyes, nose, and mouth	C	0	0	24		and records	ontroi: procedures	P/Pf/C	0	0	
Preventing Contamination by Hands				/		Consumer Adv					
8 O	P/Pf	0	9	25 🗷		Consumer advisory provided: Highly Susceptible I		Pf	0	0	
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26 0		Pasteurized foods used; prohil		P/C	0	0	
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		Fo	ood/Color Additives and					
Approved Source				27 🗷 🤇		Food additives: approved		P	0	0	
11 Food obtained from approved source	P/Pf/C P/Pf		00	28		Toxic substances proper stored & used	ly identified,	P/Pf/C	0	0	
12 O Food received at proper temperature 13 Food in good condition, safe, and unadulterated		0	0		(Conformance with Appro	ved Procedures				
Required records available: molluscan shellfish	P/Pf/C		0	29		Compliance with variance	e/specialized	P/Pf/C		$\overline{}$	
identification, parasite destruction	C. The United		DE			process/ROP criteria/HA	CCP Plan	1			
Good Retail Practices are preventative measures t				ion of patho		nicals, and physical objects in	nto foods.				
				for COS and		COS=corrected on-site dur		R=repeat	viola	tion	
OUT N/A N/O Safe Food and Water	٧	cos	R	OUT		Proper Use of Uter	nsils	V	cos	11 (1)	
Pasteurized eggs used where required	P/Pf/C	0 0	0			sils: properly stored ipment/linens: properly stored	d dried & handled	C Pf/C	0	0	
31 Water and ice from approved source 32 Variance obtained for specialized processing methods	PIPIIC	0	0			ingle-service articles: properly		P/C	_		
Food Temperature Control						d properly	,	С	0	0	
Proper cooling methods used; adequate equipment for	Pf/C	0				Utensils and Equ		1		99	
temperature control 34	Pf		0	47 ()		on-food contact surfaces on signed, constructed, and u		P/Pf/C	0	0	
35 O Approved thawing methods used		0	-	I/A	1 /	ng facilities: installed, mair		DUC			
Thermometers provided and accurate	Pf/C	0	0			ents, sanitizers, and test s	trips available	Pf/C		0	
Food Identification	DUO			49 O N	on-food co	ontact surfaces clean	liai	С	0	0	
37 Food properly labeled; original container Prevention of Food Contamination	Pt/C	0	0	50 O H	ot and col	Physical Facil d water available; adequat		Pf	0	0	
38 Insects, rodents, and animals not present	Pf/C	0	0			stalled; proper backflow de		P/Pf/C	0	_	
39 Contamination prevented during food preparation, storage & display	P/Pf/C			-		d waste water properly disp		P/Pf/C	0		
40 Personal cleanliness	Pf/C C	0				ies: properly constructed, s d refuse properly disposed; fa		Pf/C	0		
41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables	P/Pf/C		00			cilities installed, maintained		P/Pf/C	0	-	
Permit Holder shall notify customers that a copy of the most recent inspection rep	1277			56 O A	dequate v	entilation and lighting; des	ignated areas used	C	0	0	
To think reduct shall mothly customers that a copy of the most recent dispection rep	ore is ave	anabit				ber latex gloves not used p			#		
Person in Charge (Signature)	3/2	4			s docume em Violatio		corrections due		Ħ		
340 10	-			Priority Fo	oundation	Item Violations		1			
Person in Charge (Printed)	1 .				Violation		one			_	
Inspector (Signature) Ul Dokk Date 10	131	24	-			Health Intervention Violation Public Health Intervention				_	
110 - 101				Good Ret	ail Practic	es Violations			1		
Inspector (Printed) Welding Diff	1-1-					ction - check box if you in		o beld	last	011	
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.											



INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEET

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT		TOWN		DATE OF INSPECTION						
Pueks	Putters & Fuel	Shelt	Ви	10/3/.	24					
INSPECTION FORM #			REMARKS		The state of the s					
	Kitcheni									
	3 bay	ok								
	Bleach	used	Strips							
	Hls	Stocked v								
	Bleach used Strips V HIS Stocked V Bain marie 40°F									
	Walkin Coole Free	r 40°F								
	Knee	cer ok			3					
_	DIV procedure									
	DIV procedure Form 1B									
					7					
INITIAL (INS	SPECTOR) M. DOK	6	INITIAL (PERSON IN C	CHARGE) SVG						