
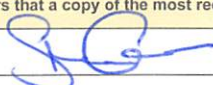



Risk Category:	4376	Food Establishment Inspection Report	Page 1 of 2																								
Establishment type: Permanent Temporary Mobile Other		Date: 10/3/24																									
Establishment: Pucks, Putters & Fuel	 Connecticut Department of Public Health	Time In: 2:45 AM/PM	Time Out: 3:15 AM/PM																								
Address: 784 River Rd		LHD: NUVHD																									
Town/City: Shelton		Purpose of Inspection: Routine Pre-op																									
Permit Holder:		Reinspection: Other																									
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																											
<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.																											
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																											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Person/Alternate Person in charge present, demonstrates knowledge and performs duties																											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Certified Food Protection Manager for Classes 2, 3, & 4																											
Employee Health																											
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Management, food employee and conditional employee; knowledge, responsibilities and reporting																											
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Proper use of restriction and exclusion																											
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Written procedures for responding to vomiting and diarrheal events																											
Good Hygienic Practices																											
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Proper eating, tasting, drinking, or tobacco products use																											
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
No discharge from eyes, nose, and mouth																											
Preventing Contamination by Hands																											
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Hands clean and properly washed																											
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																											
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Adequate handwashing sinks, properly supplied/accessible																											
Approved Source																											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Food obtained from approved source																											
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Food received at proper temperature																											
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Food in good condition, safe, and unadulterated																											
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Required records available: molluscan shellfish identification, parasite destruction																											
GOOD RETAIL PRACTICES																											
<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																											
OUT	N/A	N/O																									
Safe Food and Water																											
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Pasteurized eggs used where required																											
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Water and ice from approved source																											
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Variance obtained for specialized processing methods																											
Food Temperature Control																											
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Proper cooling methods used; adequate equipment for temperature control																											
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Plant food properly cooked for hot holding																											
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Approved thawing methods used																											
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Thermometers provided and accurate																											
Food Identification																											
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Food properly labeled; original container																											
Prevention of Food Contamination																											
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Insects, rodents, and animals not present																											
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Contamination prevented during food preparation, storage & display																											
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Personal cleanliness																											
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Wiping cloths: properly used and stored																											
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Washing fruits and vegetables																											
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																											
Person in Charge (Signature): 		Date: 10/3/24																									
Person in Charge (Printed):																											
Inspector (Signature): 		Date: 10/3/24																									
Inspector (Printed): Melanie Dokh																											
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.																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Core Item Violations</td> <td></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 colspan="3">Requires Reinspection - check box if you intend to reinspect</td> </tr> </table>				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		
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INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEETSTATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT	TOWN	DATE OF INSPECTION
Pueks Putters & Fuel	Shelton	10/3/24
INSPECTION FORM #	REMARKS	
	Kitchen:	
	3 bay ok	
	Bleach used strips ✓	
	Hls stocked ✓	
	Bain Marie 40°F	
	Walkin Cooler 40°F	
	Kneeter ok	
-	Dlv procedure ✓	
-	Form 1B ✓	
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)	
M. Doble	SVG	