

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>Roma Importing Company</u>			Time In <u>12:10</u> AM/PM Time Out <u>12:40</u> AM/PM																										
Address <u>Huntington Village Ctr</u>			LHD <u>NVHD</u>																										
Town/City <u>Shelton</u>			Purpose of Inspection: <u>Routine</u> Pre-op																										
Permit Holder <u>Silva Catering, LLC</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	V	COS	R																							
Supervision			Protection from Contamination																										
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"/>																							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>																							
Employee Health			Time/Temperature Control for Safety																										
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"/>																							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<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 checked="" type="checkbox"/>																							
Good Hygienic Practices			Consumer Advisory																										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<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"/>																							
Preventing Contamination by Hands			Highly Susceptible Population																										
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<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"/>																							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>																							
Approved Source			Food/Color Additives and Toxic Substances																										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>																							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<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"/>																							
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<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	V	COS	R																								
Safe Food and Water			Proper Use of Utensils																										
30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>																							
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>																							
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>																							
Food Temperature Control			Utensils and Equipment																										
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>																							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>																							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>																							
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>																							
Food Identification			Physical Facilities																										
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input checked="" type="checkbox"/>																							
Prevention of Food Contamination			Violations documented																										
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>																							
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>																							
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>																							
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>																							
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>																							
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																													
Person in Charge (Signature) <u>Pedro Silva</u>			Date <u>6-10-25</u>																										
Person in Charge (Printed) <u>Pedro Silva</u>																													
Inspector (Signature) <u>Amanda Kuchin</u>			Date <u>6/10/25</u>																										
Inspector (Printed) <u>Amanda Kuchin</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.																													
			<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><u>COS</u></td> <td><u>3</u></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td><u>COS</u></td> <td><u>1</u></td> </tr> <tr> <td>Core Item Violations</td> <td><u>9/10/25</u></td> <td><u>5</u></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td><u>2</u></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td><u>2</u></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td><u>5</u></td> </tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td><u>1</u></td> </tr> </table>			Violations documented	Date corrections due	#	Priority Item Violations	<u>COS</u>	<u>3</u>	Priority Foundation Item Violations	<u>COS</u>	<u>1</u>	Core Item Violations	<u>9/10/25</u>	<u>5</u>	Risk Factor/Public Health Intervention Violations		<u>2</u>	Repeat Risk Factor/Public Health Intervention Violations		<u>2</u>	Good Retail Practices Violations		<u>5</u>	Requires Reinspection - check box if you intend to reinspect		<u>1</u>
Violations documented	Date corrections due	#																											
Priority Item Violations	<u>COS</u>	<u>3</u>																											
Priority Foundation Item Violations	<u>COS</u>	<u>1</u>																											
Core Item Violations	<u>9/10/25</u>	<u>5</u>																											
Risk Factor/Public Health Intervention Violations		<u>2</u>																											
Repeat Risk Factor/Public Health Intervention Violations		<u>2</u>																											
Good Retail Practices Violations		<u>5</u>																											
Requires Reinspection - check box if you intend to reinspect		<u>1</u>																											

Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 6/10/25

Establishment Roma Importing Company Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
HH - Soap	155°F	Sliding unit		WIC	40°F
- Chicken cutlets	100°F	- meatballs	38°F	- raw beef	44°F
- Stuffed Shells	158°F	- potato salad	38°F		
- Sausage/peppers	148°F	2nd Sliding			
- rice	149°F	- Ham/Turkey	37°F		
- Chicken/veggies	150°F	3rd - raw meats	37°F		
		- hot dogs	38°F		
		- Sausage/raw beef	38°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.

Item Number	
CFPM	- Pedro Silva 10/17/27
	Handsink - stocked ✓, Signage ✓, 106°F ✓
	Sanitizer - Chlorine ✓, Test Strips ✓
	Allergen Statement ✓, vinyl gloves ✓, Allergen poster ✓
	Training log ✓
	* Some date marking → add dates to meats packaged for purchase in unit
	FOT WIC not in use/broken
5 ✓	✓ I.D. clean up procedures/kit - cos. provided plan → purchase/create kit
47 ✓	Sliding unit cracked glass/defective
47	bottom microwave unclean
37	Squeeze bottles not labeled @ BM
49	Debris @ bottom/floor WIC
37 ✓	Missing labels for food made @ establishment
21 ✓	Chicken cutlets being hot held 100°F → cos. reheated 165°F → Hot hold @ 135°F or ↑

Person in Charge (Signature) [Signature]
Inspector (Signature) Samuel Puchin

Date 6-10-25
Date 6/10/25