


in capsule
1/29/09

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category:		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: Permanent Temporary Mobile Other		Date: <u>5/13/25</u>		Time In <u>1230</u> AM/PM Time Out <u>100</u> AM/PM	
Establishment <u>Scotors Deli Mart</u>		 Connecticut Department of Public Health		LHD <u>NUTR</u>	
Address <u>4th Bridgeport Ave</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Town/City <u>Shelton</u> # <u>605</u> F <u>175</u>				Reinspection Other	
Permit Holder					
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		
Supervision				V	COS R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4					
Employee Health				P/Pf	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Proper use of restriction and exclusion					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events					
Good Hygienic Practices				P/C	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands				P/Pf	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Hands clean and properly washed					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible					
Approved Source				P/Pf/C	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Food obtained from approved source					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Food received at proper temperature					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Food in good condition, safe, and unadulterated					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction					
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				P	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
Pasteurized eggs used where required					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	
Water and ice from approved source					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	
Variance obtained for specialized processing methods					
Food Temperature Control				Pf/C	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Plant food properly cooked for hot holding					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Approved thawing methods used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Thermometers provided and accurate					
Food Identification				Pf/C	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Food properly labeled; original container					
Prevention of Food Contamination				Pf/C	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
Insects, rodents, and animals not present					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	
Personal cleanliness					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
Wiping cloths: properly used and stored					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<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) <u>[Signature]</u>		Date <u>5-13-25</u>			
Person in Charge (Printed) <u>Carla [unclear]</u>					
Inspector (Signature) <u>[Signature]</u>		Date <u>5/13/25</u>			
Inspector (Printed) <u>Carla [unclear]</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		Date corrections due	#
Priority Item Violations			
Priority Foundation Item Violations			
Core Item Violations		<u>COS/100%</u>	<u>3</u>
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			<u>NO</u>

turkey 37.8 home fries 39.5
 ham 38.0 pastrami 31.0
 pork chops 37.5 tuna 38.0
 macadam 38.0 chick salad 38.5
 seafood salad 39.0



INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT <i>Scooter's Deli</i>		TOWN <i>Shelton</i>	DATE OF INSPECTION <i>5/13/25</i>
INSPECTION FORM #	REMARKS		
<i>10C</i>	<i>missing signage at hand sink (LOS)</i>		
<i>5TC</i>	<i>unclean floors in WLC</i>		
<i>15C</i>	<i>unclean, dusty ceiling tile / vent</i>		
	<i>* allergen poster posted</i>		
	<i>* good date-marking of RTE foods</i>		
	<i>* sanitizing strips avail. for sanitizer</i>		
	<i>* handrails stocked with soap / paper towels</i>		
INITIAL (INSPECTOR)	<i>gms</i>		INITIAL (PERSON IN CHARGE) <i>W</i>