

Jian Zheng  
4/8/24

Connecticut Department of Public Health

EHS-108 Rev. 2/18/23

| 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>10/24/24</u>                                 |                                     |   |        |  |    |                                     |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| Establishment <u>Shanghai Chinese Rest</u>   |                                     | Time In <u>11:50</u> AM/PM Time Out <u>1:30</u> AM/PM |                                     |   |        |  |    |                                     |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| Address <u>440 River Rd #750</u>   |                                     | LHD <u>NVHR</u>                                       |                                     |   |        |  |    |                                     |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| Town/City <u>Shelton</u>   |                                     | Purpose of Inspection: <u>Routine</u> Pre-op          |                                     |   |        |  |    |                                     |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| Permit Holder  |                                     | Reinspection Other                                    |                                     |   |        |  |    |                                     |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| <b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>  |                                     |   |                                     |   |        |  |    |                                     |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| <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   |                                     | IN OUT N/A N/O  |        | Protection from Contamination  |    | V COS R                             |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 1  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Person/Alternate Person in charge present, demonstrates knowledge and performs duties         | Pf     | <input checked="" type="checkbox"/>  | 15 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Food separated and protected   | P/C    | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 2  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Certified Food Protection Manager for Classes 2, 3, & 4                                       | C      | <input checked="" type="checkbox"/>  | 16 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Food-contact surfaces: cleaned & sanitized                           | P/Pf/C | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| IN OUT N/A N/O   |                                     | Employee Health                                       |                                     | IN OUT N/A N/O  |        | Time/Temperature Control for Safety  |    | V COS R                             |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 3  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Management, food employee and conditional employee; knowledge, responsibilities and reporting | P/Pf   | <input checked="" type="checkbox"/>  | 18 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooking time and temperatures                                 | P/Pf/C | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 4  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Proper use of restriction and exclusion   | P      | <input checked="" type="checkbox"/>  | 19 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding                          | P      | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 5  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Written procedures for responding to vomiting and diarrheal events                            | Pf     | <input checked="" type="checkbox"/>  | 20 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Proper cooling time and temperatures                                 | P      | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| IN OUT N/A N/O   |                                     | Good Hygienic Practices                               |                                     | IN OUT N/A N/O  |        | Food/Color Additives and Toxic Substances  |    | V COS R                             |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 6  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Proper eating, tasting, drinking, or tobacco products use                                     | P/C    | <input checked="" type="checkbox"/>  | 21 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Food additives: approved and properly used                           | P      | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 7  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | No discharge from eyes, nose, and mouth   | C      | <input checked="" type="checkbox"/>  | 22 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Toxic substances properly identified, stored & used                  | P/Pf/C | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| IN OUT N/A N/O   |                                     | Preventing Contamination by Hands                     |                                     | IN OUT N/A N/O  |        | Conformance with Approved Procedures   |    | V COS R                             |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 8  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Hands clean and properly washed   | P/Pf   | <input checked="" type="checkbox"/>  | 23 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Compliance with variance/specialized process/ROP criteria/HACCP Plan | P/Pf/C | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 9  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | No bare hand contact with RTE food or a pre-approved alternative procedure properly followed  | P/Pf/C | <input checked="" type="checkbox"/>  | 24 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Consumer advisory provided: raw/undercooked food                     | Pf     | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 10   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible                                      | Pf/C   | <input checked="" type="checkbox"/>  | 25 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized foods used; prohibited foods not offered                 | P/C    | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| IN OUT N/A N/O   |                                     | Approved Source                                       |                                     | IN OUT N/A N/O  |        | Physical Facilities  |    | V COS R                             |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 11   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Food obtained from approved source  | P/Pf/C | <input checked="" type="checkbox"/>  | 50 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Hot and cold water available; adequate pressure                      | Pf     | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 12   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Food received at proper temperature   | P/Pf   | <input checked="" type="checkbox"/>  | 51 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Plumbing installed; proper backflow devices                          | P/Pf/C | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 13   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Food in good condition, safe, and unadulterated   | P/Pf   | <input checked="" type="checkbox"/>  | 52 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Sewage and waste water properly disposed                             | P/Pf/C | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 14   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                   | <input checked="" type="checkbox"/> | Required records available: molluscan shellfish identification, parasite destruction          | P/Pf/C | <input checked="" type="checkbox"/>  | 53 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Toilet facilities: properly constructed, supplied, & clean           | Pf/C   | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| <b>GOOD RETAIL PRACTICES</b>   |                                     |   |                                     |   |        | <b>Violations documented</b>   |    |                                     |                                     |  |        | <b>Date corrections due</b>                   |                                     | <b>#</b>                            |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| <i>Good Retail Practices</i> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.   |                                     |   |                                     |   |        | OUT N/A N/O  |    |                                     |                                     |  |        | Safe Food and Water                           |                                     | V COS R                             |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 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  |                                     |   |                                     |   |        | 30 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |    |                                     |                                     |  |        | Pasturized eggs used where required           |                                     |                                     |  |                                     |  | P   |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |  |  |  |  |  |  |
| 31 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Water and ice from approved source   |    |                                     |                                     |  |        | P/Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 32 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Variance obtained for specialized processing methods   |    |                                     |                                     |  |        | Pf  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 33 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Proper cooling methods used; adequate equipment for temperature control  |    |                                     |                                     |  |        | Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 34 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Plant food properly cooked for hot holding   |    |                                     |                                     |  |        | Pf  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 35 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Approved thawing methods used  |    |                                     |                                     |  |        | Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 36 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Thermometers provided and accurate   |    |                                     |                                     |  |        | Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 37 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Food properly labeled; original container  |    |                                     |                                     |  |        | Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 38 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Insects, rodents, and animals not present  |    |                                     |                                     |  |        | Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 39 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Contamination prevented during food preparation, storage & display   |    |                                     |                                     |  |        | P/Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 40 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Personal cleanliness   |    |                                     |                                     |  |        | Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 41 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Wiping cloths: properly used and stored  |    |                                     |                                     |  |        | C   |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 42 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Washing fruits and vegetables  |    |                                     |                                     |  |        | P/Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 43 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | In-use utensils: properly stored   |    |                                     |                                     |  |        | C   |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 44 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Utensils/equipment/linens: properly stored, dried, & handled   |    |                                     |                                     |  |        | Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 45 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Single-use/single-service articles: properly stored & used   |    |                                     |                                     |  |        | P/C   |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 46 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Gloves used properly   |    |                                     |                                     |  |        | C   |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 47 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Food and non-food contact surfaces cleanable, properly designed, constructed, and used                         |    |                                     |                                     |  |        | P/Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 48 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available |    |                                     |                                     |  |        | Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 49 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Non-food contact surfaces clean  |    |                                     |                                     |  |        | C   |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 50 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Adequate ventilation and lighting; designated areas used   |    |                                     |                                     |  |        | P/Pf/C  |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 51 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Natural rubber latex gloves not used per CGS §19a-36f  |    |                                     |                                     |  |        | C   |                                     | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/> |  | <input checked="" type="checkbox"/>                           |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 52 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Core Item Violations   |    |                                     |                                     |  |        | 10/15   |                                     | 1                                   |  | 1                                   |  | 1   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 53 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Risk Factor/Public Health Intervention Violations  |    |                                     |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 54 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Repeat Risk Factor/Public Health Intervention Violations   |    |                                     |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 55 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Good Retail Practices Violations   |    |                                     |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 56 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>   |                                     |   |                                     |   |        | Requires Reinspection - check box if you intend to reinspect   |    |                                     |                                     |  |        |   |                                     |                                     |  |                                     |  |   |  |                                     |                                     |                                     |  |  |  |  |  |  |  |
| 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. |                                     |   |                                     |   |        | Person in Charge (Signature) <u>[Signature]</u> Date <u>10/24/24</u>   |    |                                     |                                     |  |        | Person in Charge (Printed) <u>[Signature]</u> |                                     |                                     |  |                                     |  | Inspector (Signature) <u>[Signature]</u> Date <u>10/24/24</u> |  |                                     |                                     |                                     |  | Inspector (Printed) <u>[Signature]</u> |  |  |  |  |  |

egg drop soup 150. fried rice 1.75. chicken wing 39.  
 wonton soup 1.49. shrimp 40. Crab rangoon 39.  
 sweet & sour soup 1.50. chicken 39. egg roll 5.80.  
 pork 40. noodle 40.  
 chicken 1.75. brown rice 39.  
 pork 30.



Sanitize 10ppm Page 22 of 22

INSPECTION REPORT  
 FOOD SERVICE ESTABLISHMENTS  
 CONTINUATION SHEET

STATE OF CONNECTICUT  
 DEPARTMENT OF PUBLIC HEALTH

|                        |  |                    |
|------------------------|--|--------------------|
| NAME OF ESTABLISHMENT  | TOWN   | DATE OF INSPECTION |
| Shanghai Chinese Rest. | Shelton  | 10/24/24           |
| INSPECTION FORM #      | REMARKS  |                    |
| 43C/47C                | plastic bowl with no handle being used as scoop - buried in food product (cos) |                    |
| 49C                    | unclean, dusty baffles   |                    |
| 57C                    | defective paint on walls   |                    |
| 39C                    | uncovered food in cooler/fryer/walk  |                    |
|                        | * hand warmers spaced  |                    |
|                        | * sanitizers strips available, tested sanitizer                                |                    |
|                        | * menu now includes allergen statement   |                    |
|                        |  |                    |
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| INITIAL (INSPECTOR)    | INITIAL (PERSON IN CHARGE)   |                    |
| JB                     | JZ-N.  |                    |

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager