

Mozahane Islam
12/15/27

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

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>9/21/24</u>		Time In <u>1100</u> AM/PM Time Out <u>1140</u> AM/PM		
Establishment <u>Shelton Pizzeria Palace</u>		LHD <u>N/A</u>		Purpose of Inspection: <u>Routine</u> Pre-op		
Address <u>139 Howe Avenue</u>		Reinspection		Other		
Town/City <u>Shelton #3702</u>						
Permit Holder <u>Mozahane Islam</u>						
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
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 Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Supervision		Protection from Contamination				
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	V	COS	R	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Employee Health		Time/Temperature Control for Safety				
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Good Hygienic Practices		Consumer Advisory				
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	
Preventing Contamination by Hands		Food/Color Additives and Toxic Substances				
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures	
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Approved Source		Compliance with variance/specialized process/ROP criteria/HACCP Plan				
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.	
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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	
Safe Food and Water		Proper Use of Utensils				
30	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
31	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
32	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Food Temperature Control		Utensils and Equipment				
33	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
34	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
35	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Food Identification		Physical Facilities				
37	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Prevention of Food Contamination		Plumbing installed; proper backflow devices				
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
40	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
41	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
42	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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>9/21/24</u>		Violations documented		Date corrections due		
Person in Charge (Printed) <u>MOZAHANE ISLAM</u>		Priority Item Violations		9/24/25		
Inspector (Signature) <u>[Signature]</u> Date <u>9/21/24</u>		Priority Foundation Item Violations				
Inspector (Printed) <u>GLORIA BUNN</u>		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		<input checked="" type="checkbox"/>		
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.						



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

NAME OF ESTABLISHMENT <i>Shetan Pizzeria</i>		TOWN <i>Shelton</i>	DATE OF INSPECTION <i>9/21/24</i>
INSPECTION FORM #	REMARKS		
<i>49C</i>	<i>unclean, dusty baffles at hood system</i>		
<i>57C</i>	<i>unclean, dusty walls, exhaust fan shelling</i>		
<i>49C</i>	<i>unclean shelving in WIC</i>		
<i>49C</i>	<i>unclean cut/lids of food bins</i>		
<i>57C</i>	<i>water stained ceiling tiles</i>		
<i>57C</i>	<i>unnecessary items/articles throughout.</i>		
	<i>of game state DPH all you can eat poster to owner/owner</i>		
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)		

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