Connecticut Department of Public Health

7													
Risk Category: 5 Food Establishment Inspection Report Page 1 of													
Establishment type: Permanent Temporary Mobile Other		Date: 9/18/24											
Establishment Tacomida	testing Connecticut House			cticut Mealing	Fime In 12:49 AM/PM Time Out 145 AM/PM								
Address 50 Bridge St Suite 4	DPH			H)	LHD NVHD								
Town/city Shelton	Sheiton			P	Purpose of Inspection: Routine Pre-op								
Permit Holder Havtin bullaban	Connecticut Depa of Public Hea				Reinspection Other								
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent cont													
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		T N/A N/O Protection from Contamination V COS R								
Person/Alternate Person in charge present,	Pf	0	0	15	To a coparate and protection								
demonstrates knowledge and performs duties Certified Food Protection Manager for Classes 2,	-	-	\vdash	160	Food-contact surfaces: cleaned & sanitized PPFIC S Proper disposition of returned, previously								
2 Solution Florection Manager for Classes 2,	С	0	0	17 💜 🔾	served, reconditioned, and unsafe food								
Employee Health					Time/Temperature Control for Safety								
Management, food employee and conditional employee;	P/Pf	0		18 🕙 🔾	Proper cooking time and temperatures P/Pf/C O								
knowledge, responsibilities and reporting				19 0 0									
Proper use of restriction and exclusion	P	0	9	20 0	Proper cooling time and temperatures POPROPER HOLDING TEMPERATURES POPROPER HOLDING TEMPERATURES POPROPER HOLDING TEMPERATURES								
Written procedures for responding to vomiting and diarrheal events	Pf	0	0	220/3	Proper hot holding temperatures Proper cold holding temperatures Proper cold holding temperatures								
Good Hygienic Practices				23									
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	10	0	23 0	Time as a public health control: procedures								
7 No discharge from eyes, nose, and mouth	C	0	0	24 0 0	and records								
Preventing Contamination by Hands	- 0			1	Consumer Advisory								
8 O Hands clean and properly washed	P/Pf	0	0	25	Consumer advisory provided: raw/undercooked food Pf O								
No hare hand contact with RTE food or a					/ Highly Susceptible Population								
pre-approved alternative procedure properly followed	P/Pf/C	0		26 0 0	Pasteurized foods used; prohibited foods not offered P/C O								
Adequate handwashing sinks, properly supplied/accessible	Pf/C	10	0		Food/Color Additives and Toxic Substances								
Approved Source		-		27 0 0	Food additives: approved and properly used POO								
11 O O Pood obtained from approved source	P/Pf/C	10	0	280	Toxic substances properly identified.								
12 O/O Food received at proper temperature	P/Pf	0	0	28 0	stored & used								
13 S C Food in good condition, safe, and unadulterated	P/Pf	0	0		/ Conformance with Approved Procedures								
Required records available: molluscan shellfish	P/Pf/C	0	0	29 0 0	Compliance with variance/specialized								
identification, parasite destruction					process/ROP criteria/HACCP Plan								
			_	RACTICES									
Good Retail Practices are preventative measures to													
				for COS and/o									
OUT N/A N/O Safe Food and Water 30 Pasteurized eggs used where required	V P	cos	0	OUT	Troper doc of decision								
30 Pasteurized eggs used where required 31 Water and ice from approved source	P/Pf/C		\exists		use utensils: properly stored C O O nsils/equipment/linens: properly stored, dried, & handled Pf/C O O								
32 O Variance obtained for specialized processing methods	Pf	0	0		gle-use/single-service articles: properly stored & used P/C O								
Food Temperature Control					ves used properly C O								
Proper cooling methods used; adequate equipment for	T			/ Utensils and Equipment									
temperature control	Pf/C	0	0	F00									
34 O Plant food properly cooked for hot holding	Pf	0	0	44/30	perly designed, constructed, and used								
35 Approved thawing methods used 36 Thermometers provided and accurate	Pf/C	-	0	War	rewashing facilities: installed, maintained and used:								
Thermometers provided and accurate	PIC	0	0		aning agents, sanitizers, and test strips available								
Food Identification	-			49 Non	n-food contact surfaces clean								
37 C Food properly labeled; original container	Pf/C	0	0		Physical Facilities								
Prevention of Food Contamination					and cold water available; adequate pressure Pf O								
38 Insects, rodents, and animals not present		-	0		mbing installed; proper backflow devices P/Pf/C O								
39 Contamination prevented during food preparation, storage & display	P/Pf/C	_	0		wage and waste water properly disposed P/Pf/C O								
40 Personal cleanliness	Pf/C	-	0		let facilities: properly constructed, supplied, & clean Pf/C O								
41 Wiping cloths: properly used and stored	C	0	0		bage and refuse properly disposed; facilities maintained C O								
42 Washing fruits and vegetables	P/Pf/C		0		rsical facilities installed, maintained, and clean P/Pf/C C C C Quate ventilation and lighting; designated areas used C C C								
Permit Holder shall notify customers that a copy of the most recent inspection repo		equate ventilation and lighting; designated areas used C C C ural rubber latex gloves not used per CGS §19a-36f											
Person in Charge (Signature)					documented Date corrections due #								
Person in Charge (Signature)	10/	1		Priority Item Priority Fou	n Violations COS 2 Indiation Item Violations 9 29 24 4								
Person in Charge (Printed) / toggisco South 2				Core Item V									
hum de luttend alv	2/2	1		Risk Factor	/Public Health Intervention Violations								
Inspector (Signature) Mulli Milliam Date 110 39				Repeat Risk Factor/Public Health Intervention Violations									
Amanda Michala					Good Retail Practices Violations 3								
Inspector (Printed), 7111/avilla Michigan		Requires Reinspection - check box if you intend to reinspect											
Appeal: The owner or operator of a food establishment aggrieved by the													

	Food Es	<u>tablishme</u> ı	nt Insped	ction F	Report	Page	of 🔼				
LHD <u>NVHD</u>			Continuation Shee		-	Date 9 18 3	Ч				
Establishment TOCO	mida	Towr	Shelton								
TEMPERATURE OBSERVATIONS											
Item/Location/Pro	cess Temp			Temp	Item/Loc	cation/Process	Temp				
10000 - Coslaws				-70P		reast reoder	156°F				
CO CO CO		1001	O'				1700-				
- (OTA 20120120.	1,0 nion (52°F)	BM/reach			Sauce on	Stove	1171				
- Salsa(52°F)	Theapple Jasa 381	- rice		33°P	WIC		38°F				
	mage/519 -		own+black)	3505		F, Salsa Busa	40°F				
	Slatt 65° F	Salsa la		36°F	1/06 01	2005 000	GOF				
3 hg Mach-in.	31, 52 1		rai '		-verac	39° 5, PICO 3	/ /				
-raw Chicken	4807	HH-Chicke	n	160°F	- Beet	37° +					
- raw Shrimp	4201	- POVIC		170°F	Guac onice	HOPT					
-Chicken for au					PICOISOU		4704				
-Chickeri In ac	esamin 70	OBSERVATIONS A	VID CODDEC	TIVE ACTIO		· CIRWITI OTT VCC	10				
Violations		st be corrected within the				11 & 8-406 11 of the	food code				
item	- 101 - 01	> on sile	1 (-	,	000000113 0-400		.555 5555.				
Number	3/26/29.	7 UN JIL	12/19/21	4							
CFPM - Fran	ncisco Sar	schez, Car	nevon Bri	to							
Handsin	k-Stocked!	Hot H20	120°F+				12				
Sanitice	x - dishmo	whine Only	prime 50	-100pp	m, La	ctic Haid	BUCKETY				
16St Sh	162 , COC	xd datemo	urking	16000	a labelin	19 (G)					
Thermo				(A 1	/	V					
Allerga	Allergen Statement on menu + Consumer Advisory										
1 6000	Cood glove user = Nitriler, Dry Storager										
7	os, Lactic	Acid									
28 Bay So	initizer buc		No huck	et mio	le in Kita	hen Carrie	al				
10 / Bar H	Bay Sanitizer bucket Oppm NO bucket model in Kitchen Catrival & Bar H. Sink has no signage posted										
10 RN USING	EN Using bar H. Sink for other purposes-cos, removed items /										
	ice machine unclean interior-cos, Cleaned										
		paper towe			A .						
	No thur mometer for poorly praced in reach in across from stove-cos, found										
30 No tu	rmometer/	or poorly pro	aced in re	ach in	across tron	n stove-cos,	TOURAY.				
77	MI 63°F CALCA	10 55°F, S	OUL STOF A	nian 629	OF TU	7 7 (11)(0	naua				
LL COSIL	NV W JOHNS	NO THE ST	in or join	111011 02	COS						
* Send	Invoice -	for units	service to	O AM.	ICHAU	DENVHO), ORG				
202	27/- 100	um/ Evan	00.	anade	1.						
203	374-60	tall trans	cisco), m	anage	ν,	9/10	174				
Person in Charge (Sig	1 0 1 .	MALIANA				Date 9/19/2	24				
Inspector (Signature)	MINEWELL					Date 7 / /8/	1				