JM

Connecticut Department of Public Health

5721

Risk Category: 3 Food Estable	Food Establishment Inspection Report Page 1 of 2									
Establishment type: Permanent Temporary Mobile Other		Date:	2/5/2	025						
Establishment Tacomida		teeping Cor	necticut Health	Time In	11:00 A	M/PM Time Out	40 AMPM			
Address 50 Bridge St.	DPH)			LHD NVHD						
Town/City Shelton				Purpose of Inspection: Routine Pre-op						
Permit Holder Hartin Ballabani		Connecticut Department of Public Health			Reinspection Other					
FOODBORNE ILLNESS RISK F. Risk factors are important practices or procedures identified as the most prevalent cont							es or injuny			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			compliance		not in compliance		D=not observed			
P=Priority item Pf=Priority foundation item C=Core item V=violation type							R=repeat violation			
IN OUT N/A N/O Supervision	V	COS R		OUT N/A N/O		on from Contamination	V COS R			
Person/Alternate Person in charge present					Food separated		P/C 0 0			
demonstrates knowledge and performs duties	Pf	00		00		urfaces: cleaned & sanitized	P/Pf/C O O			
Certified Food Protection Manager for Classes 2, 3, & 4	С	00	17 🗷			on of returned, previously tioned, and unsafe food	POO			
Employee Health					will be a second of the second	ture Control for Safety				
Management food employee and conditional employee:	D/D		180.0	000		time and temperatures	P/Pf/C O O			
knowledge, responsibilities and reporting	P/Pf		19 🧭 🤇			g procedures for hot holding	In Reno			
4 M Proper use of restriction and exclusion	P	00				time and temperatures	POO			
Written procedures for responding to vomiting and	Pf	00			Proper hot hold		P 0 0			
diarrheal events			-			ding temperatures	P/Pf O O			
Good Hygienic Practices 6 Proper eating, tasting, drinking, or tobacco products us	e P/C	100	l v			rking and disposition c health control: procedures				
7 O No discharge from eyes, nose, and mouth	C 17C	00	24 0		and records	e ricaliti control. procedures	P/Pf/C			
Preventing Contamination by Hands		1010			- A	umer Advisory				
8 O Hands clean and properly washed	P/Pf	100	25 💓		Consumer advisor	y provided: raw/undercooked food	Pf OO			
9 No bare hand contact with RTE food or a	P/Pf/C	00		- /	Highly Sus	ceptible Population				
pre-approved alternative procedure properly followed			26 0			used; prohibited foods not offered	P/C O O			
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C			Assess		ves and Toxic Substances	ID O O			
Approved Source	DIDGO		27 0			approved and properly used	POO			
11 Food obtained from approved source 12 Food received at proper temperature	P/Pf/C P/Pf		28 😻 🤇		stored & used	es properly identified,	P/Pf/C O			
13 C Food received at proper temperature Food in good condition, safe, and unadulterated	P/Pf					th Approved Procedures				
Required records available: molluscan shallfish			00 0	_ \		h variance/specialized	DIDSIG O			
identification, parasite destruction	P/Pf/C		29		process/ROP c	riteria/HACCP Plan	P/Pf/C O			
			RACTICES							
Good Retail Practices are preventative measures t										
			for COS an	id/or R	The state of the s	3	R=repeat violation			
OUT N/A N/O Safe Food and Water	V P	COS R		. uaa utan	sils: properly stor	e of Utensils	V COS R			
30 Pasteurized eggs used where required 31 Water and ice from approved source	P/Pf/C					perly stored, dried, & handled	Pf/C Ø O			
32 O Variance obtained for specialized processing methods	Pf	00				es: properly stored & used	P/C 0 0			
Food Temperature Control					d properly		c 0 0			
Proper cooling methods used; adequate equipment for	Pf/C	00				and Equipment				
temperature control						surfaces cleanable,	P/PfC Ø			
34 O Plant food properly cooked for hot holding	Pf	00	P		signed, construct					
35 Approved thawing methods used 36 Thermometers provided and accurate	Pf/C					lled, maintained and used; and test strips available	Pf/C O			
Food Identification	171/0	,			ontact surfaces c		c 00			
37 Food properly labeled; original container	Pf/C	100	1.0			ical Facilities				
Prevention of Food Contamination			50 O H	lot and col		; adequate pressure	Pf O O			
38 Insects, rodents, and animals not present		0,0			nstalled; proper ba		P/Pf/C O			
39 Contamination prevented during food preparation, storage & display					d waste water pro		P/Pf/C O			
40 Personal cleanliness	Pf/C					structed, supplied, & clean	Pf/C O O			
41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables	P/Pf/C	00				sposed; facilities maintained naintained, and clean	C O O			
	-					nting; designated areas used				
Permit Holder shall notify customers that a copy of the most recent inspection rep				not used per CGS §19a-36f						
	1_	1	Violation	s docume	ented	Date corrections due	#			
Person in Charge (Signature) Least Date	15	115		em Violati		-	_			
Devices in Change (Drinted)					Item Violations	C 0 5	3			
Person in Charge (Printed)	_ /	~		n Violation tor/Public	s Health Intervention	on Violations	2			
Inspector (Signature) Date 2/5	0/2	15				tervention Violations	_			
Tolor AA 1 D C	Good Re	tail Practio	es Violations		3					
Inspector (Printed) 0000 / Ucha R.5 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.										

Food Establishment Inspection Report Page 2 of 2

LHD	JVHD		Inspection Report Continuation She	eet	Date 2/5/	2025					
Establish	mentTacom	idol	Town Shel	ton	_						
TEMPERATURE OBSERVATIONS											
	/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp					
Dice	ed tomato	35°F									
Mo	zzarella	35° €									
Rai	w chicken	38°F									
Ric		38°F									
	w beef	39°F									
Ric		37°F									
-	con	35'F									
116	ezers	Frozen	ERVATIONS AND CORREC	TIVE ACTION	IS						
	Violations cited in this		corrected within the time frames belo			e food code.					
Item Number											
- Trainidoi											
	C-PM: F	cancisc	o Sanchez Ex	0: 3/26/	29						
44C	Handle	of scou	pp in contact	- with	flour > C.C).5					
	moved										
390	and the second s	in h	valk-in refri	acrato	rare not co	vered >					
	C.O.S CO)							
47C											
	C.O.S po	2 - 2 -	hacken			/					
	C.9.5 50	ppeal	DUCKTI								
_	Handalah	. () -	01 11-1/0-11	110.							
	- Handsink: Stocked Hot/Cold HaOV										
	- Sanitizer: Quat- Bucket: 200ppm										
_	- Dish-Machine: Chemical-Chlorine 100ppm-										
	D1511-1410C	mne. (MEXILICAL CALL	rine in	Opprn						
-	TI age age	01000	-Tool	Claire							
	Therman	eters	-Test	STAPS	<u> </u>						
	- ^^	- X - 2 - 2 - 2 - 2	D .		D 1	,					
_	Ice Mac	chine	- Dry G	oods	- Restroom) ~					
_	Allergen	Notic	ev - Da	te-Ma	rks						
	J										
_	Bar Area	\ \									
		1									
Person in	Charge (Signature)	du	ux		Date 2/5	125					
	-	Bo 14	, 1		2/5	1/25					
Inspector	(Signature)	10/6	uche R.S		Date 🔾 💆	1/23					