JM

5395

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2										
Establishment type: Permanent Temporary Mobile Other			Date:	2/5/3	2025					
Establishment Taste of Joy		4seping	onnecticut	Health	Time In_	2:15 A	M/PM Time Out 2:	45_AM/PM		
Address 5 Center St.					LHD	NVH	D			
Town/City Shelton	1				Purpose	of Inspection:	Routine	-op		
Permit Holder Chai Chy Siy			ic Health		Reinsped		Other			
FOODBORNE ILLNESS RISK FA										
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 it	and the second second second		market General Assessment	ipliance	The state of the s	ot in compliance	N/A=not applicable N/C ted on-site during inspection	D=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type IN OUT N/A N/O Supervision	V	cos			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	0			00		urfaces: cleaned & sanitized	P/Pf/C O O		
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	0) 17	1			on of returned, previously tioned, and unsafe food	POO		
Employee Health				,	Process (Associated		ture Control for Safety			
Management, food employee and conditional employee;	P/Pf	100		3 0			time and temperatures	P/Pf/C O		
knowledge, responsibilities and reporting							g procedures for hot holding	P 0 0		
Proper use of restriction and exclusion	Р	0					time and temperatures	P 0 0		
Written procedures for responding to vomiting and	Pf	0	$\supset \frac{2}{2}$	-			ing temperatures ding temperatures	P 0 0		
diarrheal events Good Hygienic Practices			22					AVB/Pf		
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	100	5				c health control: procedures			
7 O No discharge from eyes, nose, and mouth	С	0	5 24	100		and records		P/Pf/C		
Preventing Contamination by Hands					/	Consu	ımer Advisory			
8 0 C Hands clean and properly washed	P/Pf	0	⊃ 25	50			y provided: raw/undercooked food	Pf O		
9 No bare hand contact with RTE food or a	P/Pf/C	0			-/		ceptible Population			
pre-approved alternative procedure properly followed		1	26	300	Posterior		used; prohibited foods not offered	P/C O O		
Adequate handwashing sinks, properly supplied/accessible	PfIC				Foo		ves and Toxic Substances	POO		
Approved Source 11 Food obtained from approved source	P/Pf/C	101	27				approved and properly used es properly identified,	POO		
11 Solution Food obtained from approved source 12 Solution Food received at proper temperature	P/PI/C		S 28	3 0		stored & used	es properly identified,	P/Pf/C O		
13 O Food in good condition, safe, and unadulterated	P/Pf	-	511		C		th Approved Procedures			
Required records available: molluscan shellfish			29		0		h variance/specialized	P/Pf/C O		
identification, parasite destruction	P/Pf/C					process/ROP cr	riteria/HACCP Plan	F/FIIC		
		TAIL					1.11-1.1-1-1-1-1			
Good Retail Practices are preventative measures to								R=repeat violation		
Mark OUT if numbered item is not in compliance V=violation type Mark i OUT N/A N/O Safe Food and Water	n appro	cos cos		OUT	id/or R		on-site during inspection e of Utensils	v cos R		
30 Pasteurized eggs used where required	P	0			n-use utens	ils: properly store		c 00		
31 Water and ice from approved source	P/Pf/C		5 44				perly stored, dried, & handled	Pf/C O O		
32 Variance obtained for specialized processing methods	Pf	0	J 45	5 0 8	ingle-use/sir	ngle-service article	es: properly stored & used	P/C O O		
Food Temperature Control			46		Sloves used			C 0 0		
Proper cooling methods used; adequate equipment for	Pf/C	0					and Equipment			
temperature control			47				urfaces cleanable,	P/Pf/C O		
34 Plant food properly cooked for hot holding 35 Approved thawing methods used	Pf/C	000	5	IV		igned, constructor	ed, and used lled, maintained and used;			
36 Thermometers provided and accurate	Pf/C		-1 1 42				and test strips available	Pf/C O		
Food Identification					0 0	ntact surfaces cl		(C) O O		
37 Food properly labeled; original container	Pf/C	0	5			Phys	ical Facilities			
Prevention of Food Contamination			50				; adequate pressure	Pf O O		
38 Insects, rodents, and animals not present		0				stalled; proper ba		P/Pf/C O		
39 Contamination prevented during food preparation, storage & display	P/Pf/C		-			waste water pro	operly disposed structed, supplied, & clean	P/Pf/C O O		
40 Personal cleanliness 41 Wiping cloths: properly used and stored	Pf/C						sposed; facilities maintained	C 0 0		
42 Wishing fruits and vegetables	P/Pf/C						naintained, and clean	P/Pf(C)		
			56				nting; designated areas used			
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is av	anable.		0	latural rubb	er latex gloves n	not used per CGS §19a-36f			
111 112	ot	100	Vi		ns docume		Date corrections due	#		
Person in Charge (Signature) Date 0	03-	202			em Violatio		C 0 C	2		
Person in Charge (Printed)	111				n Violation i	tem Violations	6/6/25	2		
reson in onarge (i initial)	~ /					lealth Intervention		3		
Inspector (Signature) Oh / (u) Date 2/	5/2	2020	Re	epeat F	Risk Factor/	Public Health Int	ervention Violations			
Taba Mala Da	1					es Violations		3		
Inspector (Printed) John / Tucho R.S							x if you intend to reinspect	s hold doct		
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 Sheet		et	Date 2/5/2025							
Establishment Taste of Joy Town Shelton												
TEMPERATURE OBSERVATIONS												
h .	/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp						
Ric		UQ				-						
Ril	v chicken	38°F										
7		Frozen										
110	ezer	1102011										
	Violations cited in this		RVATIONS AND CORRECT		NS n sections 8-405.11 & 8-406.11 of the	food code						
Item Number	Violations cited in this	report must be con	rected within the time names below	v, or as stated if	730000013 0-400.11 0 0 400.11 01 010	1000 0000.						
	CFPM: W	on Siu	Exp: 4/8/20.	29								
55C	C Excess unused equipment/couch stored in kitchen > Correct 5/5/2025											
	kitchen	-) Corr	ect 5/5/2025	1								
55C	- / /	ac 3-6	pay is stain	ed >	Correct by							
10 -	5/5/2025	- I - 1		0.0.								
49C		il bu	ild-up on b	attles	-> Correct by							
1000	5/5/2025	. 1	1 . 1 - 0 0		1							
IOPF	Article	in har	idsink > C.O	S rei	moved	1						
TOPF	No pape	er town	el in bathr	oom -	C.O.S restoct	ted						
-	Hot/Col	d H20	/									
		'2										
_	Sanitizer	: Chlor	ine-100ppm (Buck	et)							
					-							
_	Allergen	Notice	· V	- Test	Stripsv							
					1							
-	Dry Good	5 ~										
	Thermon	neters.										
D	Ohanna (Oissanta)		Plyn		Date () 2-05-	2025						
	Charge (Signature)	ha Mile	ha Ris		Date 2/5/							
inspector	(Signature)	W W	1100		Date 2/3/	X VXV						