


6094

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>				Page 1 of <b>2</b>	
Establishment type: <b>Permanent</b> Temporary Mobile Other _____				Date: <b>9/11/25</b>			
Establishment <b>Trattoria Roma</b>				Time In <b>11:15</b> AM/PM <b>AM</b> Time Out _____ AM/PM		LHD <b>NVHD</b>	
Address <b>232 Leavenworth Rd</b>				Purpose of Inspection: <b>Routine</b> Pre-op		Reinspection _____ Other _____	
Town/City <b>Shelton</b>							
Permit Holder <b>ADIL KURIC</b>							
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>							
<i>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.</i>							
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							
<b>Supervision</b>				<b>Protection from Contamination</b>			
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	V	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>			
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>			
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>			
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Compliance with Approved Procedures</b>			
				29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/>			
<b>GOOD RETAIL PRACTICES</b>							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							
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							
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>				<b>Physical Facilities</b>			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>				<b>Violations documented</b>			
38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				<b>Date corrections due</b>			
Person in Charge (Signature) _____ Date <b>9/11/25</b>				Priority Item Violations <b>0</b>			
Person in Charge (Printed)				Priority Foundation Item Violations <b>5</b>			
Inspector (Signature) <b>Amanda Ruchin</b> Date <b>9/11/25</b>				Core Item Violations <b>0</b>			
Inspector (Printed) <b>Amanda Ruchin</b>				Risk Factor/Public Health Intervention Violations <b>0</b>			
				Repeat Risk Factor/Public Health Intervention Violations <b>0</b>			
				Good Retail Practices Violations <b>16</b>			
				Requires Reinspection - check box if you intend to reinspect <b>1</b>			
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

LHD NVHD

Inspection Report Continuation Sheet

Date 9/11/25

Establishment Trattoria Roma Town Shelton

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
FOH cooler	34°F	BM/Reach	35°F	WIC	35°F
1 dr freezer	1°F	-peppers	34°F	-meatballs	38°F
		-cheese	39°F	-cucumbers	38°F

### OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Observations and Corrective Actions
CFPM	<p>- Addi Kukic 3/2/28 ✓                      Handsink - stocked ✓, Signage ✓, Hot H2O ✓                      Sanitizer - Chlorine bucket 50-100 ppm ✓</p> <p>Allergen Statement posted → Add to menu                      Soda cooler ✓, Consumer Advisory ✓                      Allergen poster ✓, Shellfish tags ✓, Screen on back door ✓</p>
	203-870-5411
	→ * Order ASAR + send photo or invoice to ARUCHIN@NVHD. by 9/22/25 ORG
PF 48	No test Strips Avail for Chlorine Sani
C 39	Boxes of tomatoes + Bag of flour on floor in kitchen + Bucket of onions
C 47	Handle + gasket @ dr reach in freezer in disrepair
C 39	Food Uncovered in WIC
C 39	Food Boxes/Bins on floor WIC
C 43	Tongs Stored on stove handle

Person in Charge (Signature) \_\_\_\_\_  
 Inspector (Signature) Stevendia Pechin

Date 9/11/25  
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