

2163

Connecticut Department of Public Health

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 3/19/26

Establishment wooster st. market Time In 11:10 AM/PM Time Out 11:30 AM/PM

Address 70 wooster st LHD NVHD

Town/City Shelton Purpose of Inspection: Routine Pre-op

Permit Holder Hiren Patel Reinspection Other \_\_\_\_\_



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                    |     |   |                                                                                                                                                                     |                                     |                          |                                     |                     |     |   |  |
|-----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------------------|-----|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---------------------|-----|---|--|
| IN                                                                                            | OUT                                 | N/A                                 | N/O                                 | V                                                | COS | R | IN                                                                                                                                                                  | OUT                                 | N/A                      | N/O                                 | V                   | COS | R |  |
| 1                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                  |     |   | 15                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |     |   |  |
| Person/Alternate Person in charge present, demonstrates knowledge and performs duties         |                                     |                                     |                                     | Pf                                               |     |   | Food separated and protected                                                                                                                                        |                                     |                          |                                     | P/C                 |     |   |  |
| 2                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                  |     |   | 16                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |     |   |  |
| Certified Food Protection Manager for Classes 2, 3, & 4                                       |                                     |                                     |                                     | C                                                |     |   | Food-contact surfaces: cleaned & sanitized                                                                                                                          |                                     |                          |                                     | P/Pf/C              |     |   |  |
| <b>Employee Health</b>                                                                        |                                     |                                     |                                     | <b>Time/Temperature Control for Safety</b>       |     |   |                                                                                                                                                                     |                                     |                          |                                     |                     |     |   |  |
| 3                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                  |     |   | 17                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |     |   |  |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting |                                     |                                     |                                     | P/Pf                                             |     |   | Proper disposition of returned, previously served, reconditioned, and unsafe food                                                                                   |                                     |                          |                                     | P                   |     |   |  |
| 4                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                  |     |   | 18                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |     |   |  |
| Proper use of restriction and exclusion                                                       |                                     |                                     |                                     | P                                                |     |   | Proper cooking time and temperatures                                                                                                                                |                                     |                          |                                     | P/Pf/C              |     |   |  |
| 5                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                  |     |   | 19                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |     |   |  |
| Written procedures for responding to vomiting and diarrheal events                            |                                     |                                     |                                     | Pf                                               |     |   | Proper reheating procedures for hot holding                                                                                                                         |                                     |                          |                                     | P                   |     |   |  |
| <b>Good Hygienic Practices</b>                                                                |                                     |                                     |                                     | <b>Consumer Advisory</b>                         |     |   |                                                                                                                                                                     |                                     |                          |                                     |                     |     |   |  |
| 6                                                                                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                  |     |   | 20                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |     |   |  |
| Proper eating, tasting, drinking, or tobacco products use                                     |                                     |                                     |                                     | P/C                                              |     |   | Consumer advisory provided: raw/undercooked food                                                                                                                    |                                     |                          |                                     | Pf                  |     |   |  |
| 7                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                  |     |   | 21                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |     |   |  |
| No discharge from eyes, nose, and mouth                                                       |                                     |                                     |                                     | C                                                |     |   | Highly Susceptible Population                                                                                                                                       |                                     |                          |                                     | P/C                 |     |   |  |
| <b>Preventing Contamination by Hands</b>                                                      |                                     |                                     |                                     | <b>Food/Color Additives and Toxic Substances</b> |     |   |                                                                                                                                                                     |                                     |                          |                                     |                     |     |   |  |
| 8                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                  |     |   | 22                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |     |   |  |
| Hands clean and properly washed                                                               |                                     |                                     |                                     | P/Pf                                             |     |   | Food additives: approved and properly used                                                                                                                          |                                     |                          |                                     | P                   |     |   |  |
| 9                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                  |     |   | 23                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |     |   |  |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly followed  |                                     |                                     |                                     | P/Pf/C                                           |     |   | Toxic substances properly identified, stored & used                                                                                                                 |                                     |                          |                                     | P/Pf/C              |     |   |  |
| 10                                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                                  |     |   | 24                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |     |   |  |
| Adequate handwashing sinks, properly supplied/accessible                                      |                                     |                                     |                                     | Pf/C                                             |     |   | Time as a public health control: procedures and records                                                                                                             |                                     |                          |                                     | P/Pf/C              |     |   |  |
| <b>Approved Source</b>                                                                        |                                     |                                     |                                     | <b>Conformance with Approved Procedures</b>      |     |   |                                                                                                                                                                     |                                     |                          |                                     |                     |     |   |  |
| 11                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                  |     |   | 25                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |     |   |  |
| Food obtained from approved source                                                            |                                     |                                     |                                     | P/Pf/C                                           |     |   | Compliance with variance/specialized process/ROP criteria/HACCP Plan                                                                                                |                                     |                          |                                     | P/Pf/C              |     |   |  |
| 12                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                                  |     |   | 26                                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |     |   |  |
| Food received at proper temperature                                                           |                                     |                                     |                                     | P/Pf                                             |     |   | Good Retail Practices                                                                                                                                               |                                     |                          |                                     |                     |     |   |  |
| 13                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                                  |     |   | <b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.                            |                                     |                          |                                     |                     |     |   |  |
| 14                                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 |                                     |                          |                                     |                     |     |   |  |
| Required records available: molluscan shellfish identification, parasite destruction          |                                     |                                     |                                     | P/Pf/C                                           |     |   | OUT N/A N/O                                                                                                                                                         |                                     |                          |                                     | Safe Food and Water |     |   |  |

| Safe Food and Water                                                     |                                     |                          |                          | Proper Use of Utensils        |   |                                                             |                                                                                                                |                                     |   |        |        |  |  |
|-------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------|---|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------|---|--------|--------|--|--|
| OUT                                                                     | N/A                                 | N/O                      | V                        | COS                           | R | OUT                                                         | V                                                                                                              | COS                                 | R |        |        |  |  |
| 30                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | 43                                                          | <input type="checkbox"/>                                                                                       |                                     |   |        |        |  |  |
| Pasteurized eggs used where required                                    |                                     |                          |                          | P                             |   |                                                             | In-use utensils: properly stored                                                                               |                                     |   |        | C      |  |  |
| 31                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | 44                                                          | <input type="checkbox"/>                                                                                       |                                     |   |        |        |  |  |
| Water and ice from approved source                                      |                                     |                          |                          | P/Pf/C                        |   |                                                             | Utensils/equipment/linens: properly stored, dried, & handled                                                   |                                     |   |        | Pf/C   |  |  |
| 32                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | 45                                                          | <input checked="" type="checkbox"/>                                                                            |                                     |   |        |        |  |  |
| Variance obtained for specialized processing methods                    |                                     |                          |                          | Pf                            |   |                                                             | Single-use/single-service articles: properly stored & used                                                     |                                     |   |        | P/C    |  |  |
| <b>Food Temperature Control</b>                                         |                                     |                          |                          | <b>Utensils and Equipment</b> |   |                                                             |                                                                                                                |                                     |   |        |        |  |  |
| 33                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | 46                                                          | <input type="checkbox"/>                                                                                       |                                     |   |        |        |  |  |
| Proper cooling methods used; adequate equipment for temperature control |                                     |                          |                          | Pf/C                          |   |                                                             | Gloves used properly                                                                                           |                                     |   |        | C      |  |  |
| 34                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | 47                                                          | <input checked="" type="checkbox"/>                                                                            |                                     |   |        |        |  |  |
| Plant food properly cooked for hot holding                              |                                     |                          |                          | Pf                            |   |                                                             | Food and non-food contact surfaces cleanable, properly designed, constructed, and used                         |                                     |   |        | P/Pf/C |  |  |
| 35                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | 48                                                          | <input type="checkbox"/>                                                                                       |                                     |   |        |        |  |  |
| Approved thawing methods used                                           |                                     |                          |                          | Pf/C                          |   |                                                             | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available |                                     |   |        | Pf/C   |  |  |
| 36                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | 49                                                          | <input type="checkbox"/>                                                                                       |                                     |   |        |        |  |  |
| Thermometers provided and accurate                                      |                                     |                          |                          | Pf/C                          |   |                                                             | Non-food contact surfaces clean                                                                                |                                     |   |        | C      |  |  |
| <b>Food Identification</b>                                              |                                     |                          |                          | <b>Physical Facilities</b>    |   |                                                             |                                                                                                                |                                     |   |        |        |  |  |
| 37                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | 50                                                          | <input type="checkbox"/>                                                                                       |                                     |   |        |        |  |  |
| Food properly labeled; original container                               |                                     |                          |                          | Pf/C                          |   |                                                             | Hot and cold water available; adequate pressure                                                                |                                     |   |        | Pf     |  |  |
| <b>Prevention of Food Contamination</b>                                 |                                     |                          |                          | 51                            |   |                                                             |                                                                                                                | <input type="checkbox"/>            |   |        |        |  |  |
| 38                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | Plumbing installed; proper backflow devices                 |                                                                                                                |                                     |   | P/Pf/C |        |  |  |
| Insects, rodents, and animals not present                               |                                     |                          |                          | Pf/C                          |   |                                                             | 52                                                                                                             | <input type="checkbox"/>            |   |        |        |  |  |
| 39                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | Sewage and waste water properly disposed                    |                                                                                                                |                                     |   | P/Pf/C |        |  |  |
| Contamination prevented during food preparation, storage & display      |                                     |                          |                          | P/Pf/C                        |   |                                                             | 53                                                                                                             | <input type="checkbox"/>            |   |        |        |  |  |
| 40                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | Toilet facilities: properly constructed, supplied, & clean  |                                                                                                                |                                     |   | Pf/C   |        |  |  |
| Personal cleanliness                                                    |                                     |                          |                          | Pf/C                          |   |                                                             | 54                                                                                                             | <input type="checkbox"/>            |   |        |        |  |  |
| 41                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | Garbage and refuse properly disposed; facilities maintained |                                                                                                                |                                     |   | C      |        |  |  |
| Wiping cloths: properly used and stored                                 |                                     |                          |                          | C                             |   |                                                             | 55                                                                                                             | <input checked="" type="checkbox"/> |   |        |        |  |  |
| 42                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |                               |   | Physical facilities installed, maintained, and clean        |                                                                                                                |                                     |   | P/Pf/C |        |  |  |
| Washing fruits and vegetables                                           |                                     |                          |                          | P/Pf/C                        |   |                                                             | 56                                                                                                             | <input type="checkbox"/>            |   |        |        |  |  |
|                                                                         |                                     |                          |                          |                               |   | Adequate ventilation and lighting; designated areas used    |                                                                                                                |                                     |   | C      |        |  |  |
|                                                                         |                                     |                          |                          |                               |   | Natural rubber latex gloves not used per CGS §19a-36f       |                                                                                                                |                                     |   |        |        |  |  |

Person in Charge (Signature) [Signature] Date 3/19/26

Person in Charge (Printed) Ishan Patel

Inspector (Signature) [Signature] Date 3/19/26

Inspector (Printed) Michelle DeBussche

Violations documented

| Violations documented                                        | Date corrections due | #                                   |
|--------------------------------------------------------------|----------------------|-------------------------------------|
| Priority Item Violations                                     |                      | 1                                   |
| Priority Foundation Item Violations                          | <u>6/19/26</u>       | 4                                   |
| Core Item Violations                                         |                      | 1                                   |
| Risk Factor/Public Health Intervention Violations            |                      | 1                                   |
| Repeat Risk Factor/Public Health Intervention Violations     |                      | 0                                   |
| Good Retail Practices Violations                             |                      | 0                                   |
| 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.

# Food Establishment Inspection Report

Page 2 of 2

LHD NVHIS Inspection Report Continuation Sheet

Date 3/18/26

Establishment wooster st. market Town Shelton

### TEMPERATURE OBSERVATIONS

| Item/Location/Process    | Temp | Item/Location/Process | Temp | Item/Location/Process | Temp |
|--------------------------|------|-----------------------|------|-----------------------|------|
| cheese/bain marie        | 41°F |                       |      |                       |      |
| Sausage/ " "             | 41°F |                       |      |                       |      |
| Tomatoes/ " "            | 43°F |                       |      |                       |      |
| Tuna Deli cooler display | 41°F |                       |      |                       |      |
| chicken cattle/ " "      | 41°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

CFPM - onsite - Ishan Patel

- C47 - using paper parchment shelf liner
- P&10 - storing items in hand sink - COS remove items
- C45 - expose hollow straws at coffee station
- C55 - ceiling tile water stain
- C40 - Food worker not wearing hair restraint
- OK - Dumpster

Person in Charge (Signature)

Date

Inspector (Signature)

Date