

Risk Category: <u>3</u>		Food Establishment Inspection Report			Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>12/17/25</u>		
Establishment <u>Breeze Latin Fusion Cuisine</u>				Time In <u>5:00</u> AM/PM Time Out <u>6:00</u> AM/PM		
Address <u>470 Howe Avenue</u>				LHD <u>WVUHO</u>		
Town/City <u>Shelton # 5770</u>				Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder _____				Reinspection Other _____		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
<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						
IN	OUT	N/A	N/O	V	COS	R
Supervision				Protection from Contamination		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected P/C <input type="checkbox"/>		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/>		
Employee Health				Time/Temperature Control for Safety		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures P/Pf/C <input type="checkbox"/>		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper reheating procedures for hot holding P <input type="checkbox"/>		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures P <input type="checkbox"/>		
Good Hygienic Practices				Consumer Advisory		
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Highly Susceptible Population		
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Food additives: approved and properly used P <input type="checkbox"/>		
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/>		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Compliance with Approved Procedures		
Approved Source				27	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/>		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				GOOD RETAIL PRACTICES		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>		
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				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		
OUT	N/A	N/O	V	COS	R	
Safe Food and Water			Proper Use of Utensils			
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized eggs used where required			In-use utensils: properly stored C <input type="checkbox"/>			
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Water and ice from approved source			Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/>			
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods			Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/>			
Food Temperature Control			Gloves used properly C <input type="checkbox"/>			
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control			Utensils and Equipment			
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Plant food properly cooked for hot holding			Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/>			
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/>			
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometers provided and accurate			Non-food contact surfaces clean C <input type="checkbox"/>			
Food Identification			Physical Facilities			
37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food properly labeled; original container			Hot and cold water available; adequate pressure Pf <input type="checkbox"/>			
Prevention of Food Contamination			Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>			
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Insects, rodents, and animals not present			Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/>			
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display			Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>			
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Personal cleanliness			Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>			
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
Wiping cloths: properly used and stored			Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>			
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Washing fruits and vegetables			Adequate ventilation and lighting; designated areas used C <input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			Natural rubber latex gloves not used per CGS §19a-36f <input type="checkbox"/>			
Person in Charge (Signature) <u>Robert James</u> Date <u>12-17-25</u>		Person in Charge (Printed) <u>Robert James</u>		Inspector (Signature) <u>[Signature]</u> Date <u>12/17/25</u>		
Inspector (Printed) <u>Blinda Brunment</u>		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.		Violations documented: Priority Item Violations <u>0</u> , Priority Foundation Item Violations <u>0</u> , Core Item Violations <u>3</u> , Risk Factor/Public Health Intervention Violations <u>1</u> , Repeat Risk Factor/Public Health Intervention Violations <u>1</u> , Good Retail Practices Violations <u>2</u> , Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

