Connecticut Department of Public Health

76													
Risk Category: 3	Food Establishment Inspection Re							,	Pa	ge 1 of	2	9	
Establishment type: Permanent Temporary Mobile Other					_	Date:	1/29	25					
Establishment Matto Wine Bar			terning Con	ecticut Health	<u>s</u>	Time lı	n_11:15	ØN/P	M Time Out_	12:0	00	AM/	BIA
Address 389 Bridgeport Ave			DP	H		LHD /	NVHI)					
- Chalma						Purpos	se of Inspe	ction:	Routine	Pre-	ор		
Permit Holder () VOV to Haspitality Inc. Panit				Connecticut Department of Public Health			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										d			
P=Priority item Pf=Priority	y foundation item C=Core item V=violation type	Mark in	appropri	ate box	for C	OS and/o	or R COS=	corrected or	n-site during inspec	tion R	=repeat	viola	tion
IN OUT N/A N/O	Supervision	٧	COS R	1	N OL	JT N/A N			om Contamination	on	٧	cos	R
	n/Alternate Person in charge present,	Pf	00	15 €			○ Food sep				P/C	0	_
demon	estrates knowledge and performs duties	_		16	DC				es: cleaned & san		P/Pf/C	0	\circ
	ed Food Protection Manager for Classes 2,	С	00	17	$\mathscr{J} \subset$				f returned, previou		P	0	0
3, & 4 served, reconditioned, and unsafe food Employee Health Time/Temperature Control for Safety													
Manage	ement, food employee and conditional employee;	DIDI		18 <	50	000			and temperatures		P/Pf/C	0	0
	edge, responsibilities and reporting	P/Pf	00	19 <	50				cedures for hot he		Р	0	0
THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TR	use of restriction and exclusion	Р	00	20	\supset , \subseteq				and temperatures		Р		_
5 (V) ()	n procedures for responding to vomiting and	Pf	00		$\mathbf{V}_{\mathbf{C}}$		○ Proper he				P		_
diarrhe	eal events	1		22 2	0,0				temperatures and disposition		P/Pf	_	00
6 A O Proper	Good Hygienic Practices reating, tasting, drinking, or tobacco products us	e P/C	00		Z C				alth control: proce	dures			$\overline{}$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	charge from eyes, nose, and mouth	C	00	24	\supset		and reco		atti control. proces	uuics	P/Pf/C	0	0
	Preventing Contamination by Hands				/			Consumer	Advisory				
	clean and properly washed	P/Pf	00	25	50		Consumer	advisory prov	ided: raw/undercooke	ed food	Pf	0	0
9 No bar	re hand contact with RTE food or a	P/Pf/C	00		30	/			ible Population	Taring and			
pre-ap	proved alternative procedure properly followed			26	0				prohibited foods not o		P/C	0	0
10 🐼 🔾 Adequa	ate handwashing sinks, properly supplied/accessible	Pf/C	00	-					and Toxic Substa				
uda Fooda	Approved Source	DIDUC		27 <	$\supseteq_{\mathcal{V}}$		DESCRIPTION OF THE PERSON OF T		oved and properly	y usea	Р	0	\circ
	obtained from approved source eceived at proper temperature	P/Pf/C P/Pf		28	8 0		stored &		operly identified,		P/Pf/C	0	0
	n good condition, safe, and unadulterated	P/Pf		2000		,			pproved Procedu	ires			
	red records available: molluscan shellfish			29		0			iance/specialized		P/Pf/C	0	0
14 o o identifi	cation, parasite destruction	P/Pf/C					process/l	ROP criteria	A/HACCP Plan		P/PI/C		
			TAIL P										
	Good Retail Practices are preventative measures to											, de le	4:
Mark OUT if numbered ite		n appro	cos R		_	/or R		per Use of	e during inspection	K-	=repeat	cos	
OUT N/A N/O 30 Pasteurized	Safe Food and Water Leggs used where required	P	O O	43		use ute	nsils: proper		Otensiis		C	0	0
	ce from approved source	P/Pf/C							stored, dried, & han	dled	Pf/C	0	0
Feb account of the Control of the Co	otained for specialized processing methods	Pf	00						operly stored & use		P/C	0	0
Food Temperature Control						oves us	ed properly				С	0	0
Proper cooling methods used; adequate equipment for Pf/C									Equipment				
temperature control				47)				ces cleanable,		P/Pf/C	0	0
34 Plant food properly cooked for hot holding		Pf	00				esigned, con		maintained and u	sed.			
35 Approved thawing methods used 36 Thermometers provided and accurate		Pf/C Pf/C		48					est strips available		Pf/C	0	0
Food Identification			1010	49			contact surfa		est strips available		С	0	0
37 Food properly labeled; original container								Physical	Facilities				
	Prevention of Food Contamination			50	⊃ Ho	ot and co	old water av	ailable; ade	quate pressure		Pf	0	0
38 O Insects, rodents, an			00			0	installed; pre	1			P/Pf/C		_
	nted during food preparation, storage & display	P/Pf/C					nd waste wa				P/Pf/C		-
40 Personal cleanlines 41 Wiping cloths: prop	SS ark used and stored	Pf/C	00						ted, supplied, & cl ed; facilities maintal		Pf/C	00	
		P/Pf/C							ed; facilities maintal		P/Pf	_	_
						dequate	ventilation a	nd lighting;	designated areas	sused	С	0	
					ations	docun	nented		sed per CGS §19a Date corrections			#	
Person in Charge (Signat	ure) Date	-				m Viola		tions	_		-	0	
Person in Charge (Printed						Violatio	n Item Viola	10115	4/29/2	25		ī	_
1		2/	8	Risk	Facto	or/Public	Health Inte		olations			0	
Inspector (Signature) Amanda Kuchn Date i 29/25						Repeat Risk Factor/Public Health Intervention Violations							
							tices Violatio			- n n - l		1	
Inspector (Printed) Amanda Kuchin 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, or							loot	0) (
Appeal: The owner or op	perator of a food establishment aggrieved by the										riold, c	estr	oy,

Food Establishment Inspection Report

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1 00	u Lota	pusililent inspe	CHOIL	/choir	. age o				
LHD_NVHD		Inspection Report Continuation She	eet		Date 1/29/2	5			
Establishment Matto Wine Bar Town Shelton									
TEMPERATURE OBSERVATIONS									
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Lo	cation/Process	Temp			
bar Strawberries	38°P	WIC	4200	Zdr Bm	l reach				
Idy True (by ice mach)	360 %	-meatballs	4/1	- Tom		437			
- parm oneese sive ch	40°F	- raw chx	4201	-	Soiled Eggs	38.2			
3 dx reachin	4007	- Chx cutlet	4201		ed lettuce	39°F			
- Row Chx	39°F	Fresh more	4007		cheese cram				
WIF	7°P	Savoe	4100	HH - Sava		16901			
drawer units & cost-Salmon	leaw CM 39°F	INIIC # 2 40°F Cranha	11		tballs	17701			
Manor VIII's & Cac - Gaiffion	NOVO UM OT	- Ca esar / Chimite diess	ing HOOF	myed chy	28°F. rive. 29°F.	Sus 3900			
- Ca esar / Chipalte dressing 40°F (DOKED CON 38°F, rice 39°F, Saus 39°F) OBSERVATIONS AND CORRECTIVE ACTIONS									
Item 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.									
Number Mot on site during insp.									
CFPM-Samuel Escobar Lopez 11/10/26									
Handsink - Hot H20 124 F, Stocked, Signage									
Sanitizer - Bar Steramine Tablets, Bucket 400ppm Quat									
Alleran Statement + Masumer Advisant on menus									
Allergen Statement, + Consumer Advisory on menus Bar Soda norcles, ice machines, Deli Slicers, can blades,									
Face and truckes, the machine, bell officer, can bluck									
Eggs on brm in will, Good Organization I'll VIII, micrograve									
Eggs on born in WIC, Good organization in WIC, microwave Nitrile gloves, Dip Well, Coffee Area, Bar Area									
55 mop Stored in bucket + hang, to dry when not in use									
02000 400 Ly just finished mapping this morning @ Start of insp									
02-0-100	01 114	Moradi Milipping	17.50	71017771	7 0 0100				
Maction and oil a last our state throughout advantage									
* No CFPM on-site but PIC Staff Knowledgeble + minimal									
violations observed> Have copies Available of Staff									
With CHPIII CENTICATES, nang in establishment or viave in office									
With CFPM Certificates, hang, in establishment or have in office ** Staff member w/ CFPM Cert Should be on-site during all peak hours (lunch/dinner) Certify more staff or if Staff office than Samuel Lopez has it, have Certificates on-site.									
all peak nours (lunch/dinner) certity more staff or									
if Staff other than Samuel Lopez has it, have Certificates on-570 *									
	,				and the same of th				
Person in Charge (Signature)	10	7			Date				
Inspector (Signature)	da Rushi				Date 1/29/2	25			