Connecticut Department of Public Health

Risk Category: 3 Food Establishment Inspection Report, Page 1 of					
Establishment type/ Permanent Temporary Mobile Other				0/210/11	
Establishment Watto Wim Bar		oin	onne	Date: SSD AM/PM Time Out AM/PM	
Address 389 Bir dewy are				LHD VI TO THE SUL THINK THE	
Town/City Philtin # 5792				Purpose of Inspection: Routine Pre-op	
10001.011	Co	onnection	cut De	epartment Health Reinspection Other	
Permit Holder FOODBORNE ILLNESS RISK F.	ACTO			D PUBLIC HEALTH INTERVENTIONS	
				odborne 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 in	tem	11	√ =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	appr	opria	ate box for COS and/or R COS=corrected on-site during inspection R=repeat violation	
OUT N/A N/O Supervision	X	cos	R	IN OUT N/A N/O Protection from Contamination V COS R	
Person/Alternate Person in charge present,	(BF	0		15 Pood separated and protected P/C O	
demonstrates knowledge and performs duties				Food-contact surfaces: cleaned & sanitized P/Pf/C	
Certified Food Protection Manager for Classes 2, 3, & 4	(c)	0	0	Proper disposition of returned, previously served, reconditioned, and unsafe food	
Employee Health	0			Time/Temperature Control for Safety	
Management, food employee and conditional employee;	DIDE			18 Proper cooking time and temperatures P/Pf/C	
knowledge, responsibilities and reporting	P/Pf	0	\circ	19 Proper reheating procedures for hot holding POO	
4 Proper use of restriction and exclusion	P	0	0	20 Proper cooling time and temperatures P O	
Written procedures for responding to vomiting and	Pf	0		21 Proper hot holding temperatures PO	
diarrheal events				22 Proper cold holding temperatures P O	
Good Hygienic Practices				23 Proper date marking and disposition P/Pf O	
Proper eating, tasting, drinking, or tobacco products us		_	0	Time as a public health control: procedures P/Pf/C	
7 No discharge from eyes, nose, and mouth	С	0	0	and records	
Preventing Contamination by Hands	DIDE			Consumer Advisory 25 Consumer advisory provided: raw/undercooked food Pf Consumer Advisory provided: raw/undercooked food Pf Consumer Advisory provided: raw/undercooked food Pf Consumer Advisory	
Hands clean and properly washed	P/Pf	0	0		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	0	0	Highly Susceptible Population 26 Pasteurized foods used; prohibited foods not offered P/C O	
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0	Food/Color Additives and Toxic Substances	
Approved Source	FIIC		_	27 Pood additives: approved and properly used POO	
11 Food obtained from approved source	P/Pf/C		0	Taxia substances properly identified	
12 Food obtained from approved source	P/Pf		5	1 28 Stored & used	
13 Food in good condition, safe, and unadulterated	P/Pf	_	0	Conformance with Approved Procedures	
Required records available: molluscan shellfish				Compliance with variance/specialized	
identification, parasite destruction	P/Pf/C	0	9	process/ROP criteria/HACCP Plan	
				RACTICES	
Good Retail Practices are preventative measures to	o contro	I the a	additi	tion of pathogens, chemicals, and physical objects into foods.	
				for COS and/or R COS=corrected on-site during inspection R=repeat violation	
OUT N/A N/O Safe Food and Water	V	cos		Proper Use of Utensils Cos R	
30 Pasteurized eggs used where required	Р	0	0	43 In-use utensils: properly stored	
31 Water and ice from approved source	P/Pf/C	0	9	Utensils/equipment/linens: properly stored, dried, & handled Pf/C O	
32 Variance obtained for specialized processing methods	Pf		0	45 Single-use/single-service articles: properly stored & used P/C O	
Food Temperature Control	_			46 Gloves used properly C Gloves used pr	
Proper cooling methods used; adequate equipment for temperature control	Pf/C	0	0	(A) Earl and non food contact surfaces cleanable	
34 O Plant food properly cooked for hot holding	Pf	0	0	properly designed, constructed, and used	
35 Approved thawing methods used	PIC		0	Warewashing facilities: installed, maintained and used:	
36 Thermometers provided and accurate	Hf/C	5	0	cleaning agents, sanitizers, and test strips available	
Food Identification		1		49 Non-food contact surfaces clean C	
37 Ood properly labeled; original container	Pf/C	10	0	Physical Facilities	
Prevention of Food Contamination				50 Hot and cold water available; adequate pressure	
38 Insects, rodents, and animals not present	Pf/C	0	0	51 Plumbing installed; proper backflow devices P/Pf/C O	
39 Contamination prevented during food preparation, storage & display	P/Pf/C	0	0	52 Sewage and waste water properly disposed P/Pf/C O	
40 Personal cleanliness	Pf/C			53 Toilet facilities: properly constructed, supplied, & clean Pf/C C	
41 Wiping cloths: properly used and stored	C	0		54 Garbage and refuse properly disposed; facilities maintained C C	
42 Washing fruits and vegetables	P/Pf/C	0	0	55 Physical facilities installed, maintained, and clean P/Pf/C O	
Permit Holder shall notify customers that a copy of the most recent inspection report is available. 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					
Person in Charge (Signature) Peucle Scale Date 8/	Violations documented Date corrections due # Priority Item Violations				
Person in Charge (Printed) Grancedo Garernale Priority Foundation Item Violations					
Inspector (Signature)				Risk Factor/Public Health Intervention Violated Repeat Risk Factor/Public Health Intervention Violations	
Inspector (Printed) Blende Bulhaventu	N)		Good Retail Practices Violations Requires Reinspection - check box if you intend to reinspect	
Appeal: The owner or operator of a food establishment aggrieved by t	his orde	er to	corr	rect any inspection violation identified by the food inspector or to hold, destroy, alth, not later than forty-eight hours after issuance of such order.	

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71/1 M((46 h) 1/2) V/M(5/4/5 70)				
CONTINUATION SHEET DEPARTMENT OF PUBLIC HEALTH PLANS OF THE PUBLIC HEALTH PUBLIC HEALTH PLANS OF THE PUBLIC HEALTH PUBLIC HEALTH				
NAME OF ESTABLISHMENT TOWN DATE OF INSPECTION				
Muto Wine Bar Sheltan 8/26/25 INSPECTION REMARKS				
20 flend CFPM				
300 mistig themometer or promy placed themometer				
I I'M CIDLORD				
39C frul/wins not in difful container not labeled				
By you / spins not in diffral container not kibeled By uge plashie buols used as sloop-bused in fool				
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INITIAL (INSPECTOR) INITIAL (PERSON IN CHARGE) GCG				