

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

5733

Risk Category: 2		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: Permanent Temporary <u>Mobile</u> Other		Date: 5/12/25		Time In 1:00 AM/PM Time Out 1:05 AM/PM	
Establishment <u>Jesse Camilles - Trailer</u>		LHD <u>NVHD</u>		Purpose of Inspection: <u>Routine</u> Pre-op	
Address <u>ITV</u>		Reinspection		Other	
Town/City <u>Naugatuck</u>					
Permit Holder <u>Larry Erickson</u>					
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		Supervision		IN OUT N/A N/O	
1	☒	☐	☐	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	☐
2	☒	☐	☐	Certified Food Protection Manager for Classes 2, 3, & 4	☐
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O	
3	☒	☐	☐	Management, food employee and conditional employee; knowledge, responsibilities and reporting	☐
4	☒	☐	☐	Proper use of restriction and exclusion	☐
5	☒	☐	☐	Written procedures for responding to vomiting and diarrheal events	☐
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O	
6	☐	☐	☐	Proper eating, tasting, drinking, or tobacco products use	☐
7	☐	☐	☐	No discharge from eyes, nose, and mouth	☐
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O	
8	☐	☐	☐	Hands clean and properly washed	☐
9	☐	☐	☐	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	☐
10	☒	☐	☐	Adequate handwashing sinks, properly supplied/accessible	☐
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O	
11	☒	☐	☐	Food obtained from approved source	☐
12	☒	☐	☐	Food received at proper temperature	☐
13	☒	☐	☐	Food in good condition, safe, and unadulterated	☐
14	☐	☐	☐	Required records available: molluscan shellfish identification, parasite destruction	☐
GOOD RETAIL PRACTICES					
<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					
OUT N/A N/O		Safe Food and Water		OUT N/A N/O	
30	☐	☐	☐	Pasteurized eggs used where required	☐
31	☐	☐	☐	Water and ice from approved source	☐
32	☒	☐	☐	Variance obtained for specialized processing methods	☐
IN OUT N/A N/O		Food Temperature Control		IN OUT N/A N/O	
33	☐	☐	☐	Proper cooling methods used; adequate equipment for temperature control	☐
34	☐	☐	☐	Plant food properly cooked for hot holding	☐
35	☐	☐	☐	Approved thawing methods used	☐
36	☐	☐	☐	Thermometers provided and accurate	☐
IN OUT N/A N/O		Food Identification		IN OUT N/A N/O	
37	☐	☐	☐	Food properly labeled; original container	☐
IN OUT N/A N/O		Prevention of Food Contamination		IN OUT N/A N/O	
38	☐	☐	☐	Insects, rodents, and animals not present	☐
39	☐	☐	☐	Contamination prevented during food preparation, storage & display	☐
40	☐	☐	☐	Personal cleanliness	☐
41	☐	☐	☐	Wiping cloths: properly used and stored	☐
42	☐	☐	☐	Washing fruits and vegetables	☐
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>Patricia Bethin</u>		Date <u>5/12/25</u>			
Person in Charge (Printed) <u>Patricia Bethin</u>					
Inspector (Signature) <u>Amy Durand</u>		Date <u>5/12/25</u>			
Inspector (Printed) <u>Amy Durand</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					
Priority Foundation Item Violations					
Core Item Violations					
Risk Factor/Public Health Intervention Violations					
Repeat Risk Factor/Public Health Intervention Violations					
Good Retail Practices Violations					
Requires Reinspection - check box if you intend to reinspect					
Date corrections due					
#					

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Inspection Report Continuation Sheet

Date _____

Jesse Camille's Trailer Town naugatuck

[illegible]

Item Number	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.
	CPDM: LARRY ERICKSON
	vinyl gloves ✓
	hand sink ok ✓
	Single service items protected
	Items off floor ✓
	* no food or product on trailer
	* currently not in use
	* equipment not running due to not in use
	* Trailer is clean & well maintained

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Date _____

Date _____