

5898

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category:	3	<b>Food Establishment Inspection Report</b>	Page 1 of 2
Establishment type:	Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/>	Date: 11/13/25	
Establishment:	Little burn	Time In:	2:05 AM/PM
Address:	901 Bridgeport Ave	Time Out:	3:15 AM/PM
Town/City:	Shelton	LHD:	NVHD
Permit Holder:		Purpose of Inspection:	Routine <input checked="" type="checkbox"/> Pre-op <input type="checkbox"/>
		Reinspection:	Other <input type="checkbox"/>



**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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						
<b>Employee Health</b>							<b>Time/Temperature Control for Safety</b>						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper cooking time and temperatures						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<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						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures						
<b>Good Hygienic Practices</b>							<b>Consumer Advisory</b>						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Consumer advisory provided: raw/undercooked food						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth							Time as a public health control: procedures and records						
<b>Preventing Contamination by Hands</b>							<b>Highly Susceptible Population</b>						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							Pasteurized foods used; prohibited foods not offered						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							<b>Food/Color Additives and Toxic Substances</b>						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible							Food additives: approved and properly used						
<b>Approved Source</b>							<b>Conformance with Approved Procedures</b>						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<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						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							Toxic substances properly identified, stored & used						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							<b>GOOD RETAIL PRACTICES</b>						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i></p> <p>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</p>						
Required records available: molluscan shellfish identification, parasite destruction							<b>Safe Food and Water</b>						

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"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required							In-use utensils: properly stored			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled			
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used			
<b>Food Temperature Control</b>							Gloves used properly			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>			
Proper cooling methods used; adequate equipment for temperature control							Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used							Non-food contact surfaces clean			
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>			
Thermometers provided and accurate							50 <input type="checkbox"/> Hot and cold water available; adequate pressure			
<b>Food Identification</b>							51 <input type="checkbox"/> Plumbing installed; proper backflow devices			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52 <input type="checkbox"/> Sewage and waste water properly disposed			
Food properly labeled; original container							53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean			
<b>Prevention of Food Contamination</b>							54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 <input type="checkbox"/> Physical facilities installed, maintained, and clean			
Insects, rodents, and animals not present							56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used			
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f			
Contamination prevented during food preparation, storage & display							<b>Violations documented</b>			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	Date corrections due	#	
Personal cleanliness							Priority Foundation Item Violations			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations	C.O.S	2	
Wiping cloths: properly used and stored							Risk Factor/Public Health Intervention Violations			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations	2/3/26	4	
Washing fruits and vegetables							Good Retail Practices Violations			
<p>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</p>							Requires Reinspection - check box if you intend to reinspect			

Person in Charge (Signature):	<i>Janelle Jungst</i>	Date:	11/13/25
Person in Charge (Printed):	Janelle Jungst		
Inspector (Signature):	<i>Michael Belossatos</i>	Date:	11/13/25
Inspector (Printed):	Michael Belossatos		

Violations documented	Date corrections due	#
Priority Item Violations		2
Priority Foundation Item Violations		4
Core Item Violations		1
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		2
Requires Reinspection - check box if you intend to reinspect		No

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

LHD N

Inspection Report Continuation Sheet

Date 11/13/25

Establishment Little Ben

Town Shelton

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Picadegallo/ham marie	40°F	rice / ice bin	40°F		
Cheese	40°F	chicken / " "	40°F		
fish	40°F	cheese / walk-in cooler	41°F		
raw chicken	38°F	rice / walk-in cooler	41°F		
sliced tomato	46°F	ground beef / " "	42°F		
Bolited egg	42°F	Shrimp / <del>ice bin</del> cooler	41°F		
chicken wings	41°F				
Chili beef / <del>Stem</del> 142					

### 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.

CFRM - on-site - Michael Fedell

- PF 39 - Food cooling on the floor - COS CFPM Place chili and ice bath on prep table
- C47 - using milk crate as shelving to store food in walk-in
- C47 - using cardboard as shelf liner in dry storage
- C39 - using stainless steel hotel pin to scoop ice - COS - CFPM to use scoop
- C47 - using paper bowl to scoop flour - COS - CFPM place Scoop with handle
- OK - Dishwasher temp 180°
- OK - 3 bay sanitizer at 400ppm - quat
- NO thermometer in lobby cooler - COS - CFPM place thermometer
- PF 16 - Soda gun nozzle broader unclean - COS - cleaned nozzle holder
- OK - observed hand washing and use of gloves
- observed labeling and date marking on foods
- observed proper cooling using ice winds and ice bath
- observed bathroom



Person in Charge (Signature)

Date 11/13/25

Inspector (Signature)

Michael Fedell

Date 11/13/25