


Matthew DeLong's
10/23/30

Connecticut Department of Public Health

Risk Category: 3		Food Establishment Inspection Report				Page 1 of 2																												
Establishment type: Permanent Temporary Mobile Other		Date: 10/2/25		Time In: 12:30 AM/PM		Time Out: 1:00 AM/PM																												
Establishment: Market Place				LHD: NVH		Purpose of Inspection: Routine Pre-op																												
Address: 811 Bridgeport Ave				Reinspection: <input type="checkbox"/> Other: <input type="checkbox"/>																														
Town/City: Shelton # 5923																																		
Permit Holder:																																		
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 checked="" 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																														
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"/>	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																														
Good Hygienic Practices				Consumer Advisory																														
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<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				Proper date marking and disposition																														
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	24	<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																														
Preventing Contamination by Hands				Highly Susceptible Population																														
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>																					
Hands clean and properly washed				Consumer advisory provided: raw/undercooked food																														
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances																											
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Pasteurized foods used; prohibited foods not offered																														
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<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																														
Approved Source				Conformance with Approved Procedures																														
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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 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"/>	GOOD RETAIL PRACTICES																											
Food received at proper temperature				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																														
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	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																											
Food in good condition, safe, and unadulterated				Safe Food and Water		Proper Use of Utensils		OUT	IN	COS	R																							
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																					
Required records available: molluscan shellfish identification, parasite destruction				Pasteurized eggs used where required		Use utensils: properly stored		31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
GOOD RETAIL PRACTICES				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"/>																				
Safe Food and Water				Variance obtained for specialized processing methods		Single-use/single-service articles: properly stored & used		33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>																				
Food Temperature Control				Proper cooling methods used; adequate equipment for temperature control		Gloves used properly		34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>																				
Food Identification				Plant food properly cooked for hot holding		Food and non-food contact surfaces cleanable, properly designed, constructed, and used		35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Prevention of Food Contamination				Approved thawing methods used		Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available		36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Physical Facilities				Thermometers provided and accurate		Non-food contact surfaces clean		37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Safe Food and Water				Food properly labeled; original container		Hot and cold water available; adequate pressure		38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>																				
Proper Use of Utensils				Insects, rodents, and animals not present		Plumbing installed; proper backflow devices		39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Utensils and Equipment				Contamination prevented during food preparation, storage & display		Sewage and waste water properly disposed		40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Physical Facilities				Personal cleanliness		Toilet facilities: properly constructed, supplied, & clean		41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>																				
Safe Food and Water				Wiping cloths: properly used and stored		Garbage and refuse properly disposed; facilities maintained		42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Proper Use of Utensils				Washing fruits and vegetables		Physical facilities installed, maintained, and clean		43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>																				
Utensils and Equipment				Permit Holder shall notify customers that a copy of the most recent inspection report is available.		Adequate ventilation and lighting; designated areas used		44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>																				
Physical Facilities				Person in Charge (Signature) <i>Matthew DeLong</i> Date 10/2/25		Natural rubber latex gloves not used per CGS §19a-36f		45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Violations documented				Person in Charge (Printed) Matthew DeLong		Risk Factor/Public Health Intervention Violations		46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>																				
Date corrections due				Inspector (Signature) <i>Graciela Brumentuk</i> Date 10/2/25		Repeat Risk Factor/Public Health Intervention Violations		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td>10/24/25 (WS)</td> <td>2</td> </tr> <tr> <td>Core Item Violations</td> <td>2/24/25 (WS)</td> <td>2</td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td>3</td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td>0</td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td>0</td> </tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td>NO</td> </tr> </table>						Priority Item Violations			Priority Foundation Item Violations	10/24/25 (WS)	2	Core Item Violations	2/24/25 (WS)	2	Risk Factor/Public Health Intervention Violations		3	Repeat Risk Factor/Public Health Intervention Violations		0	Good Retail Practices Violations		0	Requires Reinspection - check box if you intend to reinspect		NO
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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.																																		

madhuspot. 135 - vaw park 39. breded chook 38.5 vawon 40.
 Gray 135. POH July 34.5 waffle 36.0 Page 2 of
 fum. sau 135 salmon 39.0
 vaw bef. 41. calumari 39.0
 STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

NAME OF ESTABLISHMENT		TOWN	DATE OF INSPECTION
Manny Place		Shelton	10/2/25
INSPECTION FORM #	REMARKS		
10P4	using handbink for other purposes - utensils in handbink (WS)		
10C	missing signage at handbinks		
23P4	date-marking not being practiced on all food items		
21P4	missings consumer advisory on main menu - menu being changed today -		
36C	missing / poorly placed thermometers		
37C	spices / food out of original container not labeled		
39C	uncovers food throughout		
43C	handle of soup buried in ice at bar		
49C	under soap fan in WLC		
49C	under baffles / hood - service was due Sep 2025 -		
87C	under plans - esp. under equipment; under ceiling vents		
49C	under ext of bins / lids of food bins		
	went on date-marking, chef		
	went on paper labeling methods (chef -		
	A food allergy posted		
INITIAL (INSPECTOR)		INITIAL (PERSON IN CHARGE)	
[Signature]		[Signature]	

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager