


|  |                                     |   |                          |  |                          |  |  |
|--|-------------------------------------|---|--------------------------|--|--------------------------|--|--|
| Risk Category: <u>3</u>  |                                     | <b>Food Establishment Inspection Report</b>                                       |                          |  |                          | Page 1 of <u>2</u>                           |  |
| Establishment type: <u>Permanent</u> Temporary Mobile Other  |                                     | Date: <u>9/16/25</u>  |                          | Time In: <u>4:50</u> AM/PM   |                          | Time Out: <u>7:00</u> AM/PM                  |  |
| Establishment: <u>Chaplin</u>  |                                     |  |                          | LHD: <u>NVH</u>  |                          | Purpose of Inspection: <u>Routine</u> Pre-op |  |
| Address: <u>427 Home avenue</u>  |                                     |   |                          | Reinspection: <input type="checkbox"/> Other: <input type="checkbox"/>   |                          |  |  |
| Town/City: <u>Shelton #5943</u>  |                                     |   |                          |  |                          |  |  |
| Permit Holder:   |                                     | <b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>             |                          |  |                          |  |  |
| <p><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></p> <p>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> |                                     |   |                          |  |                          |  |  |
| 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                      | V  | COS                      | R  |  |
| <b>Supervision</b>   |                                     |   |                          | <b>Protection from Contamination</b>   |                          |  |  |
| 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"/> <input type="checkbox"/> Food separated and protected P/C <input type="checkbox"/> <input type="checkbox"/>   |
| 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"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> <input type="checkbox"/>  |
| Person/Alternate Person in charge present, demonstrates knowledge and performs duties  |                                     |   |                          | Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> <input type="checkbox"/>  |                          |  |  |
| Certified Food Protection Manager for Classes 2, 3, & 4  |                                     |   |                          | <b>Time/Temperature Control for Safety</b>   |                          |  |  |
| <b>Employee Health</b>   |                                     |   |                          | 18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> <input type="checkbox"/>   |                          |  |  |
| 3  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | P/Pf   | <input type="checkbox"/> | <input type="checkbox"/>                     | 19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper reheating procedures for hot holding P <input type="checkbox"/> <input type="checkbox"/>   |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting  |                                     |   |                          | 20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling time and temperatures P <input type="checkbox"/> <input type="checkbox"/>  |                          |  |  |
| 4  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | P  | <input type="checkbox"/> | <input type="checkbox"/>                     | 21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper hot holding temperatures P <input type="checkbox"/> <input type="checkbox"/>   |
| Proper use of restriction and exclusion  |                                     |   |                          | 22 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cold holding temperatures P <input type="checkbox"/> <input type="checkbox"/>   |                          |  |  |
| 5  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | Pf   | <input type="checkbox"/> | <input type="checkbox"/>                     | 23 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper date marking and disposition P/Pf <input type="checkbox"/> <input type="checkbox"/>   |
| Written procedures for responding to vomiting and diarrheal events   |                                     |   |                          | 24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> <input type="checkbox"/>                                |                          |  |  |
| <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"/>                     | 25 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> <input type="checkbox"/>  |
| Proper eating, tasting, drinking, or tobacco products use  |                                     |   |                          | <b>Highly Susceptible Population</b>   |                          |  |  |
| 7  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | C  | <input type="checkbox"/> | <input type="checkbox"/>                     | 26 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> <input type="checkbox"/>   |
| No discharge from eyes, nose, and mouth  |                                     |   |                          | <b>Food/Color Additives and Toxic Substances</b>   |                          |  |  |
| <b>Preventing Contamination by Hands</b>   |                                     |   |                          | 27 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food additives: approved and properly used P <input type="checkbox"/> <input type="checkbox"/>                                       |                          |  |  |
| 8  | <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"/> <input type="checkbox"/> Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> <input type="checkbox"/>   |
| Hands clean and properly washed  |                                     |   |                          | <b>Conformance with Approved Procedures</b>  |                          |  |  |
| 9  | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     | 29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> <input type="checkbox"/>   |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly followed   |                                     |   |                          |  |                          |  |  |
| 10   | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| Adequate handwashing sinks, properly supplied/accessible   |                                     |   |                          |  |                          |  |  |
| <b>Approved Source</b>   |                                     |   |                          |  |                          |  |  |
| 11   | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| Food obtained from approved source   |                                     |   |                          |  |                          |  |  |
| 12   | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | P/Pf   | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| Food received at proper temperature  |                                     |   |                          |  |                          |  |  |
| 13   | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | P/Pf   | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| Food in good condition, safe, and unadulterated  |                                     |   |                          |  |                          |  |  |
| 14   | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| Required records available: molluscan shellfish identification, parasite destruction   |                                     |   |                          |  |                          |  |  |
| <b>GOOD RETAIL PRACTICES</b>   |                                     |   |                          |  |                          |  |  |
| <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>   |                                     |   |                          |  |                          |  |  |
| OUT  | N/A                                 | N/O   | V                        | COS  | R                        |  |  |
| <b>Safe Food and Water</b>   |                                     |   |                          | <b>Proper Use of Utensils</b>  |                          |  |  |
| 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"/> <input type="checkbox"/> In-use utensils: properly stored C <input type="checkbox"/> <input type="checkbox"/>  |
| Pasteurized eggs used where required   |                                     |   |                          | 44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> <input type="checkbox"/>                             |                          |  |  |
| 31   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     | 45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> <input type="checkbox"/>  |
| Water and ice from approved source   |                                     |   |                          | 46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gloves used properly C <input type="checkbox"/> <input type="checkbox"/>  |                          |  |  |
| 32   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | Pf   | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| Variance obtained for specialized processing methods   |                                     |   |                          | <b>Utensils and Equipment</b>  |                          |  |  |
| <b>Food Temperature Control</b>  |                                     |   |                          | 47 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> <input type="checkbox"/> |                          |  |  |
| 33   | <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"/> <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> <input type="checkbox"/> |
| Proper cooling methods used; adequate equipment for temperature control  |                                     |   |                          | 49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean C <input type="checkbox"/> <input type="checkbox"/>   |                          |  |  |
| 34   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | Pf   | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| Plant food properly cooked for hot holding   |                                     |   |                          | <b>Physical Facilities</b>   |                          |  |  |
| 35   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     | 50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/> <input type="checkbox"/>  |
| Approved thawing methods used  |                                     |   |                          | 51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> <input type="checkbox"/>  |                          |  |  |
| 36   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     | 52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> <input type="checkbox"/>   |
| Thermometers provided and accurate   |                                     |   |                          | 53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> <input type="checkbox"/>                               |                          |  |  |
| <b>Food Identification</b>   |                                     |   |                          | 54 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> <input type="checkbox"/>                                 |                          |  |  |
| 37   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     | 55 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> <input type="checkbox"/>   |
| Food properly labeled; original container  |                                     |   |                          | 56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> <input type="checkbox"/>                                    |                          |  |  |
| <b>Prevention of Food Contamination</b>  |                                     |   |                          | 57 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f C <input type="checkbox"/> <input type="checkbox"/>                                       |                          |  |  |
| 38   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     |  |
| Insects, rodents, and animals not present  |                                     |   |                          | <b>Violations documented</b>   |                          |  |  |
| 39   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     | Priority Item Violations <u>0</u>  |
| Contamination prevented during food preparation, storage & display   |                                     |   |                          | Priority Foundation Item Violations <u>0</u>   |                          |  |  |
| 40   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     | Core Item Violations <u>90 days</u>  |
| Personal cleanliness   |                                     |   |                          | Risk Factor/Public Health Intervention Violations <u>1</u>   |                          |  |  |
| 41   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | C  | <input type="checkbox"/> | <input type="checkbox"/>                     | Repeat Risk Factor/Public Health Intervention Violations <u>1</u>  |
| Wiping cloths: properly used and stored  |                                     |   |                          | Good Retail Practices Violations <u>0</u>  |                          |  |  |
| 42   | <input type="checkbox"/>            | <input type="checkbox"/>  | <input type="checkbox"/> | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/>                     | Requires Reinspection - check box if you intend to reinspect <u>NO</u>   |
| Washing fruits and vegetables  |                                     |   |                          |  |                          |  |  |
| <p>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</p>   |                                     |   |                          |  |                          |  |  |
| Person in Charge (Signature): <u>[Signature]</u>   |                                     | Date: <u>9/16/25</u>  |                          | Violations documented  |                          | Date corrections due                         |  |
| Person in Charge (Printed): <u>Markin Bullabaw</u>   |                                     |   |                          | Priority Item Violations   |                          |  |  |
| Inspector (Signature): <u>[Signature]</u>  |                                     | Date: <u>9/16/25</u>  |                          | Priority Foundation Item Violations  |                          |  |  |
| Inspector (Printed): <u>Erin B...</u>  |                                     |   |                          | Core Item Violations   |                          |  |  |
| <p>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.</p>  |                                     |   |                          |  |                          |  |  |

