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Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>6/11/25</u>		Time In <u>12:30</u> AM/PM Time Out _____ AM/PM	
Establishment <u>Subway @ Walmart</u>				LHD <u>NVHD</u>	
Address <u>465 Bridgeport Ave</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Town/City <u>Shelton</u>				Reinspection Other _____	
Permit Holder <u>Alaa Mosallai</u>					
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
<small>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.</small>					
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4 * <u>1 Expired</u>	<input type="checkbox"/>
		Employee Health			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>
		Good Hygienic Practices			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>
		Preventing Contamination by Hands			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	<input type="checkbox"/>
		Approved Source			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>					
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>					
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	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>
		Food Temperature Control			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	<input type="checkbox"/>
		Food Identification			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>
		Prevention of Food Contamination			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>Alaa Mosallai</u>		Date <u>6/11/25</u>			
Person in Charge (Printed)					
Inspector (Signature) <u>Amara Ruchin</u>		Date <u>6/11/25</u>			
Inspector (Printed) <u>Amara Ruchin</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.					
<b>Violations documented</b>					
Priority Item Violations		Date corrections due		#	
Priority Foundation Item Violations		<u>6/22/25</u>		<u>1</u>	
Core Item Violations		<u>9/11/25</u>		<u>2</u>	
Risk Factor/Public Health Intervention Violations				<u>1</u>	
Repeat Risk Factor/Public Health Intervention Violations				<u>2</u>	
Good Retail Practices Violations				<u>3</u>	
Requires Reinspection - check box if you intend to reinspect				<input checked="" type="checkbox"/>	



# Food Establishment Inspection Report

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LHD NVHD Inspection Report Continuation Sheet Date 6/11/25  
 Establishment Subway @ Walmart Town Shelton

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
NIF	-8°F	HH - meatballs	145°F	Bm - grilled chx	48°F
WIC	41°F			- Ham/Turkey	40°F
- Tuna	38°F			- Shredded cheese	40°F
- Am cheese/prov	37°F			- Sliced tom	39°F
				- Chop lettuce	41°F
				- Cucumbers	42°F

## 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.

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.
	4/14/21 12/5/24 *Expired
CFPM	- Carmen Verano, Alag Mosallail → on-site
	Handsink - stocked ✓, Signage ✓, Hot H <sub>2</sub> O ✓, gloves ✓
	Sanitizer - Chlorine bucket 50-100ppm ✓, TS ✓
	Soda Area ✓, microwave ✓, Slush machine ✓, Slicer ✓
	Allergen poster ✓
	Datemarking ✓, mop hung to dry ✓, 3 Bay ✓
	Chips/cups/to go ✓
CSS	Floors in wic unclean
CSS	Floors unclean around equipment/Shelving BOH + disrepair
# 10	BOH Handwashing Sink (across from 3 Bay) disrepair "Do NOT use" sign
	* PIC CFPM certificate expired *
	→ Repair Sink by <u>6/12/25</u> , once repaired send invoice to <u>ARUCHIN@NVHD.ORG</u> or call 203-881-3255 x113

Person in Charge (Signature) Alag Mosallail Date 6/11/25  
 Inspector (Signature) Amanda Ruchin Date 6/11/25