

Connecticut Department of Public Health

Risk Category: 2 Food Establishment Inspection Report Page 1 of												
Establishment type: Permanent Temporary Mobile Other						Date: 6/11/25						
Establishment Subway @ Walmart			astiring Connecticus Heading				Time In 12:36M/PM Time Out_					
Address 465 Bridgeport Ave			DPH)				LHD NVHD					
Town/City Shelter						Purpose of Inspection: Routine Pre-op						
Permit Holder Alaa Mosallai-C	C	Connecticut Department of Public Health			it F	Reinspe						
FOODBORNE ILLNESS RISK F	ACTO	RS	AN	D PU	BLIC	HEAL	TH INTERVE	ENTIONS				
Risk factors are important practices or procedures identified as the most prevalent cont	tributing fa	actors	of food	lborne ii	lness or	injury. Inte	rventions are contro	I measures to prevent foodborne illne	ass or injury.			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered in	tem	- 1	N=in	compli	ance	OUT=n	ot in compliance	N/A=not applicable N/	O=not obs	served		
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark in	аррі	ropria	te box	for CO	S and/or	R COS=correc	ted on-site during inspection	R=repeat	violation		
IN OUT N/A N/O Supervision	V	cos	R		IN QU	N/A N/O	Protecti	on from Contamination	٧	COS R		
Person/Alternate Person in charge present,	D.f			15	9/	00	Food separated	and protected	P/C	00		
demonstrates knowledge and performs duties	Pf	10	9	16	0	. 0	Food-contact si	urfaces: cleaned & sanitized	P/Pf/C	00		
Certified Food Protection Manager for Classes 2,	С			17			Proper disposit	on of returned, previously	Р			
3, & 4 * Expired	C	10		17			served, recondi	tioned, and unsafe food	P	00		
Employee Health							Time/Tempera	ture Control for Safety				
Management, food employee and conditional employee;	DIDE			18	00	00	Proper cooking	time and temperatures	P/Pf/C	00		
knowledge, responsibilities and reporting	P/Pf	10	9	19	00	00	Proper reheatin	g procedures for hot holding	Р	00		
4 Proper use of restriction and exclusion	P	0	0	20 0	0 0			time and temperatures		00		
Written procedures for responding to vomiting and	5.			21	00	00		ing temperatures	P	00		
diarrheal events	Pf	0	0	22 6	0	100		ding temperatures	Р	00		
Good Hygienic Practices				23	10	00		rking and disposition	P/Pf	00		
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	10	0			/		c health control: procedures				
7 No discharge from eyes, nose, and mouth	С	0	0	24	70		and records	p	P/Pf/C			
Preventing Contamination by Hands					-			umer Advisory				
8 D Hands clean and properly washed	P/Pf	10	0	25		0		y provided: raw/undercooked food	Pf	00		
No bare hand contact with RTE food or a							-	ceptible Population	2000			
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26				used; prohibited foods not offered	P/C	00		
10) Adequate handwashing sinks, properly supplied/accessible	Fig	0	0	20	/	Fo		ves and Toxic Substances				
Approved Source				27	50		A STATE OF THE OWNER, THE PARTY OF THE PARTY	approved and properly used		00		
11 Feed obtained from approved source	P/Pf/C	10	0	21				es properly identified,	1 1	-		
		-	0	28	90	0	stored & used	es properly identified,	P/Pf/C	00		
12 Food received at proper temperature	P/Pf	-	\approx	-	_	-		th Approved Procedures				
13 Cood in good condition, safe, and unadulterated Required records available: molluscan shellfish	P/Pf	-		-	-			h variance/specialized				
identification, parasite destruction	P/Pf/C	0	0	29	00	0		riteria/HACCP Plan	P/Pf/C	00		
	OD RE	TAI	DE	ACT	CEC		process/NOP C	iteria/i i/CCF Fiair				
Good Retail Practices are preventative measures t				_		no ohom	inala and physica	Labinata into foods				
				-					Desensed	violetien		
	n appro	_	-	_		or R		on-site during inspection	R=repeat			
OUT N/A N/O Safe Food and Water	V	cos		-	JT			e of Utensils		COS R		
30 Pasteurized eggs used where required	P	0	0	-	-		ils: properly stor		C	00		
31 Water and ice from approved source	P/Pf/C	-	0					perly stored, dried, & handled	Pf/C			
32 Variance obtained for specialized processing methods	Pf	0	0					es: properly stored & used	P/C	00		
Food Temperature Control		-		46		Gloves used properly C O						
Proper cooling methods used; adequate equipment for	Pf/C	0						and Equipment				
temperature control				47)			surfaces cleanable,	P/Pf/C	00		
34 O Plant food properly cooked for hot holding	Pf	0	0		pro		igned, construct		1			
35 Approved thawing methods used	Pf/C	_	0	48	2			lled, maintained and used;	Pf/C	00		
36 Thermometers provided and accurate	Pf/C	0	0					and test strips available				
Food Identification				49	⊃ Nor	n-food co	ntact surfaces c		С	00		
37 Food properly labeled; original container	Pf/C	0	0					ical Facilities				
Prevention of Food Contamination								; adequate pressure	Pf	00		
38 Insects, rodents, and animals not present	-	0					stalled; proper ba		P/Pf/C	00		
39 Contamination prevented during food preparation, storage & display	P/Pf/C		0				I waste water pro		P/Pf/C	00		
40 Personal cleanliness	Pf/C		0					structed, supplied, & clean	Pf/C	00		
41 Wiping cloths: properly used and stored	C	0	0					sposed; facilities maintained	С	00		
42 Washing fruits and vegetables	P/Pf/C	0	0					naintained, and clean	P/Pf/C			
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is ava	ailable	э.					nting; designated areas used not used per CGS §19a-36f	d C	00		
Person in Charge (Signature) Alan Massalland Date 6/1/125					ations	docume Violatio	nted	Date corrections due		# 5		
Wall Cold B/	10		\neg				Item Violations	(0/22/25		1		
Person in Charge (Printed),	10			-		/iolations		9/11/25	_	2		
March William 11		1-					Health Intervention	on Violations		1		
Inspector (Signature) MMMMMMMMMDate (0////)					Repeat Risk Factor/Public Health Intervention Violations					2		
Ann la Pintai					Good Retail Practices Violations					2		
Inspector (Printed) Amanda KUCN, N						Requires Reinspection - check box if you intend to reinspect						
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 disperse of unsafe food, may affect such order to the Director of Health, not later than forty-eight hours after issuance of such order.										estroy,		

	r	ood Esta	biisnment	inspec	ction F	ceport	Page	of		
LHD	h 11/4/N							Date 6/11/25		
Establish	ment Subwa	ay @ waln	nart Town	Shelton	\cap		, ,			
TEMPERATURE OBSERVATIONS										
Item	/Location/Process	Temp	Item/Location/I	Process	Temp	Item/Loc	cation/Process	Temp		
NIF		- Q°F	HH - mattoo	7115	145°1	Bm-ari	iled Chx	437		
		HIOF	III III III	(11)	190 '	011191	,	11000		
MIC	F20 IV	2001				HOW	Turkey	70		
- TV	na_{-}	1 381				- Shredo	led Cheese	400		
- Ar	n cheese	1 Prov 37'F				- Slice	d tom	390		
1		1000				- Chox	1PHUGE,	410		
						- 0000	misers	4200		
						au	VIVOEN	10.		
		OP	SERVATIONS AN	D CORRECT	IVE ACTIO	INIC				
	Violations cited		e corrected within the time				.11 & 8-406.11 of the	e food code.		
Item Number		14/01			, or do otatou					
Aciona			12/5/24 *	Expired						
CFPM	- Carmon	Verano, 1	alag mosali	ail > or	1-site		/			
Hamsink-Stocked Signage, Hot Hoor, Gloves										
	Sanitycer-Chlorine Bucket 50-100ppm , TSV									
		,			12		/			
	Sodo Ar	reav, mil	crowaves,	Slush	mach	rine, S	licer			
	Alleman	noter				/				
	Datemar	King m	op hung to	odry.	3 Bay	y				
	Chips/cut	15/10 go.	1)				
		7								
55 R	Floors	in WIC	unclean							
55 R	Floors	unctean a	around equil ng Sink(a	pment/	Shelvin	a BOH +	disrepair			
10	ROU H	andumhid	vi Sink Co	CVACC Fra	2 2 R	disvop	air "Dr.Aht	TURE SIGN		
10	DOM TIC	muus ///	y one (a	C1055 110	$m \sim Dc$	gjabrer	10 00	030 81911		
	DIC CED	m mylifa	ate expired	×						
V	FIC CIPI	III CENTINO	arc expira	/(/\						
_>	Damin S	inv lau	le/12/20	ONCEV	harima	ami	invoice +			
	MUNIC	CLITING	Q/12/25,	000	Call	202-0	91-3255	5 v 112		
	IIK	OCHILINE	NVHD. O	K6 01	Cull	003 0		21.0		
		. Ala.	1100 11	mil			Date 6/11	.25		
Person in	Charge (Signatu	uguda ki	Mogall				Date (c)	75		
unspector	(Signafure) A/A/	TANIN VIN IN I	# 4// / A				Date 4/11/			