


5974

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>10/28/25</u>																	
Establishment <u>Cafe 4</u>				Time In <u>10:45</u> AM/PM		Time Out <u>11:25</u> AM/PM															
Address <u>4 Corporate Dr.</u>				LHD <u>NVHD</u>		Purpose of Inspection: <u>Routine</u> Pre-op															
Town/City <u>Shelton</u>				Reinspection _____		Other _____															
Permit Holder <u>Daniel Farm</u>																					
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																					
<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>																					
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																					
<b>Supervision</b>				<b>Protection from Contamination</b>																	
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"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>								
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected					P/C	<input type="checkbox"/>								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>								
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized					P/Pf/C	<input type="checkbox"/>								
							Proper disposition of returned, previously served, reconditioned, and unsafe food					P	<input type="checkbox"/>								
<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"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>								
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper cooking time and temperatures					P	<input type="checkbox"/>								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>								
Proper use of restriction and exclusion							Proper reheating procedures for hot holding					P	<input type="checkbox"/>								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>								
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures					P	<input type="checkbox"/>								
							21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>								
							Proper hot holding temperatures					P	<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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>								
Proper eating, tasting, drinking, or tobacco products use							Proper date marking and disposition					P/Pf/C	<input type="checkbox"/>								
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>								
No discharge from eyes, nose, and mouth							Time as a public health control: procedures and records						<input type="checkbox"/>								
<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"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pf	<input type="checkbox"/>								
Hands clean and properly washed							Consumer advisory provided: raw/undercooked food						<input type="checkbox"/>								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>								
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Pasteurized foods used; prohibited foods not offered						<input type="checkbox"/>								
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>														
Adequate handwashing sinks, properly supplied/accessible							27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>								
							Food additives: approved and properly used					P/Pf/C	<input type="checkbox"/>								
<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"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>								
Food obtained from approved source							Compliance with variance/specialized process/ROP criteria/HACCP Plan						<input type="checkbox"/>								
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>														
Food received at proper temperature				<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Mark <b>OUT</b> if numbered item is not in compliance    V=violation type    Mark in appropriate box for <b>COS</b> and/or <b>R</b> <b>COS</b> =corrected on-site during inspection <b>R</b> =repeat violation														
Food in good condition, safe, and unadulterated								<b>Safe Food and Water</b>		<b>Proper Use of Utensils</b>		<b>Utensils and Equipment</b>									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R			
Required records available: molluscan shellfish identification, parasite destruction								30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
								Pasturized eggs used where required						<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>
								31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	In-use utensils: properly stored					C	<input type="checkbox"/>
								32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled					Pf/C	<input type="checkbox"/>
								Variance obtained for specialized processing methods						<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>
<b>Food Temperature Control</b>				<b>Food Identification</b>				Single-use/single-service articles: properly stored & used					P/C	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Gloves used properly						<input type="checkbox"/>	<b>Physical Facilities</b>							
Proper cooling methods used; adequate equipment for temperature control								Food and non-food contact surfaces cleanable, properly designed, constructed, and used					P/Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Non-food contact surfaces clean					C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>				Hot and cold water available; adequate pressure						<input type="checkbox"/>				
Thermometers provided and accurate								Hot and cold water available; adequate pressure						<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Insects, rodents, and animals not present				Plumbing installed; proper backflow devices					P/Pf/C	<input type="checkbox"/>				
Food properly labeled; original container								Contamination prevented during food preparation, storage & display				Sewage and waste water properly disposed					Pf/C	<input type="checkbox"/>			
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Personal cleanliness				Toilet facilities: properly constructed, supplied, & clean					Pf/C	<input type="checkbox"/>				
Insects, rodents, and animals not present								Wiping cloths: properly used and stored				Garbage and refuse properly disposed; facilities maintained					C	<input type="checkbox"/>			
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Washing fruits and vegetables				Physical facilities installed, maintained, and clean					P/Pf/C	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display								Adequate ventilation and lighting; designated areas used					C	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Natural rubber latex gloves not used per CGS §19a-36f						<input type="checkbox"/>				
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	Person in Charge (Signature) <u>[Signature]</u> Date _____ Person in Charge (Printed) <u>Juan Plaza</u> Inspector (Signature) <u>[Signature]</u> Date <u>10/28/25</u> Inspector (Printed) <u>John Mucha, RS</u>				Violations documented				Date corrections due		#				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>					Priority Item Violations		-		-						
								Priority Foundation Item Violations		-		-									
								Core Item Violations		1/28/26		5									
								Risk Factor/Public Health Intervention Violations		-		-									
								Repeat Risk Factor/Public Health Intervention Violations		-		-									
								Good Retail Practices Violations		-		5									
								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 dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																					

