

Connecticut Department of Public Health

| Risk Category: Food Establishment Inspection Report Page 1 of | | | | | | | | | | | |
|--|------------------|---|-------------|---------------------------------------|--|--|--|--|--|--|--|
| Establishment type: Permanent Temporary Mobile Other | | | | | Date: 3/25/25 | | | | | | |
| Establishment (IMMIN Grounds | | | Connect | ticut Health | Time In 10:35 AM/PM Time Out 11:15 AM/PM | | | | | | |
| Address 504 Bridgeport Ave | | | | H) | LHD NVHD | | | | | | |
| Town/City Snelton | | | | Purpose of Inspection: Routine Pre-op | | | | | | | |
| Permit Holder Common Grounds Shelton UC | | | olic He | alth | Reinspection Other | | | | | | |
| FOODBORNE ILLNESS RISK FA | | | | | | | | | | | |
| Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it | | | | compliance | | | | | | | |
| P=Priority item Pf=Priority foundation item C=Core item V=violation type | Mark in | | _ | | | | | | | | |
| IN OUT N/A N/O Supervision | ٧ | cos | R | | OUT N/A N/O Protection from Contamination V COS R | | | | | | |
| Person/Alternate Person in charge present, | Pf | 0 | | | Food separated and protected P/C O | | | | | | |
| Certified Food Protection Manager for Classes 2 | | | | | Food-contact surfaces: cleaned & sanitized P/Pf/C Proper disposition of returned, previously | | | | | | |
| 2 0 0 3 3, & 4 | С | 0 | \circ | 17 | served, reconditioned, and unsafe food | | | | | | |
| Employee Health | | | | | Time/Temperature Control for Safety | | | | | | |
| Management, food employee and conditional employee; | P/Pf | 0 | | | Proper cooking time and temperatures P/Pf/C O | | | | | | |
| knowledge, responsibilities and reporting Proper use of restriction and exclusion | P | 0 | | | Proper reheating procedures for hot holding P Proper cooling time and temperatures P Proper cooling time and temperatures | | | | | | |
| Written procedures for responding to vomiting and | P | | \exists | 21 0/ | Proper hot holding temperatures | | | | | | |
| diarrheal events | (P) | 0 | \circ | | Proper cold holding temperatures | | | | | | |
| Good Hygienic Practices | | | | 22 0 0 | Proper date marking and disposition | | | | | | |
| 6 O Proper eating, tasting, drinking, or tobacco products us | | _ | | 24 0 | Time as a public health control: procedures P/Pf/C | | | | | | |
| 7 O No discharge from eyes, nose, and mouth | С | 101 | \supseteq | | and records | | | | | | |
| Preventing Contamination by Hands 8 Hands clean and properly washed | D/Df | 101 | | 25 0 | Consumer Advisory Consumer advisory provided: raw/undercooked food Pf Consumer advisory provided: raw/undercooked food Pf Consumer Advisory | | | | | | |
| No hare hand contact with RTE food or a | | | \preceq | 23 | Highly Susceptible Population | | | | | | |
| 9 pre-approved alternative procedure properly followed | P/Pf/C | 0 | | 26 0 | Pasteurized foods used; prohibited foods not offered P/C | | | | | | |
| Adequate handwashing sinks, properly supplied/accessible | PfIC | 0 | | | Food/Color Additives and Toxic Substances | | | | | | |
| Approved Source | | | | 27 | Food additives: approved and properly used POO | | | | | | |
| 11 (Food obtained from approved source | P/Pf/C | _ | \bigcirc | 28 | Toxic substances properly identified, | | | | | | |
| 12 Food received at proper temperature | P/Pf | _ | | 200 | stored & used | | | | | | |
| Food in good condition, safe, and unadulterated Required records available: molluscan shellfish | P/Pf | 0 | | | Conformance with Approved Procedures Compliance with variance/specialized | | | | | | |
| identification, parasite destruction | P/Pf/C | 0 | \circ | 29 | process/ROP criteria/HACCP Plan | | | | | | |
| GO | | | | ACTICES | | | | | | | |
| Good Retail Practices are preventative measures to | | | | | | | | | | | |
| | | | | or COS and | | | | | | | |
| OUT N/A N/O Safe Food and Water | V | cos | | OUT | Proper Use of Utensils V COS R n-use utensils: properly stored C | | | | | | |
| Pasteurized eggs used where required Water and ice from approved source | P/Pf/C | | | | n-use utensils: properly stored C C C C C Itensils/equipment/linens: properly stored, dried, & handled Pf/C C C | | | | | | |
| 31 Water and ice from approved source 32 Variance obtained for specialized processing methods | Pf | _ | <u></u> | | ingle-use/single-service articles: properly stored & used P/C O | | | | | | |
| Food Temperature Control | | | | | Sloves used properly C O | | | | | | |
| Proper cooling methods used; adequate equipment for | Pf/C | | | | Utensils and Equipment | | | | | | |
| 233 cemperature control | | | | 4/(0) | ood and non-food contact surfaces cleanable, | | | | | | |
| 34 O Plant food properly cooked for hot holding | Pf | - | | pi | roperly designed, constructed, and used | | | | | | |
| Approved thawing methods used | Pf/C | _ | 0 | | Varewashing facilities: installed, maintained and used; leaning agents, sanitizers, and test strips available | | | | | | |
| Thermometers provided and accurate Food Identification | PI/C | 191 | | | Ion-food contact surfaces clean C C | | | | | | |
| 37 Food properly labeled; original container | Pf/C | 0 | 0 | 40 0 11 | Physical Facilities | | | | | | |
| Prevention of Food Contamination | 1 | | | 50 O H | lot and cold water available; adequate pressure Pf O | | | | | | |
| 38 Insects, rodents, and animals not present | | 0 | | | Plumbing installed; proper backflow devices P/Pf/C O | | | | | | |
| 39 Contamination prevented during food preparation, storage & display | PPfC | | | | Sewage and waste water properly disposed P/Pf/C O | | | | | | |
| 40 Personal cleanliness | | 0 | | | foilet facilities: properly constructed, supplied, & clean Pf/C Carbage and refuse properly disposed; facilities maintained C C | | | | | | |
| 41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables | P/Pf/C | | \approx | 55 P | Physical facilities installed, maintained, and clean | | | | | | |
| | Name of the last | | | 56 O A | dequate ventilation and lighting; designated areas used C C C | | | | | | |
| Permit Holder shall notify customers that a copy of the most recent inspection rep | \bigcirc N | latural rubber latex gloves not used per CGS §19a-36f | | | | | | | | | |
| Person in Charge (Signature) | 25/6 | 25 | | | ns documented Date corrections due # em Violations 3 28 25 3 | | | | | | |
| | 1 | | \neg | Priority F | oundation Item Violations 45/25 4 | | | | | | |
| Person in Charge (Printed) | , | | _ | | n Violations | | | | | | |
| Inspector (Signature) Audusta flustric Date 3/2 | 5/2 | 5 | | | tor/Public Health Intervention Violations Risk Factor/Public Health Intervention Violations | | | | | | |
| The state of the s | | | | Good Re | tail Practices Violations | | | | | | |
| Inspector (Printed) Amanda Kuchin | | | | | s 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 upsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order. | | | | | | | | | | | |

| Establishment (amon Grands Town Sheet Sheet Town Sheet Sheet Town | | Foo | d Esta | iblishment Ins | spection I | Report Page_ | → of <u>→</u> | | | | | |
|--|---|--|----------|------------------------------|--------------|-----------------|-------------------|--|--|--|--|--|
| Item Coation Process Temp Item Temp T | LHD NV | HD . | | Inspection Report Continuati | ion Sheet | Date3/_ | 25/25 | | | | | |
| Item/Location/Process Temp Temp Item/Location/Process Temp Te | Establishment (moran Grounds Town Shelton | | | | | | | | | | | |
| IST Showcase (1620) 40°F milk 35°F BOH 3dy freezed 40°F MILK 1915 BOH COLEY 38°F Chipothe Christiet 41°F SHOW 38°F Chipothe Christiet 41°F SHOW 38°F SHOWCASE 39°F STONE 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 8-406.11 of the food code. Not reavised for Class I Handsink Signager, Stocked, Hot Hoo Santtrager Chiprical Gloves, Allergen statement, ice machine, cups inverted TO-go inverted, Restram ** All Violations must be corrected by 45 25 ** It sink Should be specifically for handhusining ONLY 10 Handsink Folf used for class 1, he for handhusining ONLY 10 Handsink Folf used for other purposes (plate) spange in sink 55 map stored in backet 7 hang to dry when not in Sc. 39 Coffee beans Both in Bins unaversed for only purposes 7 cover 18 patrons are 15 ldr Folt true reach in had parted water a battom 7 leak? 39 Bags of coffee beans stored on from 6 of floor 4 floor 48 No test strips on Site for singlifically flooring from the School of the Sanitzer About 10 clean up plan 23 No cotemarking disconary singlinicus flooring sonitzer 4 test to make street on the son of the sonitzer flooring and provides Sonitzer flooring sonitzer 4 test to make street on correctation is SO-100 ppm lach time. | TEMPERATURE OBSERVATIONS | | | | | | | | | | | |
| Chipothe and other 41°F on Salad 38°F Chipothe and willet 41°F on Salad 38°F | 0 0 | MINCOS | | | | | | | | | | |
| Chroatle Chrwase 41 41 - on Said 38 - on Said 38 - on Showase 41 - on Said 38 - on Showase 38 | - VM | weiter to ar | | | 38°F | DUTT DUN TRECCE | 7 7 | | | | | |
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| Person in Charge (Signature) April Date 3 25 25 | 38 | Sanitiver rea | dina 2 | coppm - cos, vemi | abl 50-100 | Doom | | | | | | |
| Person in Charge (Signature) Date 3 25 25 | | Brown & Ourchase Test Strips for Onlovine Saniticen + test | | | | | | | | | | |
| Person in Charge (Signature) Date 3 25 25 | | to make sure concentration is 50-100ppm each time | | | | | | | | | | |
| retison in ordange (organization) | | | | 1 | | 1 | | | | | | |
| | Person in | Charge (Signature) | him | h | | Date 3 | 25 25 | | | | | |
| | | , | la Ru | Hi | | Date 3/ | 25/20 | | | | | |