


5991

Connecticut Department of Public Health

Risk Category: 3		Food Establishment Inspection Report				Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other				Date: 7/22/25			
Establishment: Bangan		Address: 94 River Rd		Town/City: Shelton		Permit Holder: Shiva Restaurant LLC - Bahul Bagchi	
				Time In: 12:30 AM/PM		Time Out: 1:00 AM/PM	
LHD: NVHD				Purpose of Inspection: Routine Pre-op			
Reinspection				Other			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
<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							
Supervision				Protection from Contamination			
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected			
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized			
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures			
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper reheating procedures for hot holding			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures			
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population		
No discharge from eyes, nose, and mouth				Pasteurized foods used; prohibited foods not offered			
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Food additives: approved and properly used			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Toxic substances properly identified, stored & used			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures		
Adequate handwashing sinks, properly supplied/accessible				Compliance with variance/specialized process/ROP criteria/HACCP Plan			
Approved Source				GOOD RETAIL PRACTICES			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>		
Food obtained from approved source				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			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water		
Food received at proper temperature				OUT			Proper Use of Utensils
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				31			<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source		
Required records available: molluscan shellfish identification, parasite destruction				32			<input type="checkbox"/>
				Variance obtained for specialized processing methods			
				Food Temperature Control			
				33			<input type="checkbox"/>
				Proper cooling methods used; adequate equipment for temperature control			
				34			<input type="checkbox"/>
				Plant food properly cooked for hot holding			
				35			<input type="checkbox"/>
				Approved thawing methods used			
				36			<input type="checkbox"/>
				Thermometers provided and accurate			
				Food Identification			
				37			<input checked="" type="checkbox"/>
				Food properly labeled; original container			
				Prevention of Food Contamination			
				38			<input type="checkbox"/>
				Insects, rodents, and animals not present			
				39			<input checked="" type="checkbox"/>
				Contamination prevented during food preparation, storage & display			
				40			<input type="checkbox"/>
				Personal cleanliness			
				41			<input type="checkbox"/>
				Wiping cloths: properly used and stored			
				42			<input type="checkbox"/>
				Washing fruits and vegetables			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Utensils and Equipment			
Person in Charge (Signature) Shida Bagchi Date 7/22/25				43			<input type="checkbox"/>
Person in Charge (Printed) SHILPI BAGCHI				In-use utensils: properly stored			
Inspector (Signature) Amanda Kuchin Date 7/22/25				44			<input type="checkbox"/>
Inspector (Printed) Amanda Kuchin				Utensils/equipment/linens: properly stored, dried, & handled			
				45			<input type="checkbox"/>
				Single-use/single-service articles: properly stored & used			
				46			<input type="checkbox"/>
				Gloves used properly			
				Physical Facilities			
				50			<input type="checkbox"/>
				Hot and cold water available; adequate pressure			
				51			<input type="checkbox"/>
				Plumbing installed; proper backflow devices			
				52			<input type="checkbox"/>
				Sewage and waste water properly disposed			
				53			<input type="checkbox"/>
				Toilet facilities: properly constructed, supplied, & clean			
				54			<input type="checkbox"/>
				Garbage and refuse properly disposed; facilities maintained			
				55			<input checked="" type="checkbox"/>
				Physical facilities installed, maintained, and clean			
				56			<input type="checkbox"/>
				Adequate ventilation and lighting; designated areas used			
				57			<input type="checkbox"/>
				Natural rubber latex gloves not used per CGS §19a-36f			
				Violations documented			
				Date corrections due			
				#			
				Priority Item Violations			
				Priority Foundation Item Violations			
				Core Item Violations			
				Risk Factor/Public Health Intervention Violations			
				Repeat Risk Factor/Public Health Intervention Violations			
				Good Retail Practices Violations			
				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.				0 0 10/22/25 0 0 1 1			

Food Establishment Inspection Report

LHD NVHD Inspection Report Continuation Sheet Date 7/22/25
 Establishment Baingan Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 dr unit	37°F	HH - rice in cooker	168°F	AM - cheese	41°F
1 dr @ cookline	30°F	in cooking process - veg	116°F	- tom	38°F
2 dr freezer	-3°F	lamb - stove top	180°F	- cooked chx	41°F
38°F WIC - lamb	41°F			- lamb	41°F
- chicken	41°F				
- broth	39°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	Description
	12/14/28 12/14/28
CFPM	BHim Bahadur Dhagami, Ejaz mohammed Syed, Pramod Kandel Handsink - Stocked ✓, signage ✓, Hot H ₂ O ✓ Sanitizer - Chlorine bucket 50-100ppm ✓, date marking ✓ Allergen Statement on menu ✓, vinyl gloves ✓, ice machine ✓, dry storage ✓ Restroom ✓
* 55	→ has Allergen Poster provided / v/d Plan provided
C 55	Dishracks stored on floor in kitchen
C 55	mop stored in bucket → hang to dry when not in use
C 49	Exterior of equipment unclean
C 39	Some items not actively cooling uncovered / not dated in WIC
C 36	No probe thermometer
C 37	Squeeze bottles not labeled @ cookline
C 55	Cracked floor tiles in kitchen
PT 5	No v/d plan or kit → cos, provided plan / purchase kit (Spill kit) ^{daily fluid}

Person in Charge (Signature) Di. Di. Dagehi Date 7/22/25
 Inspector (Signature) Amanda Kuoni Date 7/22/25