

Bhim Bahadur Phuyami
12/1/24

Connecticut Department of Public Health

EH5-108 Rev. 2/16/23

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 10/8/24

Establishment: Bairyan #5991 Time In: 4:15 AM/PM Time Out: 7:00 AM/PM

Address: 94 Rivin Rd LHD: NUTTS

Town/City: Shelton Purpose of Inspection: Routine Pre-op

Permit Holder: _____ Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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.

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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
Supervision																					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties																					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Certified Food Protection Manager for Classes 2, 3, & 4																					
Employee Health																					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Management, food employee and conditional employee; knowledge, responsibilities and reporting																					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper use of restriction and exclusion																					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Written procedures for responding to vomiting and diarrheal events																					
Good Hygienic Practices																					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Proper eating, tasting, drinking, or tobacco products use																					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
No discharge from eyes, nose, and mouth																					
Preventing Contamination by Hands																					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Hands clean and properly washed																					
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																					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Adequate handwashing sinks, properly supplied/accessible																					
Approved Source																					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food obtained from approved source																					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food received at proper temperature																					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Food in good condition, safe, and unadulterated																					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Required records available: molluscan shellfish identification, parasite destruction																					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

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	V	COS	R	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R	
Safe Food and Water																		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Pasteurized eggs used where required																		
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Water and ice from approved source																		
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Variance obtained for specialized processing methods																		
Food Temperature Control																		
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Proper cooling methods used; adequate equipment for temperature control																		
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Plant food properly cooked for hot holding																		
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Approved thawing methods used																		
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Thermometers provided and accurate																		
Food Identification																		
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Food properly labeled; original container																		
Prevention of Food Contamination																		
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Insects, rodents, and animals not present																		
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Contamination prevented during food preparation, storage & display																		
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Personal cleanliness																		
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Wiping cloths: properly used and stored																		
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Washing fruits and vegetables																		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																		

OUT	N/A	N/O	V	COS	R
Proper Use of Utensils					
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
In-use utensils: properly stored					
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Utensils/equipment/linens: properly stored, dried, & handled					
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Single-use/single-service articles: properly stored & used					
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gloves used properly					
Utensils and Equipment					
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non-food contact surfaces clean					
Physical Facilities					
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hot and cold water available; adequate pressure					
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing installed; proper backflow devices					
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sewage and waste water properly disposed					
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Toilet facilities: properly constructed, supplied, & clean					
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Garbage and refuse properly disposed; facilities maintained					
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Physical facilities installed, maintained, and clean					
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate ventilation and lighting; designated areas used					
Natural rubber latex gloves not used per CGS §19a-36f					

Person in Charge (Signature) [Signature] Date 10/08/24

Person in Charge (Printed) James

Inspector (Signature) [Signature] Date 10/8/24

Inspector (Printed) Atinck B...

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.

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		

