

5997

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <b>3/17/2026</b>	
Establishment: <b>24/7 Express</b>	Time In: <b>11:55</b> AM/PM	Time Out: _____ AM/PM
Address: <b>73 Center Street</b>	LHD: <b>NVAD</b>	
Town/City: <b>Shelton</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder: <b>Muhammad Khan</b>	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
<b>Supervision</b>														
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>										
<b>Employee Health</b>														
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/>										
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper cooking time and temperatures P/Pf/C <input type="checkbox"/>										
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding P <input type="checkbox"/>										
<b>Good Hygienic Practices</b>														
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Proper cooling time and temperatures P <input type="checkbox"/>										
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Proper hot holding temperatures P <input type="checkbox"/>										
<b>Preventing Contamination by Hands</b>														
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Proper cold holding temperatures P <input type="checkbox"/>										
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Proper date marking and disposition P/Pf <input type="checkbox"/>										
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessibility				Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/>										
<b>Approved Source</b>														
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>						
Food obtained from approved source				Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>										
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>						
Food received at proper temperature				Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/>										
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>						
Food in good condition, safe, and unadulterated				Food additives: approved and properly used P <input type="checkbox"/>										
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/>										
<b>Conformance with Approved Procedures</b>														
29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/>						

**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	V	COS	R	
<b>Safe Food and Water</b>												
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		<b>Proper Use of Utensils</b>				
Pasteurized eggs used where required				In-use utensils: properly stored C <input type="checkbox"/>								
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/>								
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/>								
<b>Food Temperature Control</b>												
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control				Gloves used properly C <input type="checkbox"/>								
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		<b>Utensils and Equipment</b>				
Plant food properly cooked for hot holding				Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/>								
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/>								
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometers provided and accurate				Non-food contact surfaces clean C <input type="checkbox"/>								
<b>Food Identification</b>												
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<b>Physical Facilities</b>				
Food properly labeled; original container				Hot and cold water available; adequate pressure Pf <input type="checkbox"/>								
<b>Prevention of Food Contamination</b>												
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insects, rodents, and animals not present				Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>								
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display				Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/>								
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal cleanliness				Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>								
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wiping cloths: properly used and stored				Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>								
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Washing fruits and vegetables				Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>								
<b>Physical Facilities</b>												
56 Adequate ventilation and lighting; designated areas used C <input type="checkbox"/>												
Natural rubber latex gloves not used per CGS §19a-36f												

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) *[Signature]* Date **3/17/26**

Person in Charge (Printed) **BILAL ZAFAR**

Inspector (Signature) *[Signature]* Date **3/17/26**

Inspector (Printed) **AMY DURAND**

Violations documented	Date corrections due	#
Priority Item Violations	<b>3/20/26</b>	<b>2</b>
Priority Foundation Item Violations	<b>3/27/26</b>	<b>1</b>
Core Item Violations	<b>3/17/26</b>	<b>1</b>
Risk Factor/Public Health Intervention Violations		<b>2</b>
Repeat Risk Factor/Public Health Intervention Violations		<b>2</b>
Good Retail Practices Violations		<b>2</b>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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.

# Food Establishment Inspection Report

Page 2 of 2

LHD NVHD Inspection Report Continuation Sheet

Date 3/17/20

Establishment 24/7 Express Town Shelton

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken Empanada	150°F			3 bay sink	57°F
Hot dog	151°F			Bathroom	52°F
Freezer	-5°F			handsink * not turning on	
W/C ambient	39°F				
1 door freezer	-4°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	Observations and Corrective Actions
CPM	Bilal Zafar 4/20/30 Handsink stocked signage
	Coffee area good ✓ vinyl gloves allergen statements ✓ microwaves good eggs on bottom
*	provided pic with business card. call Amy at 203-881-3255 x124 when hot h2o is working.
50pf	- no hot water available w 3 bay, handsink or bathroom handsink → hot water w handsink not turning on → no food service until hot h2o is fixed + reinspected market area ok to remain open
37c	muffins/pastries for sale not properly labeled
16p	food surfaces not sanitized properly due to not having proper sanitizer
28p	tile - x <del>now</del> being used for sanitizing - needs to be an approved sanitizer with test strips.

Person in Charge (Signature) *[Signature]*  
Inspector (Signature) Amy Duval

Date 3/17/26  
Date 3/17/20