


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>4/3/25</b>	
Establishment: <b>24/7 Express</b>	Time In: <b>6:40</b> AM/PM	Time Out: <b>6:55</b> AM/PM
Address: <b>75 Center St.</b>	LHD: <b>WHD</b>	
Town/City: <b>Shelton</b>	Purpose of Inspection: <b>Routine</b>	Pre-op
Permit Holder	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			
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<b>Supervision</b>				<b>Protection from Contamination</b>									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input 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"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized									
<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"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input 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"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper reheating procedures for hot holding									
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures									
<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"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Proper hot holding temperatures									
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Proper cold holding temperatures									
<b>Preventing Contamination by Hands</b>				<b>Compliance with Approved Procedures</b>									
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Proper date marking and disposition									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Time as a public health control: procedures and records									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>						
Adequate handwashing sinks, properly supplied/accessible				Consumer advisory provided: raw/undercooked food									
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Pasteurized foods used; prohibited foods not offered									
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Food additives: approved and properly used									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				Toxic substances properly identified, stored & used									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>						
Required records available: molluscan shellfish identification, parasite destruction				Compliance with variance/specialized process/ROP criteria/HACCP Plan									

GOOD RETAIL PRACTICES												
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>												
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>						<b>Proper Use of Utensils</b>						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required						In-use utensils: properly stored						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source						Utensils/equipment/linens: properly stored, dried, & handled						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods						Single-use/single-service articles: properly stored & used						
<b>Food Temperature Control</b>						<b>Utensils and Equipment</b>						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control						Gloves used properly						
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding						Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used						Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate						Non-food contact surfaces clean						
<b>Food Identification</b>						<b>Physical Facilities</b>						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container						Hot and cold water available; adequate pressure						
<b>Prevention of Food Contamination</b>						Plumbing installed; proper backflow devices						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present						Sewage and waste water properly disposed						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display						Toilet facilities: properly constructed, supplied, & clean						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness						Garbage and refuse properly disposed; facilities maintained						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored						Physical facilities installed, maintained, and clean						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables						Adequate ventilation and lighting; designated areas used						
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						

Person in Charge (Signature): <b>Muhammad Khon</b> Date: <b>04-03-25</b>	Violations documented	Date corrections due	#
Person in Charge (Printed): <b>Muhammad Khon</b>	Priority Item Violations		
Inspector (Signature): <b>Grinda Burman</b> Date: <b>4/3/25</b>	Priority Foundation Item Violations		
Inspector (Printed): <b>Grinda Burman</b>	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		<b>NO</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.

