

*Ukraychai Podchopue*  
11/1/20

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>6/27/25</b>			
Establishment: <b>Ban Thai Rest.</b>				Time In: <b>1145</b> AM/PM Time Out: <b>1240</b> AM/PM			
Address: <b>195 New Rd</b>				LHD: <b>NVHO</b>			
Town/City: <b>Shelton # 6037</b>				Purpose of Inspection: <b>Routine</b> 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	
Supervision				Protection from Contamination			
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Highly Susceptible Population			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Food/Color Additives and Toxic Substances			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				Physical Facilities			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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	
Safe Food and Water				Proper Use of Utensils			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasturized eggs used where required				43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source				44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control				46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Utensils and Equipment			
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container				47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present				49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness				Natural rubber latex gloves not used per CGS §19a-36f			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored				Violations documented			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables				Date corrections due			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.				#			
Person in Charge (Signature) <i>[Signature]</i> Date <b>6/27/25</b>				Priority Item Violations			
Person in Charge (Printed) <b>Pachara</b>				Priority Foundation Item Violations			
Inspector (Signature) <i>[Signature]</i> Date <b>6/27/25</b>				Core Item Violations			
Inspector (Printed) <b>Glenda Brunson</b>				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			

*July 7, 2025*

chicken 39.5  
 white rice 100.0  
 shrimp 39.0  
 eggs 39.0

Squid 38.5  
 tofu 38.0  
 carrot 39.0  
 bean sprouts 39.0

chick-raw 38.1  
 vash's stryfy 185



INSPECTION REPORT  
 FOOD SERVICE ESTABLISHMENTS  
 CONTINUATION SHEET

STATE OF CONNECTICUT  
 DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT <i>Ban Thai Rest.</i>	TOWN <i>Shelton</i>	DATE OF INSPECTION <i>6/27/21</i>
--	------------------------	--------------------------------------

INSPECTION FORM #	REMARKS
* 10PF	unclean interior of ice machine
* 10PF	unclean interior of coolers - including wrap fans
11C	unclean spice containers
35C	improper thawing methods being used (ws)
* 41PF	uses incorrect sanitizing strips for chemical sanitizer
* 49C	unclean, greasy buffers of hood
47C	using plastic shower curtain as door; plastic lining equipment
4347C	using plastic bowl with no handle as scoop, buried in food product (ws)
36C	missing and poorly placed thermometer in cooler
* 49C	unclean ext. of equipment
* 55PF	unclean walls/ceilings
	* handrails stained
	* posters <sup>accept</sup> posted
	* sanitizer swab - tested & correct strips

INITIAL (INSPECTOR) <i>gms</i>	INITIAL (PERSON IN CHARGE) <i>Mad</i>
-----------------------------------	--

Distribution: 1st - White - Health Department    2nd - Yellow - Owner/Manager