


6109

Risk Category: <u>3</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other	 <p>Connecticut Department of Public Health</p>	Date: <u>10/23/25</u>	
Establishment: <u>Charleys Cheese Steaks</u>		Time In: <u>1205</u> AM/PM Time Out: _____ AM/PM	
Address: <u>1100 New Haven Road</u>		LHD: <u>NVHD</u>	
Town/City: <u>Naugatuck</u>		Purpose of Inspection: <u>Routine</u> 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			
Supervision	Protection from Contamination	Time/Temperature Control for Safety	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties V COS R Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected V COS R P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Employee Health			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Good Hygienic Practices			
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Consumer Advisory		
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Highly Susceptible Population	
Preventing Contamination by Hands			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food/Color Additives and Toxic Substances	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Conformance with Approved Procedures	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Approved Source			
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input 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			
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment	Physical Facilities
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required V COS R P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	49 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Food Temperature Control			
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prevention of Food Contamination	
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Food Identification			
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature) <u>[Signature]</u> Date <u>10/23/25</u>	Violations documented		
Person in Charge (Printed)	Date corrections due		
Inspector (Signature) <u>Amy Durand</u> Date <u>10/23/25</u>	#		
Inspector (Printed) <u>Amy Durand</u>	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.			

