


0109

Risk Category: 3		Food Establishment Inspection Report				Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other		Date: 1/2/25		Time In: 10:55 AM/PM		Time Out: _____ AM/PM	
Establishment: Charley's Cheese Steaks				LHD: NVHD		Purpose of Inspection: Routine Pre-op	
Address: 1100 New Haven Road				Reinspection: _____		Other: _____	
Town/City: Naugatuck							
Permit Holder: Jukanna McGovern							
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
<small>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.</small>							
<small>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</small>							
<small>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</small>							
Supervision				Protection from Contamination			
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	V	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Highly Susceptible Population			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
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	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessibile	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Food/Color Additives and Toxic Substances			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				Conformance with Approved Procedures			
				29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan			
GOOD RETAIL PRACTICES							
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>							
<small>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</small>							
Safe Food and Water				Proper Use of Utensils			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				Utensils and Equipment			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Physical Facilities			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				Violations documented			
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Date corrections due			
Person in Charge (Signature) <i>Ariel Giron</i>		Date 1/2/25		Priority Item Violations		-	
Person in Charge (Printed) Ariel Giron				Priority Foundation Item Violations		-	
Inspector (Signature) <i>Amy Durand</i>		Date 1/2/25		Core Item Violations		4/2/25	
Inspector (Printed) Amy Durand				Risk Factor/Public Health Intervention Violations		-	
				Repeat Risk Factor/Public Health Intervention Violations		-	
				Good Retail Practices Violations		5	
				Requires Reinspection - check box if you intend to reinspect		<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.							

Food Establishment Inspection Report

LHD NVHD Inspection Report Continuation Sheet

Date 1/2/25

Establishment Charley's Cheese Steaks Town Naugatuck

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
BoH hand sink	87°F	Shredded cheese	41°F		
W/c ambient	42°F	Diced tomatoes	40°F		
Cheese sauce HT	147°F				
Wing fridge	39°F				
Sliced pepperoni	41°F				
Raw chx ctt	33°F				
Shaved steak ctt	40°F				
BoH hand sink	98°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
	CFPM: Ariel Giron Gregorio 9/22/25
	BoH hand sink stocked ✓ signage ✓ hot h2o ✓ quat sanitizer test strips ✓ 3 bay 200ppm ✓ vinyl gloves ✓ nitrile gloves ✓ thermometers ✓ dry storage areas good ✓ allergen poster ✓ labeling good ✓
	47C walk in freezer major ice build up 39C food boxes stored on floor in walk in freezer ✓ 38C fruit flies in BOH near prep areas 56C phone chargers/speakers on cookline prep table 45C to go containers not inverted/protected.

Person in Charge (Signature) <u>[Signature]</u>	Date <u>1/2/25</u>
Inspector (Signature) <u>Amy Durand</u>	Date <u>1/2/25</u>