

507

Risk Category: <b>4</b>		<b>Food Establishment Inspection Report</b>		Page 1 of <b>2</b>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <b>9/18/25</b>		
Establishment <b>complete care @ Glendale</b>			Time In <b>11:05</b> AM/PM Time Out _____ AM/PM		
Address <b>4 Hazel Avenue</b>			LHD <b>NVHD</b>		
Town/City <b>Naugatuck</b>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <b>Melissa Schmitt</b>			Reinspection _____ Other _____		
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>					
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		
1	<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			15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<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			16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Food separated and protected		
Employee Health			Time/Temperature Control for Safety		
3	<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			17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<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		
5	<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			18	<input checked="" 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"/>
Proper eating, tasting, drinking, or tobacco products use			Consumer advisory provided: raw/undercooked food		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth			Highly Susceptible Population		
Preventing Contamination by Hands			25	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed			Pasteurized foods used; prohibited foods not offered		
9	<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			Food/Color Additives and Toxic Substances		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible			27	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved Source			Food additives: approved and properly used		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source			28	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature			Toxic substances properly identified, stored & used		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated			Compliance with Approved Procedures		
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction			29	<input checked="" 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>					
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		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			43	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source			In-use utensils: properly stored		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods			44	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control			Utensils and Equipment		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control			47	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used			48	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available		
Food Identification			49	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			Physical Facilities		
Prevention of Food Contamination			50	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present			Hot and cold water available; adequate pressure		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display			51	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness			Plumbing installed; proper backflow devices		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored			52	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables			Sewage and waste water properly disposed		
			53	<input type="checkbox"/>	<input type="checkbox"/>
			Toilet facilities: properly constructed, supplied, & clean		
			54	<input type="checkbox"/>	<input type="checkbox"/>
			Garbage and refuse properly disposed; facilities maintained		
			55	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Physical facilities installed, maintained, and clean		
			56	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Adequate ventilation and lighting; designated areas used		
			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.			<b>Violations documented</b>		
Person in Charge (Signature) _____ Date <b>9/18/25</b>			Priority Item Violations _____		
Person in Charge (Printed) <b>Stanley Cecco</b>			Priority Foundation Item Violations _____		
Inspector (Signature) <b>Amy Durand</b> Date <b>9/18/25</b>			Core Item Violations <b>2</b>		
Inspector (Printed) <b>Amy Durand</b>			Risk Factor/Public Health Intervention Violations _____		
			Repeat Risk Factor/Public Health Intervention Violations _____		
			Good Retail Practices Violations <b>2</b>		
			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.					

# Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 9/18/25

Establishment Complete care w/ Glendale town navigatork

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
puree HH	205°F	chicken w/c	37°F		
sauce HH	168°F	deli cheese w/c	40°F		
chicken HH	157°F				
handsink	107°F				
door fridge	30°F				
freezer w/c	-10°F				
walk in cooler ambient	39°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: Veronica Towle 12/15/28, Gavin Kantzas 12/15/28
	Adam Smith 4/17/29 Arianna molates 4/17/29
	Handsink stocked ✓ signage ✓ hot h2o ✓
	vinyl gloves ✓ pasteurized products ✓
	temperature logs ✓ labeling ✓ datemarking ✓
	microwave clean ✓ dry storage ok ✓ cans good ✓
	thermometers ✓
	sanitizer quat ✓ test strips ✓ 3 bay/buckets 200 ppm ✓
	DPH allergen poster ✓ hair coverings ✓
	Dishwasher good - hit 180°F
55c	Floors in walk in cooler unclean, food & debris under shelving
56c	phone/personal item stored in dry storage unit in kitchen



Person in Charge (Signature) [Signature]  
 Inspector (Signature) amy durand

Date 9/18/25  
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