


Risk Category: <u>1</u>	<b>Food Establishment Inspection Report</b>	Page 1 of ____									
Establishment type: <u>Permanent</u> Temporary Mobile Other	Date: <u>7/10/25</u>	Time In: <u>3:45</u> AM/PM Time Out: <u>4:05</u> AM/PM									
Establishment: <u>Czech American Club</u>	LHD: <u>NVH</u>	Purpose of Inspection: <u>Routine</u> Pre-op									
Address: <u>125 Center St.</u>	Reinspection	Other									
Town/City: <u>Shelton # 684</u>											
Permit Holder	<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>										
<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											
<b>Supervision</b>						<b>Protection from Contamination</b>					
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties						Food separated and protected					
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting						Proper cooking time and temperatures					
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper use of restriction and exclusion						Proper reheating procedures for hot holding					
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use						Consumer advisory provided: raw/undercooked food					
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
No discharge from eyes, nose, and mouth						<b>Highly Susceptible Population</b>					
<b>Preventing Contamination by Hands</b>						<b>Food/Color Additives and Toxic Substances</b>					
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Hands clean and properly washed						Pasteurized foods used; prohibited foods not offered					
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						<b>Conformance with Approved Procedures</b>					
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Adequate handwashing sinks, properly supplied/accessible						Compliance with variance/specialized process/ROP criteria/HACCP Plan					
<b>Approved Source</b>						<b>GOOD RETAIL PRACTICES</b>					
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>					
Food obtained from approved source						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					
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
Food received at proper temperature						<b>Safe Food and Water</b>					
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Food in good condition, safe, and unadulterated						Pasturized eggs used where required					
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Required records available: molluscan shellfish identification, parasite destruction						Water and ice from approved source					
<b>GOOD RETAIL PRACTICES</b>						<b>Food Temperature Control</b>					
33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control						Variance obtained for specialized processing methods					
34	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<b>Food Identification</b>					
Plant food properly cooked for hot holding						Food properly labeled; original container					
35	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<b>Prevention of Food Contamination</b>					
Approved thawing methods used						Insects, rodents, and animals not present					
36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Thermometers provided and accurate						Contamination prevented during food preparation, storage & display					
<b>Physical Facilities</b>						<b>Violations documented</b>					
37	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			39	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Hot and cold water available; adequate pressure						Priority Item Violations					
38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Plumbing installed; proper backflow devices						Priority Foundation Item Violations					
39	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			41	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Sewage and waste water properly disposed						Core Item Violations					
40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			42	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Toilet facilities: properly constructed, supplied, & clean						Risk Factor/Public Health Intervention Violations					
41	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<b>Physical Facilities</b>					
Garbage and refuse properly disposed; facilities maintained						Hot and cold water available; adequate pressure					
42	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Wiping cloths: properly used and stored						Plumbing installed; proper backflow devices					
43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Washing fruits and vegetables						Sewage and waste water properly disposed					
<b>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</b>						Toilet facilities: properly constructed, supplied, & clean					
<b>Person in Charge (Signature)</b> <u>Brian Beavers</u> Date <u>7/10/25</u>						Garbage and refuse properly disposed; facilities maintained					
<b>Person in Charge (Printed)</b> <u>Brian Beavers</u>						Physical facilities installed, maintained, and clean					
<b>Inspector (Signature)</b> <u>Glennda Brennan</u> Date <u>7/10/25</u>						Adequate ventilation and lighting; designated areas used					
<b>Inspector (Printed)</b> <u>Glennda Brennan</u>						Natural rubber latex gloves not used per CGS §19a-36f					
<b>Appeal:</b> 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.						<b>Violations documented</b>					
						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					

