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Connecticut Department of Public Health

Risk Category: <b>4</b>		<b>Food Establishment Inspection Report</b>		Page 1 of <b>2</b>	
Establishment type: Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/>			Date: <b>9/17/25</b>		
Establishment <b>Corden Heights (Apple rehab)</b>			Time In <b>2:00</b> AM/PM <input checked="" type="checkbox"/> Time Out <b>7:45</b> AM/PM <input checked="" type="checkbox"/>		
Address <b>172 rocky rest Road</b>			LHD <b>NVAH</b>		
Town/City <b>Shelton</b>			Purpose of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Pre-op		
Permit Holder			Reinspection <input type="checkbox"/> Other <input type="checkbox"/>		
<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 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			V	COS	R
15	<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			C		
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>			Food separated and protected		
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			P/Pf		
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion			P		
18	<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			Pf		
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			Food-contact surfaces: cleaned & sanitized		
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			P/C		
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth			C		
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>			Proper disposition of returned, previously served, reconditioned, and unsafe food		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed			P/Pf		
22	<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			P/Pf/C		
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible			Pf/C		
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>			<b>Time/Temperature Control for Safety</b>		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source			P/Pf/C		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature			P/Pf		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated			P/Pf		
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			P/Pf/C		
<b>GOOD RETAIL PRACTICES</b>					
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>					
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					
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			P		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source			P/Pf/C		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods			Pf		
<b>Food Temperature Control</b>			<b>Utensils and Equipment</b>		
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			Pf/C		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding			Pf		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used			Pf/C		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate			Pf/C		
<b>Food Identification</b>			<b>Physical Facilities</b>		
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			Pf/C		
<b>Prevention of Food Contamination</b>			<b>Violations documented</b>		
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present			Pf/C		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display			P/Pf/C		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness			Pf/C		
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored			C		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables			P/Pf/C		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <i>[Signature]</i> Date <b>9/17/25</b>			Date corrections due		
Person in Charge (Printed) <b>Richard Graham</b>			#		
Inspector (Signature) <i>[Signature]</i> Date <b>9/17/25</b>			Priority Item Violations		
Inspector (Printed) <b>Michael Delossantos</b>			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.					

# Food Establishment Inspection Report

LHD NVHD Inspection Report Continuation Sheet

Date 9/17/25

Establishment Apple Rehab Town Shelton

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cheese/walk-in	41°F				
Butter/ " "	41°F				
2 Door Cooler Ambient temp	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

CFPM - on-site Richard Graham



41 - wet cloth store. in dry storage shelf - COS - CFPM  
remove cloth

- OK - observed working thermometer
- | - observed proper cooling
- observed gloves and hair restraint
- Dishwasher pass 160°F
- observed dated and time store food in walk-in
- observed clean dumpster
- observed clean bathroom

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

Date 9/17/25  
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