


Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 10/24/24
Establishment Life Field Sports Bar	 <p>Connecticut Department of Public Health</p>	Time In 3:15 AM/PM Time Out _____ AM/PM
Address 218 Vin Rd #6080		LHD NHS
Town/City Shelton		Purpose of Inspection: Routine Pre-op
Permit Holder _____		Reinspection _____ Other _____
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
<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		
Supervision	Protection from Contamination	
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	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	P/C <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	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"/>
Employee Health	Time/Temperature Control for Safety	
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	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"/>
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	19 <input checked="" 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"/>
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	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"/>
Good Hygienic Practices	Consumer Advisory	
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	25 <input checked="" 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"/>
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	Highly Susceptible Population	
Preventing Contamination by Hands	26 <input checked="" 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"/>
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	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	27 <input checked="" 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"/>
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/accessibile	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"/>
Approved Source	Conformance with Approved Procedures	
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	29 <input checked="" 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"/>
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	GOOD RETAIL PRACTICES	
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	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>	
14 <input checked="" 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	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input checked="" type="checkbox"/> IN <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"/>
31 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input checked="" type="checkbox"/> IN <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"/>
32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input checked="" type="checkbox"/> IN <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"/>
Food Temperature Control	46 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	C <input type="checkbox"/> <input type="checkbox"/>
33 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	Utensils and Equipment	
34 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	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"/>
35 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	48 <input checked="" 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"/>
36 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	49 <input checked="" 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"/>
Food Identification	Physical Facilities	
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	50 <input checked="" type="checkbox"/> IN <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"/>
Prevention of Food Contamination	51 <input checked="" type="checkbox"/> IN <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"/>
38 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	52 <input checked="" type="checkbox"/> IN <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"/>
39 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	53 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	Pf/C <input type="checkbox"/> <input type="checkbox"/>
40 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	54 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained	C <input type="checkbox"/> <input type="checkbox"/>
41 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
42 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used	C <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) [Signature] Date 10/24/24	Violations documented	Date corrections due
Person in Charge (Printed) _____	Priority Item Violations	COS
Inspector (Signature) [Signature] Date 10/24/24	Priority Foundation Item Violations	2/24/25
Inspector (Printed) Glenda Buenavista	Core Item Violations	1
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.	Risk Factor/Public Health Intervention Violations	1
	Repeat Risk Factor/Public Health Intervention Violations	2
	Good Retail Practices Violations	2
	Requires Reinspection - check box if you intend to reinspect	NO

