

Dennis Basujevic
7/13/24

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3		Food Establishment Inspection Report			Page 1 of 2					
Establishment type: Permanent Temporary Mobile Other				Date: 11/20/25						
Establishment: Portobello's				Time In: 4:35 AM PM Time Out: 5:05 AM PM						
Address: 5 Main St.				LHD: NVHHS						
Town/City: Derby # 6174				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				
IN	OUT	N/A	N/O	V	COS	R				
Supervision				Protection from Contamination						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<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"/> <input type="checkbox"/> <input type="checkbox"/> Food separated and protected P/C <input type="checkbox"/>						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>				
Certified Food Protection Manager for Classes 2, 3, & 4				16 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/>						
Employee Health				Time/Temperature Control for Safety						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Management, food employee and conditional employee; knowledge, responsibilities and reporting				18 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooking time and temperatures P/Pf/C <input type="checkbox"/>						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
Proper use of restriction and exclusion				19 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper reheating procedures for hot holding P <input type="checkbox"/>						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Written procedures for responding to vomiting and diarrheal events				20 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling time and temperatures P <input type="checkbox"/>						
Good Hygienic Practices				Consumer Advisory						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
Proper eating, tasting, drinking, or tobacco products use				25 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>				
No discharge from eyes, nose, and mouth				Highly Susceptible Population						
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Hands clean and properly washed				26 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/>						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Compliance with Approved Procedures						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Adequate handwashing sinks, properly supplied/accessible				29 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/>						
Approved Source				GOOD RETAIL PRACTICES						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food obtained from approved source				<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Food received at proper temperature				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						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Food in good condition, safe, and unadulterated				Safe Food and Water						
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Required records available: molluscan shellfish identification, parasite destruction				Food Temperature Control						
GOOD RETAIL PRACTICES				Proper Use of Utensils						
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>				30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
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				31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water and ice from approved source P/Pf/C <input type="checkbox"/>						
Safe Food and Water				Utensils and Equipment						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required				43 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In-use utensils: properly stored C <input type="checkbox"/>						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source				44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/>						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods				45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/>						
Food Temperature Control				Physical Facilities						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control				50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/>						
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding				51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used				52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/>						
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Thermometers provided and accurate				53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>						
Food Identification				Prevention of Food Contamination						
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food properly labeled; original container				54 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>						
Prevention of Food Contamination				Violations documented						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Insects, rodents, and animals not present				55 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display				56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/>						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Personal cleanliness				Natural rubber latex gloves not used per CGS §19a-36f						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>				
Wiping cloths: properly used and stored				Violations documented						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Washing fruits and vegetables				Date corrections due						
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				#						
Person in Charge (Signature) <i>Dennis Basujevic</i> Date 11/20/25				Priority Item Violations 1						
Person in Charge (Printed) Dennis Basujevic				Priority Foundation Item Violations 1						
Inspector (Signature) <i>Shirley</i> Date 11/20/25				Core Item Violations 2						
Inspector (Printed) Shirley				Risk Factor/Public Health Intervention Violations 2						
				Repeat Risk Factor/Public Health Intervention Violations 1						
				Good Retail Practices Violations 1						
				Requires Reinspection - check box if you intend to reinspect NO						
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 NUTRO Inspection Report Continuation Sheet Date _____
Establishment Portobello's Town _____

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sausage	40.	Pasta soup	165.		
NY strip	39.0	Panini	165.0		
veal chicken	38.0	breaded chicken	40.		
Calamari	37.3	Clams casino	40		
Sea bass	37.0	stuffed mushroom	40.		
Salmon	37.0	eggplant	39.5		
pasta	38.0				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	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.
37C	spices; food out of original container not labeled
47C	chipping, flaking paint on shelving in storage room
	<input checked="" type="checkbox"/> allergen poster posted
	<input checked="" type="checkbox"/> handbooks stocked
	<input checked="" type="checkbox"/> Sanitizer strips avail. for sanitizer
	<input type="checkbox"/> WLC clean

Person in Charge (Signature) Demetrius Be... Date 11/20/25
Inspector (Signature) [Signature] Date 11/20/25