


6184

Risk Category: 3		Food Establishment Inspection Report				Page 1 of 2								
Establishment type: Permanent Temporary Mobile Other		Date: 5/14/25				Time In 11:40 AM/PM Time Out 12:35 AM/PM								
Establishment Ritrovo						LHD NVHD								
Address 376 River Rd.						Purpose of Inspection: Routine Pre-op								
Town/City Shelton						Reinspection Other								
Permit Holder Edling Xhokolo														
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										
IN	OUT	N/A	N/O	V	COS	R	V	COS	R					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				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"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Certified Food Protection Manager for Classes 2, 3, & 4				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"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Management, food employee and conditional employee; knowledge, responsibilities and reporting				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"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper use of restriction and exclusion				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"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Written procedures for responding to vomiting and diarrheal events				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"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper eating, tasting, drinking, or tobacco products use				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"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
No discharge from eyes, nose, and mouth				Highly Susceptible Population				P/C		<input type="checkbox"/>				
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"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hands clean and properly washed				Food additives: approved and properly used				P		<input type="checkbox"/>				
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Toxic substances properly identified, stored & used				P/Pf/C		<input type="checkbox"/>				
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Adequate handwashing sinks, properly supplied/accessible				Conformance with Approved Procedures				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"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
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 type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	OUT N/A N/O							
Food received at proper temperature				Safe Food and Water				Proper Use of Utensils						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food in good condition, safe, and unadulterated				Pasteurized eggs used where required				V				COS	R	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Required records available: molluscan shellfish identification, parasite destruction				Water and ice from approved source				P/Pf/C				<input type="checkbox"/>		
GOOD RETAIL PRACTICES				Food Temperature Control				Utensils and Equipment						
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				32				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OUT N/A N/O				Variance obtained for specialized processing methods				33				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Food and Water				34				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pasteurized eggs used where required				Proper cooling methods used; adequate equipment for temperature control				35				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source				Plant food properly cooked for hot holding				36				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods				Approved thawing methods used				37				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				Thermometers provided and accurate				38				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control				Food properly labeled; original container				39				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding				Insects, rodents, and animals not present				40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used				Contamination prevented during food preparation, storage & display				41				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate				Personal cleanliness				42				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Wiping cloths: properly used and stored				43				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container				Washing fruits and vegetables				44				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present				Prevention of Food Contamination				45				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display				Prevention of Food Contamination				46				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness				Insects, rodents, and animals not present				47				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored				Contamination prevented during food preparation, storage & display				48				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables				Personal cleanliness				49				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities				Wiping cloths: properly used and stored				50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure				Washing fruits and vegetables				51				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices				Permit Holder shall notify customers that a copy of the most recent inspection report is available.				52				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed				Person in Charge (Signature) _____ Date _____				53				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean				Person in Charge (Printed) _____ Date 5/14/2025				54				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained				Inspector (Signature) _____ Date 5/14/25				55				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical facilities installed, maintained, and clean				Inspector (Printed) John Mucha				56				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used				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.				57				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural rubber latex gloves not used per CGS §19a-36f								58				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violations documented								59				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Priority Item Violations								60				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Priority Foundation Item Violations								61				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core Item Violations								62				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Factor/Public Health Intervention Violations								63				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeat Risk Factor/Public Health Intervention Violations								64				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Retail Practices Violations								65				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires Reinspection - check box if you intend to reinspect								66				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food Establishment Inspection Report

LHD NVHD Inspection Report Continuation Sheet Date 5/19/25
 Establishment Ritrovo Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bleu cheese	38°F	Mushrooms	41°F		
Deli chicken	38°F	Deli ham	39°F		
Mozzarella	39°F	Chicken cutlet			
Sausage	39°F				
Pasta	40°F				
Sausage	39°F				
Sliced tomato	38°F				
Orzo	41°F				

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.
	CFPM: Antonio Xhokola Exp: 8/10/25
37E	Some condiment bottles not labeled → Correct by 8/19/25
10PF	Articles in handsink → C.O.S removed
	- Hot/Cold H ₂ O ✓
	- Sanitizer: Chlorine ✓
	- Dish-Machine: 160°F ✓
	- Thermometers ✓
	- Date-Marks ✓
	- Dry Goods ✓
	- Bar Area ✓

Person in Charge (Signature) [Signature] Date 5/14/2025
 Inspector (Signature) John Kuch, RS Date 5/14/25