


6122

Risk Category: <u>3</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>														
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/13/25</u>				Time In: <u>12:00</u> AM/PM Time Out: <u>1:55</u> AM/PM														
Establishment: <u>Taco Plus, Inc.</u>						LHD: <u>NVHD</u>														
Address: <u>458 River Rd.</u>						Purpose of Inspection: <u>Routine</u> Pre-op														
Town/City: <u>Shelton</u>						Reinspection Other _____														
Permit Holder: <u>Zachary J.M. Tomasio</u>																				
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	IN	OUT	N/A	N/O	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"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>							
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected													
Certified Food Protection Manager for Classes 2, 3, & 4							17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>							
							Food-contact surfaces: cleaned & sanitized													
							Proper disposition of returned, previously served, reconditioned, and unsafe food													
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"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Management, food employee and conditional employee; knowledge, responsibilities and reporting							19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding													
Proper use of restriction and exclusion							20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>							
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures													
Written procedures for responding to vomiting and diarrheal events							21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>							
							Proper hot holding temperatures													
							22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>							
							Proper cold holding temperatures													
							23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
							Proper date marking and disposition													
							24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
							Time as a public health control: procedures and records													
Good Hygienic Practices				Consumer Advisory																
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Proper eating, tasting, drinking, or tobacco products use							Consumer advisory provided: raw/undercooked food													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population													
No discharge from eyes, nose, and mouth							26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>							
							Pasteurized foods used; prohibited foods not offered													
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"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>							
Hands clean and properly washed							Food additives: approved and properly used													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<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							Toxic substances properly identified, stored & used													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures													
Adequate handwashing sinks, properly supplied/accessible							29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils									
Food received at proper temperature							OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
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"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods							44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction							Food Temperature Control							Utensils/equipment/linens: properly stored, dried, & handled						
							33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
							Proper cooling methods used; adequate equipment for temperature control							Single-use/single-service articles: properly stored & used						
							34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
							Plant food properly cooked for hot holding							Utensils and Equipment						
							35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							Approved thawing methods used							Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
							36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							Thermometers provided and accurate							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
							Food Identification							49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
							37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean						
							Food properly labeled; original container							Physical Facilities						
							Prevention of Food Contamination							50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
							38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure						
							Insects, rodents, and animals not present							51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices						
							Contamination prevented during food preparation, storage & display							52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed						
							Personal cleanliness							53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						
							Wiping cloths: properly used and stored							54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
							42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained						
							Washing fruits and vegetables							55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
														Physical facilities installed, maintained, and clean						
														56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
														Adequate ventilation and lighting; designated areas used						
														Natural rubber latex gloves not used per CGS §19a-36f						
Person in Charge (Signature) <u>[Signature]</u> Date <u>5-13-25</u>							Violations documented Date corrections due #													
Person in Charge (Printed) <u>Hege Pasternak</u>							Priority Item Violations <u>5/16/25</u> <u>1</u>													
Inspector (Signature) <u>[Signature]</u> Date <u>5/13/25</u>							Priority Foundation Item Violations <u>8/13/25</u> <u>1</u>													
Inspector (Printed) <u>John Mucha RS</u>							Core Item Violations <u>1</u>													
							Risk Factor/Public Health Intervention Violations <u>1</u>													
							Repeat Risk Factor/Public Health Intervention Violations <u>1</u>													
							Good Retail Practices Violations <u>1</u>													
							Requires Reinspection - check box if you intend to reinspect <u>1</u>													
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 5/13/25

Establishment Taco Plus, Inc. Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Shredded cheese	41°F				
Brisket	40°F				
Pasta	38°F				
Roast Beef	40°F				
Deli Ham	40°F				
Cooked Rice	40°F				
Raw Beef	38°F				
Freezers	Frozen				

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: Leon Pasternak Exp: 5/10/28
16P	Dish Machine - no chlorine reading; use 3-bay in mean time → Correct by 5/16/25
55C	Some dust on fan in walk-in → Correct by 5/16/25
	- Handsink ✓ Hot/Cold H ₂ O ✓
	- Sanitizer: Chlorine ✓ - Dry Goods ✓
	- Thermometers ✓ - Date-Marks ✓
	- Test Strips ✓ - Outside Walk-Ins ✓
	- Ice Machine ✓

Person in Charge (Signature)	Date <u>5-13-25</u>
Inspector (Signature) <u>John Mucha, RS</u>	Date <u>5/13/25</u>