


6247

Risk Category: 3		Food Establishment Inspection Report				Page 1 of <u>2</u>																													
Establishment type: Permanent Temporary Mobile Other _____				Date: 9/12/25																															
Establishment Betzy's Latin Flavors				Time In _____ AM/PM		Time Out _____ AM/PM																													
Address ITV				LHD NVHD																															
Town/City Shelton				Purpose of Inspection: Routine Pre-op																															
Permit Holder Betzaida Rivera				Reinspection _____ Other _____																															
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																			
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.																																			
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 checked="" 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"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																						
Certified Food Protection Manager for Classes 2, 3, & 4								Time/Temperature Control for Safety																											
Employee Health								18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																						
Management, food employee and conditional employee; knowledge, responsibilities and reporting								20	<input 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"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																						
Proper use of restriction and exclusion								22	<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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																						
Written procedures for responding to vomiting and diarrheal events								24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<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"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>																						
Proper eating, tasting, drinking, or tobacco products use								Highly Susceptible Population																											
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>																						
No discharge from eyes, nose, and mouth								Food/Color Additives and Toxic Substances																											
Preventing Contamination by Hands								27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																					
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures																												
Hands clean and properly washed								28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																					
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input 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								GOOD RETAIL PRACTICES																											
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.																												
Adequate handwashing sinks, properly supplied/accessible								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																											
Approved Source								Safe Food and Water																											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O	V	COS	R																							
Food obtained from approved source								30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																						
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control																												
Food received at proper temperature								33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification																												
Food in good condition, safe, and unadulterated								37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination																												
Required records available: molluscan shellfish identification, parasite destruction								38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																						
GOOD RETAIL PRACTICES																																			
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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				Utensils and Equipment																											
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R																						
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Pasteurized eggs used where required						In-use utensils: properly stored						Food and non-food contact surfaces cleanable, properly designed, constructed, and used																							
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Water and ice from approved source						Utensils/equipment/linens: properly stored, dried, & handled						Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available																							
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>																				
Variance obtained for specialized processing methods						Gloves used properly						Non-food contact surfaces clean																							
Physical Facilities																																			
Food Temperature Control						Physical Facilities						Violations documented																							
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	Date corrections due	#																						
Proper cooling methods used; adequate equipment for temperature control						Hot and cold water available; adequate pressure						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Core Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td></td> </tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td></td> </tr> </table>						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		
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Repeat Risk Factor/Public Health Intervention Violations																																			
Good Retail Practices Violations																																			
Requires Reinspection - check box if you intend to reinspect																																			
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																									
Plant food properly cooked for hot holding						Plumbing installed; proper backflow devices																													
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																									
Approved thawing methods used						Sewage and waste water properly disposed																													
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																									
Thermometers provided and accurate						Toilet facilities: properly constructed, supplied, & clean																													
Food Identification						Garbage and refuse properly disposed; facilities maintained																													
37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>																									
Food properly labeled; original container						Physical facilities installed, maintained, and clean																													
Prevention of Food Contamination						Adequate ventilation and lighting; designated areas used																													
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																									
Insects, rodents, and animals not present						Natural rubber latex gloves not used per CGS §19a-36f																													
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Personnel																													
Contamination prevented during food preparation, storage & display						Personnel																													
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Personnel																													
Personal cleanliness						Personnel																													
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Personnel																													
Wiping cloths: properly used and stored						Personnel																													
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Personnel																													
Washing fruits and vegetables						Personnel																													
Personnel																																			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																			
Person in Charge (Signature) <i>Betzy Rivera</i>				Date 9/12/25																															
Person in Charge (Printed) Betzy Rivera																																			
Inspector (Signature) <i>Amy Durrand</i>				Date 9/12/25																															
Inspector (Printed) Amy Durrand																																			
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.																																			

