


6200

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: 2/25/25 | | | | | | | | | |
| Establishment Buffalo Wild Wings | | | |  | | Time In 11:15 AM/PM | | Time Out 11:50 AM/PM | | | | | |
| Address 387 Bridgeport Ave | | | | | | LHD NVHD | | | | | | | |
| Town/City Shelton | | | | Purpose of Inspection: Routine Pre-op | | | | | | | | | |
| Permit Holder _____ | | | | 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pf | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties | | | | 15 Food separated and protected P/C <input type="checkbox"/> | | | | | | | | | |
| 2 Certified Food Protection Manager for Classes 2, 3, & 4 | | | | 16 Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> | | | | | | | | | |
| 3 Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | 17 Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> | | | | | | | | | |
| 4 Proper use of restriction and exclusion | | | | 18 Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> | | | | | | | | | |
| 5 Written procedures for responding to vomiting and diarrheal events | | | | 19 Proper reheating procedures for hot holding P <input type="checkbox"/> | | | | | | | | | |
| 6 Proper eating, tasting, drinking, or tobacco products use | | | | 20 Proper cooling time and temperatures P <input type="checkbox"/> | | | | | | | | | |
| 7 No discharge from eyes, nose, and mouth | | | | 21 Proper hot holding temperatures P <input type="checkbox"/> | | | | | | | | | |
| 8 Hands clean and properly washed | | | | 22 Proper cold holding temperatures P <input type="checkbox"/> | | | | | | | | | |
| 9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed | | | | 23 Proper date marking and disposition P/Pf <input type="checkbox"/> | | | | | | | | | |
| 10 Adequate handwashing sinks, properly supplied/accessible | | | | 24 Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> | | | | | | | | | |
| 11 Food obtained from approved source | | | | 25 Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> | | | | | | | | | |
| 12 Food received at proper temperature | | | | 26 Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> | | | | | | | | | |
| 13 Food in good condition, safe, and unadulterated | | | | 27 Food additives: approved and properly used P <input type="checkbox"/> | | | | | | | | | |
| 14 Required records available: molluscan shellfish identification, parasite destruction | | | | 28 Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> | | | | | | | | | |
| GOOD RETAIL PRACTICES | | | | | | | | | | | | | |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. | | | | | | | | | | | | | |
| 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 | | | | | | | | | |
| OUT | N/A | N/O | V | COS | R | OUT | V | COS | R | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 30 Pasteurized eggs used where required | | | | 43 In-use utensils: properly stored C <input type="checkbox"/> | | | | | | | | | |
| 31 Water and ice from approved source | | | | 44 Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> | | | | | | | | | |
| 32 Variance obtained for specialized processing methods | | | | 45 Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> | | | | | | | | | |
| 33 Proper cooling methods used; adequate equipment for temperature control | | | | 46 Gloves used properly C <input type="checkbox"/> | | | | | | | | | |
| 34 Plant food properly cooked for hot holding | | | | 47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> | | | | | | | | | |
| 35 Approved thawing methods used | | | | 48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> | | | | | | | | | |
| 36 Thermometers provided and accurate | | | | 49 Non-food contact surfaces clean C <input type="checkbox"/> | | | | | | | | | |
| 37 Food properly labeled; original container | | | | 50 Hot and cold water available; adequate pressure Pf <input type="checkbox"/> | | | | | | | | | |
| 38 Insects, rodents, and animals not present | | | | 51 Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> | | | | | | | | | |
| 39 Contamination prevented during food preparation, storage & display | | | | 52 Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> | | | | | | | | | |
| 40 Personal cleanliness | | | | 53 Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> | | | | | | | | | |
| 41 Wiping cloths: properly used and stored | | | | 54 Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> | | | | | | | | | |
| 42 Washing fruits and vegetables | | | | 55 Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> | | | | | | | | | |
| 43 Food properly labeled; original container | | | | 56 Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> | | | | | | | | | |
| 44 Insects, rodents, and animals not present | | | | 57 Natural rubber latex gloves not used per CGS §19a-36f | | | | | | | | | |
| Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | | | | | | | | | | | |
| Person in Charge (Signature) <i>[Signature]</i> Date 2/25/25 | | | | Violations documented | | Date corrections due | | # | | | | | |
| Person in Charge (Printed) | | | | Priority Item Violations | | = | | 0 | | | | | |
| Inspector (Signature) <i>Amanda Ruchin</i> Date 2/25/25 | | | | Priority Foundation Item Violations | | 5/25/25 | | 0 | | | | | |
| Inspector (Printed) Amanda Ruchin | | | | Core Item Violations | | | | 0 | | | | | |
| | | | | Risk Factor/Public Health Intervention Violations | | | | 0 | | | | | |
| | | | | Repeat Risk Factor/Public Health Intervention Violations | | | | 0 | | | | | |
| | | | | Good Retail Practices Violations | | | | 1 | | | | | |
| | | | | Requires Reinspection - check box if you intend to reinspect | | | | 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. | | | | | | | | | | | | | |

Food Establishment Inspection Report

LHD NVHD Inspection Report Continuation Sheet Date 2/25/25
 Establishment Buffalo Wild Wings Town Shelton

TEMPERATURE OBSERVATIONS

| Item/Location/Process | Temp | Item/Location/Process | Temp | Item/Location/Process | Temp |
|----------------------------------|------|-----------------------|------|-----------------------|------|
| Prep top - Ranch Dressing cooler | 37°F | WIC #1 | 36°F | WIF | -2°F |
| 4dr | 35°F | WIC #2 | 42°F | 1dr freezer | -3°F |
| - Raw wings | 37°F | - Raw patty | 37°F | drawer freezer | -3°F |
| Bm | 41°F | - Shredded cheese | 36°F | | |
| - Tomatoes | 32°F | - pico | 36°F | | |
| - mac + cheese | 33°F | | | | |
| - cooked chx | 35°F | | | | |



OBSERVATIONS AND CORRECTIVE ACTIONS

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.

| Item Number | Observations and Corrective Actions |
|-------------|---|
| | <p>3/22/20 11/13/29 (on site) 11/13/29</p> |
| CFPM | <p>- Besnik Krasniqi, Miguel Penaranda, Marco Weiss Hand sink - Bar HS stocked ✓, signage ✓, Hot H2O ✓ Sanitizer - TS ✓, Lactic Acid ✓, Concentration 3 Bay ✓, Bucket + Time Stamp ✓ Bar Area - good ✓, Vinyl gloves ✓ Restroom ✓, mop sink / mop hung ✓, dry storage ✓ Allergen poster ✓, employee health policy ✓, V/D plan ✓, Form 1-B ✓ Soda machine ✓, ice machine ✓, cooling log ✓, date marking / labels ✓ Dish machine ✓</p> |
| C 48 | <p>Gauges to dish machine in kitchen not properly working - wash does not move.</p> <p style="font-size: 1.5em; color: blue;">Very good!</p> |

Person in Charge (Signature) [Signature] Date 2/25/25
 Inspector (Signature) Amanda Pucklin Date 2/25/25