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Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2																																																																																																																																																																																																																																																																																																																																																																
Establishment type: Permanent Temporary Mobile Other		Date: 8/21/25																																																																																																																																																																																																																																																																																																																																																																
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<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																																																																																																																																																																																																																																																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">P</th> <th rowspan="2">IN</th> <th rowspan="2">OUT</th> <th rowspan="2">N/A</th> <th rowspan="2">N/O</th> <th colspan="3">Supervision</th> <th colspan="3">Protection from Contamination</th> </tr> <tr> <th>V</th> <th>COS</th> <th>R</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>15</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food separated and protected</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certified Food Protection Manager for Classes 2, 3, & 4</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>16</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food-contact surfaces: cleaned & sanitized</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Employee Health</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3" style="text-align: center;">Time/Temperature Control for Safety</td> </tr> <tr> <td>3</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>17</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper use of restriction and exclusion</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>18</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooking time and temperatures</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Written procedures for responding to vomiting and diarrheal events</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper reheating procedures for hot holding</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Good Hygienic Practices</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3" style="text-align: center;">Consumer Advisory</td> </tr> <tr> <td>6</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper eating, tasting, drinking, or tobacco products use</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>20</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Consumer advisory provided: raw/undercooked food</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No discharge from eyes, nose, and mouth</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>21</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized foods used; prohibited foods not offered</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Preventing Contamination by Hands</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3" style="text-align: center;">Highly Susceptible Population</td> </tr> <tr> <td>8</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hands clean and properly washed</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>22</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food/Color Additives and Toxic Substances</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>9</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>23</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food additives: approved and properly used</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>10</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adequate handwashing sinks, properly supplied/accessible</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>24</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toxic substances properly identified, stored & used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Approved Source</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3" style="text-align: center;">Conformance with Approved Procedures</td> </tr> <tr> <td>11</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food obtained from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>25</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>12</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food received at proper temperature</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>26</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>13</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food in good condition, safe, and unadulterated</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>27</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>14</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Required records available: molluscan shellfish identification, parasite destruction</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>28</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			P	IN	OUT	N/A	N/O	Supervision			Protection from Contamination			V	COS	R	V	COS	R	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health									Time/Temperature Control for Safety			3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper 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type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances		<input type="checkbox"/>	<input type="checkbox"/>	9	<input checked="" type="checkbox"/>	<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	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing 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type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input 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12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																		
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																		
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																		
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<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																																																																																																																																																																																																																																																																																																																																																																		
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																																																																																																																																																																																																																																																																																																																																																																		
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cleaning agents, sanitizers, and test strips available</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>36</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>49</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>37</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3" style="text-align: center;">Physical Facilities</td> </tr> <tr> <td colspan="3" style="text-align: center;">Food Identification</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>38</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>50</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hot and cold water available; adequate pressure</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Prevention of Food Contamination</td> <td colspan="3"></td> <td colspan="3"></td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>39</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>51</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Plumbing installed; proper backflow devices</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>40</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>52</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sewage and waste water properly disposed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>41</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>53</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toilet facilities: properly constructed, supplied, & clean</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>42</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>54</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Garbage and refuse properly disposed; 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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.																																																																																																																																																																																																																																																																																																																																																																		
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Food Establishment Inspection Report

Page 2 of 2

LHD nvhd Inspection Report Continuation Sheet Date 8/21/25
 Establishment Ecuasavador food Town ITV-naugatuck

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>SOUP HH</u>	<u>175 F</u>				
<u>water</u>	<u>85 F</u>				

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
	<u>CFPM: edgar perez</u> <u>hand sink stacked signage</u> <u>allergen statement</u> <u>vinyl gloves</u> <u>bleach 50ppm sanitizer</u> <u>datemarking</u>
*	<u>no food prep @ inspection</u>
*	<u>no food cooking @ inspection</u>
30PF	<u>fridge missing thermometer</u>
37C	<u>food out of original container not labeled</u>
78PF	<u>3bay not working - washing utensils w/ FSE in Shelton</u>
	<u>thermometer + 3bay to be fixed in <u>10</u> days</u>
	<u>aduranda@nvhd.org</u> <u>203-881-3255 x12 - any questions</u>

Person in Charge (Signature) M. L. M. Date 8/21/25
 Inspector (Signature) amy cluzard Date 8/21/25