

1974

Connecticut Department of Public Health

Risk Category: **4** **Food Establishment Inspection Report** Page 1 of **2**

Establishment type: **Permanent** Temporary Mobile Other \_\_\_\_\_ Date: **8/21/25**

Establishment **George B. Lewiss** Time In **12:05** AM/PM Time Out \_\_\_\_\_ AM/PM

Address **Weld Drive** LHD **NVHD**

Town/City **Naugatuck** Purpose of Inspection: **Routine** Pre-op

Permit Holder **Kerisha Williams** 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 type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>							
<b>Employee Health</b>							<b>Time/Temperature Control for Safety</b>													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>							
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>							
<b>Good Hygienic Practices</b>							<b>Consumer Advisory</b>													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>							
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<b>Highly Susceptible Population</b>													
<b>Preventing Contamination by Hands</b>							<b>Food/Color Additives and Toxic Substances</b>													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>							
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>							
<b>Approved Source</b>							<b>Conformance with Approved Procedures</b>													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>													
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	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	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>	
<b>Food Temperature Control</b>							<b>Utensils and Equipment</b>			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	47	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	48	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	49	<input type="checkbox"/>	C	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<b>Physical Facilities</b>				
<b>Food Identification</b>							50	<input type="checkbox"/>	Pf	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
<b>Prevention of Food Contamination</b>							52	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	53	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	54	<input type="checkbox"/>	C	<input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	55	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	56	<input type="checkbox"/>	C	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f				

Person in Charge (Signature) **Marie Jay** Date **8-21-25**

Person in Charge (Printed) \_\_\_\_\_

Inspector (Signature) **Amy Durand** Date **8/21/25**

Inspector (Printed) **Amy Durand**

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<b>90 days</b>	<b>1</b>
Risk Factor/Public Health Intervention Violations		<b>1</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>1</b>
Requires Reinspection - check box if you intend to reinspect		<b>1</b>

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.

