


Risk Category: <u>1</u>	<u>6314</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/>		Date: <u>3/31/26 4/8/26</u>	
Establishment <u>AMG Retail 1, LLC</u>		Time In <u>12:30</u> AM/PM Time Out <u>1:00</u> AM/PM	
Address <u>198 Leavenworth Rd</u>		LHD <u>NVHD</u>	
Town/City <u>Shelton</u>		Purpose of Inspection: Routine <input checked="" type="checkbox"/> Pre-op <input type="checkbox"/>	
Permit Holder		Reinspection <input type="checkbox"/> Other <input type="checkbox"/>	



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
<small>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.</small>														
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				
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
Supervision						Protection from Contamination								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties						15 Food separated and protected								
2 Certified Food Protection Manager for Classes 2, 3, & 4						16 Food-contact surfaces: cleaned & sanitized								
						17 Proper disposition of returned, previously served, reconditioned, and unsafe food								
Employee Health						Time/Temperature Control for Safety								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting						18 Proper cooking time and temperatures								
4 Proper use of restriction and exclusion						19 Proper reheating procedures for hot holding								
5 Written procedures for responding to vomiting and diarrheal events						20 Proper cooling time and temperatures								
						21 Proper hot holding temperatures								
						22 Proper cold holding temperatures								
						23 Proper date marking and disposition								
						24 Time as a public health control: procedures and records								
Good Hygienic Practices						Consumer Advisory								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
6 Proper eating, tasting, drinking, or tobacco products use						25 Consumer advisory provided: raw/undercooked food								
7 No discharge from eyes, nose, and mouth														
Preventing Contamination by Hands						Highly Susceptible Population								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
8 Hands clean and properly washed						26 Pasteurized foods used; prohibited foods not offered								
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed														
10 Adequate handwashing sinks, properly supplied/accessible														
Approved Source						Food/Color Additives and Toxic Substances								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
11 Food obtained from approved source						27 Food additives: approved and properly used								
12 Food received at proper temperature						28 Toxic substances properly identified, stored & used								
13 Food in good condition, safe, and unadulterated														
14 Required records available: molluscan shellfish identification, parasite destruction														
GOOD RETAIL PRACTICES														
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>														
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														
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R	
Safe Food and Water						Proper Use of Utensils								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P	<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"/>	<input type="checkbox"/>	
30 Pasteurized eggs used where required						43 In-use utensils: properly stored								
31 Water and ice from approved source						44 Utensils/equipment/linens: properly stored, dried, & handled								
32 Variance obtained for specialized processing methods						45 Single-use/single-service articles: properly stored & used								
						46 Gloves used properly								
Food Temperature Control						Utensils and Equipment								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33 Proper cooling methods used; adequate equipment for temperature control						47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used								
34 Plant food properly cooked for hot holding						48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available								
35 Approved thawing methods used						49 Non-food contact surfaces clean								
36 Thermometers provided and accurate														
Food Identification						Physical Facilities								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37 Food properly labeled; original container						50 Hot and cold water available; adequate pressure								
						51 Plumbing installed; proper backflow devices								
						52 Sewage and waste water properly disposed								
						53 Toilet facilities: properly constructed, supplied, & clean								
						54 Garbage and refuse properly disposed; facilities maintained								
						55 Physical facilities installed, maintained, and clean								
						56 Adequate ventilation and lighting; designated areas used								
						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) <u>[Signature]</u> Date						Violations documented			Date corrections due			#		
Person in Charge (Printed)						Priority Item Violations								
Inspector (Signature) <u>[Signature]</u> Date <u>4/8/26</u>						Priority Foundation Item Violations								
Inspector (Printed) <u>Melvin Doko</u>						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								

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.