


Risk Category: <u>1</u>	Food Establishment Inspection Report	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>3/16/26</u>	
Establishment <u>Citgo Quick Mart 550</u>	Time In _____ AM/PM Time Out _____ AM/PM	
Address <u>442 River Rd</u>	LHD <u>NVHD</u>	
Town/City <u>Shelton</u>	Purpose of Inspection: <u>Routine</u> Pre-op <input type="checkbox"/>	
Permit Holder _____	Reinspection <input type="checkbox"/> Other <input type="checkbox"/>	



Connecticut Department of Public Health

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				V	COS	R	Protection from Contamination																							
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>														
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	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"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>														
Employee Health				V	COS	R	Time/Temperature Control for Safety																							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>														
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>														
Good Hygienic Practices				V	COS	R	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>														
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population																							
Preventing Contamination by Hands				V	COS	R	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>														
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances																							
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>														
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
Approved Source				V	COS	R	Compliance with Approved Procedures																							
11	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES																							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<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				V	COS	R	Proper Use of Utensils																							
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>														
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	P/C	<input type="checkbox"/>	<input type="checkbox"/>														
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>														
Food Temperature Control				V	COS	R	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>														
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment																							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>														
Food Identification				V	COS	R	Physical Facilities																							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>														
Prevention of Food Contamination				V	COS	R	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>														
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>														
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							Natural rubber latex gloves not used per CGS §19a-36f																							
Person in Charge (Signature) _____	Date	<u>3/16/26</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Violations documented</th> <th style="width:30%;">Date corrections due</th> <th style="width:40%;">#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td><u>COS</u></td> <td><u>COS 1</u></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 colspan="3">Requires Reinspection - check box if you intend to reinspect</td> </tr> </tbody> </table>				Violations documented	Date corrections due	#	Priority Item Violations			Priority Foundation Item Violations	<u>COS</u>	<u>COS 1</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		
Violations documented	Date corrections due	#																												
Priority Item Violations																														
Priority Foundation Item Violations	<u>COS</u>	<u>COS 1</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																														
Person in Charge (Printed) _____																														
Inspector (Signature) <u>Melanie Doble</u>	Date	<u>3/16/26</u>																												
Inspector (Printed) <u>Melanie Doble</u>																														

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.

