

Erin A. Capriano  
10/12/27

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>		Page 1 of <b>2</b>	
Establishment type: <b>Permanent</b> Temporary Mobile Other			Date: <b>11/25/24</b>		
Establishment: <b>Faith Pathy #5780</b>			Time In: <b>12:30</b> AM/PM Time Out: <b>1:00</b> AM/PM		
Address: <b>Highway Rd</b>			LHD: <b>NHHS</b>		
Town/City: <b>Shelton</b>			Purpose of Inspection: <b>Routine</b> Pre-op		
Permit Holder			Reinspection Other		
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
<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					
<b>Supervision</b>			<b>Protection from Contamination</b>		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties			15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Food separated and protected P/C		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4			16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Food-contact surfaces: cleaned & sanitized P/Pf/C		
			17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Proper disposition of returned, previously served, reconditioned, and unsafe food P		
<b>Employee Health</b>					
			<b>Time/Temperature Control for Safety</b>		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting			18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Proper cooking time and temperatures P/Pf/C		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion			19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Proper reheating procedures for hot holding P		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events			20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Proper cooling time and temperatures P		
<b>Good Hygienic Practices</b>					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use			21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Proper hot holding temperatures P		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth			22	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Proper cold holding temperatures P		
<b>Preventing Contamination by Hands</b>					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed			23	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Proper date marking and disposition P/Pf		
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			24	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Time as a public health control: procedures and records P/Pf/C		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible			<b>Consumer Advisory</b>		
			25 <input checked="" type="checkbox"/> Consumer advisory provided; raw/undercooked food Pf		
<b>Approved Source</b>					
<b>Highly Susceptible Population</b>					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source			26	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Pasteurized foods used; prohibited foods not offered P/C		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature			<b>Food/Color Additives and Toxic Substances</b>		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated			27	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Food additives: approved and properly used P		
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction			28	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Toxic substances properly identified, stored & used P/Pf/C		
<b>GOOD RETAIL PRACTICES</b>					
<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					
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			43	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			In-use utensils: properly stored C		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Utensils/equipment/linens: properly stored, dried, & handled Pf/C		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods			45	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Single-use/single-service articles: properly stored & used P/C		
<b>Food Temperature Control</b>					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control			46	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Gloves used properly C		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding			<b>Utensils and Equipment</b>		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used			47	<input type="checkbox"/>	<input type="checkbox"/>
			Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate			48	<input type="checkbox"/>	<input type="checkbox"/>
			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C		
<b>Food Identification</b>					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Non-food contact surfaces clean C		
<b>Prevention of Food Contamination</b>					
<b>Physical Facilities</b>					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present			50	<input type="checkbox"/>	<input type="checkbox"/>
			Hot and cold water available; adequate pressure Pf		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display			51	<input type="checkbox"/>	<input type="checkbox"/>
			Plumbing installed; proper backflow devices P/Pf/C		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness			52	<input type="checkbox"/>	<input type="checkbox"/>
			Sewage and waste water properly disposed P/Pf/C		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored			53	<input type="checkbox"/>	<input type="checkbox"/>
			Toilet facilities: properly constructed, supplied, & clean Pf/C		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables			54	<input type="checkbox"/>	<input type="checkbox"/>
			Garbage and refuse properly disposed; facilities maintained C		
<b>Violations documented</b>					
<b>Date corrections due</b>					
<b>#</b>					
Person in Charge (Signature) <i>[Signature]</i> Date <b>11/25/24</b>			Priority Item Violations <b>0</b>		
Person in Charge (Printed) <b>Zenob</b> Date <b>11/25/24</b>			Priority Foundation Item Violations <b>0</b>		
Inspector (Signature) <i>[Signature]</i> Date <b>11/25/24</b>			Core Item Violations <b>20/15</b>		
Inspector (Printed) <b>Glenn Buran</b>			Risk Factor/Public Health Intervention Violations <b>1</b>		
			Repeat Risk Factor/Public Health Intervention Violations <b>0</b>		
			Good Retail Practices Violations <b>0</b>		
			Requires Reinspection - check box if you intend to reinspect <b>0</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.					

raw hamby. 39.5  
 am. duck 39.0  
 hotdog 39.0  
 turkey burger raw. 38.0  
 buns 39.0

Sucatum. 39.5



STATE OF CONNECTICUT  
 DEPARTMENT OF PUBLIC HEALTH

INSPECTION REPORT  
 FOOD SERVICE ESTABLISHMENTS  
 CONTINUATION SHEET

NAME OF ESTABLISHMENT <i>Fatty Patty</i>	TOWN <i>Shelton</i>	DATE OF INSPECTION <i>11/25/24</i>
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INSPECTION FORM #	REMARKS
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*37C* no written notification regarding allergens in food menu items - COS - same signage to CFPD.

*55C* unclean, dusty ceiling vent/ceiling in rear - (warewash area)

*full state PPH allergen awareness posters CFPD*

*- went out date-making*

*- handwash sinks stocked; signage avail.*

*- testing strips avail. for sanitizer*

INITIAL (INSPECTOR) <i>[Signature]</i>	INITIAL (PERSON IN CHARGE) <i>ZC</i>
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Distribution: 1st - White - Health Department    2nd - Yellow - Owner/Manager