## **Connecticut Department of Public Health**

Risk Category:	Food Establ	ishm	ent	Ins	pect	tion Report Page 1 of	
Establishment type: Permanent Temporary Mobile Other						- Date:	
Establishment		teating connecticut Mostif			Health	Time InAM/PM Time OutAM/PI	
Address		DPH				LHD	
Town/City						Purpose of Inspection: Routine Pre-op	
Permit Holder		Connecticut Department of Public Health			nent	Reinspection Other	
remit Holder	FOODBORNE ILLNESS RISK FA	ACTO					
			ctors of fe	odborn	ne illness	ss or injury. Interventions are control measures to prevent foodborne illness or injury.	
	ance status (IN, OUT, N/A, N/O) for each numbered it	ce OUT=not in compliance N/A=not applicable N/O=not observed					
	y foundation item C=Core item V=violation type				T T		
IN OUT N/A N/O	Supervision n/Alternate Person in charge present,	V	COS F	15	_	OUT N/A N/O Protection from Contamination V Cos F  Cos Food separated and protected P/C Cos	
	nstrates knowledge and performs duties	Pf	0	) I —	_		
Certific	ed Food Protection Manager for Classes 2,	С	00	$\neg \vdash$		Proper disposition of returned previously	
2 0 0 0 3, & 4	229			1 ''		served, reconditioned, and unsafe food	
Employee Health				-   -		Time/Temperature Control for Safety	
3 ( ) ( )	ement, food employee and conditional employee; edge, responsibilities and reporting	P/Pf	00	15	_		
	r use of restriction and exclusion	P	00				
	n procedures for responding to vomiting and	Pf		21		O Proper hot holding temperatures POC	
diarrhe	eal events	Pi	0	22			
	Good Hygienic Practices	100		$\neg$	3 0		
	r eating, tasting, drinking, or tobacco products us scharge from eyes, nose, and mouth	e P/C	00		40	Time as a public health control: procedures   P/Pf/C   O   C	
	Preventing Contamination by Hands			41		Consumer Advisory	
	s clean and properly washed	P/Pf	00	25	50	Consumer advisory provided: raw/undercooked food Pf C	
No ba	re hand contact with RTE food or a	i				Highly Susceptible Population	
pre-ap	proved alternative procedure properly followed	P/Pf/C		120		Pasteurized foods used; prohibited foods not offered P/C O	
10 O Adequ	ate handwashing sinks, properly supplied/accessible	Pf/C	0	$\dashv$ $\vdash$		Food/Color Additives and Toxic Substances	
11000	Approved Source	DIDUG			70	Food additives: approved and properly used POC	
	obtained from approved source received at proper temperature		00			Toxic substances properly identified, stored & used	
	in good condition, safe, and unadulterated		00	$\neg$		Conformance with Approved Procedures	
	red records available: molluscan shellfish	P/Pf/C		$\neg$	90	Compliance with variance/specialized	
identif	ication, parasite destruction	N. 2020390 PS	8	11000		process/ROP criteria/HACCP Plan	
GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.  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	Safe Food and Water	V	cos		OUT		
30 Pasteurized	d eggs used where required	Р	00	_		In-use utensils: properly stored C O C	
31 O Water and	ice from approved source	P/Pf/C	0	<b>&gt;</b> 44	40	Utensils/equipment/linens: properly stored, dried, & handled Pf/C C	
32 O Variance of	otained for specialized processing methods	Pf	0			Single-use/single-service articles: properly stored & used P/C O C	
Dropor eno	Food Temperature Control	_	1 1		6 0	Gloves used properly C C C	
133 C Temperatur	ling methods used; adequate equipment for	Pf/C	0	$\rightarrow \mid \vdash$	1 1	Utensils and Equipment  Food and non-food contact surfaces cleanable,	
34 O O Plant food	properly cooked for hot holding	Pf	0	5  47	/ ( )	properly designed, constructed, and used	
35 O O Approved t	hawing methods used	Pf/C	0	$\neg$		Warewashing facilities: installed, maintained and used:	
	ters provided and accurate		0		8 0	cleaning agents, sanitizers, and test strips available	
	Food Identification	1			9 0	Non-food contact surfaces clean C C	
37 Food properly labe		Pf/C				Physical Facilities	
38 O Insects, rodents, a	Prevention of Food Contamination	DEIC				Hot and cold water available; adequate pressure Pf C	
	ented during food preparation, storage & display					Sewage and waste water properly disposed  P/Pf/C O C	
40 Personal cleanline			00			Toilet facilities: properly constructed, supplied, & clean Pf/C	
41 O Wiping cloths: prop	perly used and stored	С	0		40	Garbage and refuse properly disposed; facilities maintained C C	
42   Washing fruits and	vegetables	P/Pf/C		_		Physical facilities installed, maintained, and clean P/Pf/C O	
Permit Holder shall notify o	ort is av	ailable.	50	_	Adequate ventilation and lighting; designated areas used C C C		
	A STATE OF S			V		Natural rubber latex gloves not used per CGS §19a-36f ions documented	
Person in Charge (Signa	ture) Date					/ Item Violations	
ato so supply opened at the				Pi	riority	y Foundation Item Violations	
Person in Charge (Printe	d)					tem Violations	
Inspector (Signature)	Date					actor/Public Health Intervention Violations  It Risk Factor/Public Health Intervention Violations	
species (orginature)	Date						
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							
	ector (Printed)  Requires Reinspection - check box if you intend to reinspect  Peal: 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.							

## **Food Establishment Inspection Report** Inspection Report Continuation Sheet LHD\_ Date Establishment\_ Town\_ **TEMPERATURE OBSERVATIONS** Temp Item/Location/Process Item/Location/Process Temp Item/Location/Process Temp **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 Person in Charge (Signature) **Date**

**Date** 

Inspector (Signature)