


2089

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>							
Establishment type: Permanent Temporary Mobile Other _____				Date: <u>12/8/25</u>									
Establishment <u>BJ'S Wholesale Club</u>				Time In <u>12:35</u> AM/PM		Time Out <u>1:20</u> AM/PM							
Address <u>20 A Division St</u>				LHD <u>NHD</u>									
Town/City <u>Derry</u>				Purpose of Inspection: <u>Routine</u> Pre-op									
Permit Holder <u>BT Wholesale Club</u>				Reinspection Other _____									
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
<i>Risk factors</i> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <i>Interventions</i> 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"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Food separated and protected					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized					
Employee Health								Proper disposition of returned, previously served, reconditioned, and unsafe food					
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"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting								Time/Temperature Control for Safety					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion								Proper cooking time and temperatures					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events								Proper reheating procedures for hot holding					
Good Hygienic Practices								Proper cooling time and temperatures					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use								Proper hot holding temperatures					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth								Proper cold holding temperatures					
Preventing Contamination by Hands								Proper date marking and disposition					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed								Time as a public health control: procedures and records					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								Consumer advisory provided: raw/undercooked food					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
Adequate handwashing sinks, properly supplied/accessible								Pasteurized foods used; prohibited foods not offered					
Approved Source								Food/Color Additives and Toxic Substances					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source								Food additives: approved and properly used					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature								Toxic substances properly identified, stored & used					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
Food in good condition, safe, and unadulterated								Compliance with variance/specialized process/ROP criteria/HACCP Plan					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Required records available: molluscan shellfish identification, parasite destruction													
GOOD RETAIL PRACTICES													
<i>Good Retail Practices</i> 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													
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"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>			
Pasteurized eggs used where required								In-use utensils: properly stored					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>			
Water and ice from approved source								Utensils/equipment/linens: properly stored, dried, & handled					
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>			
Variance obtained for specialized processing methods								Single-use/single-service articles: properly stored & used					
Food Temperature Control								46 <input type="checkbox"/> Gloves used properly					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment						
Proper cooling methods used; adequate equipment for temperature control								47 <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	48 <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
Plant food properly cooked for hot holding								49 <input type="checkbox"/> Non-food contact surfaces clean					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities						
Approved thawing methods used								50 <input checked="" type="checkbox"/> Hot and cold water available; adequate pressure					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51 <input type="checkbox"/> Plumbing installed; proper backflow devices						
Thermometers provided and accurate								52 <input type="checkbox"/> Sewage and waste water properly disposed					
Food Identification								53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained						
Food properly labeled; original container								55 <input type="checkbox"/> Physical facilities installed, maintained, and clean					
Prevention of Food Contamination								56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	57 <input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f						
Insects, rodents, and animals not present								Violations documented					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Date corrections due						
Contamination prevented during food preparation, storage & display								Priority Item Violations					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations						
Personal cleanliness								Core Item Violations					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations						
Wiping cloths: properly used and stored								Repeat Risk Factor/Public Health Intervention Violations					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices Violations						
Washing fruits and vegetables								Requires Reinspection - check box if you intend to reinspect					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) <u>[Signature]</u> Date <u>12/8/25</u>				Violations documented				Date corrections due		#			
Person in Charge (Printed)				Priority Item Violations				<u>12/10/25</u>		<u>1</u>			
Inspector (Signature) <u>[Signature]</u> Date <u>12/8/25</u>				Priority Foundation Item Violations						<u>0</u>			
Inspector (Printed) <u>Amarda Richan</u>				Core Item Violations						<u>0</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.				Risk Factor/Public Health Intervention Violations						<u>1</u>			
				Repeat Risk Factor/Public Health Intervention Violations						<u>0</u>			
				Good Retail Practices Violations						<u>0</u>			
				Requires Reinspection - check box if you intend to reinspect						<u>1</u>			

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 12/18/25

Establishment BT'S Wholesale Club Town Derry

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hotdog cooler	31°F	WIC Bakery	32°F	Rotisserie Chicken	148°F
- Hot dogs	41°F	Freezer - cake	14°F	Deji	40°F
- Cheese platter	38°F	Several meats (raw)	38°F	- Cheeses (several)	35-41°F
- Spin + Cheese ravioli	38°F			- meats (several)	
- Ham	31°F				
Frozen Turkey	15°F	raw chx cooler	34°F	Dairy cooler	39°F
Smoked Salmon	32°F	raw chx	32°F	- milk	36°F
				- greek yogurt	39°F

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	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.
	Bakery 11/1/27 meat manager 6/21/27
CFPM	Tina Wakefield Deizen area
	Bakery - vinyl gloves ✓ Quat sanitizer - 3 Bay ✓, TS ✓ good glove use ✓
	meat Dept - WIC ✓, meats under 41°F being prepped
pf 50	Handsink both Deli has no hot H2O Send invoice/completion report to ARUCHIN@NVHD.ORG by 12/18/25.

Person in Charge (Signature) <u>[Signature]</u>	Date <u>12/18/25</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>12/18/25</u>