## **Connecticut Department of Public Health**

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Risk Category: Food Establishment Inspection Report Page 1 of										
Establishment type (Permanent) Temporary Mobile Other			•			41/20				
			Conne	ecticus 4	Date:	40	W/J/			
Establishment Bad Sms Burco.  Address H Wywett D.		45edil		A STATE OF THE PARTY OF THE PAR	Time In	A A A	M/PM Time Out	0	_AM/	PM
Address I Wosevert D.			H)	LHD	NUT					
Town/City Deby # 5552				Purpos	e of Inspection:	( Routine Pr	e-op			
Permit Holder	Co	onnecti of Pu	cut De ublic H	partment ealth	Reinsp	ection	Other			
FOODBORNE ILLNESS RISK FA										
Risk factors are important practices or procedures identified as the most prevalent conti	ributing fa	actors o	of food	dborne illness	s or injury. <b>Int</b>	terventions are control	measures to prevent foodborne illn	ess or injury	/.	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	tem	- 11	N=in	complianc	e OUT=	not in compliance	N/A=not applicable N	O=not ob	serve	d
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark in	appr	opria	te box for	COS and/o	r R _ COS=correct	ed on-site during inspection	R=repea	t viola	ation
IN OUT N/A N/O Supervision	V	cos	R	IN	OUT N/A N	Protecti	on from Contamination	V	cos	R
Person/Alternate Person in charge present,						Food separated		P/C	0	0
	Pf	0		16			urfaces: cleaned & sanitized		-	-
demonstrates knowledge and performs duties	+	-	-	10				PIPIIC	, 0	-
Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17 🔾	0		on of returned, previously tioned, and unsafe food	P	0	0
Employee Health						<u> </u>	ture Control for Safety			
Management, food employee and conditional employee;		T		18	00		time and temperatures	P/Pf/C		
	P/Pf	0	0	-					-	
knowledge, responsibilities and reporting		-					g procedures for hot holding		-	0
4 Proper use of restriction and exclusion	P	0	0				ime and temperatures	P	-	
Written procedures for responding to vomiting and	Pf			21 🔾		Proper hot hold		P		0
diarrheal events	FI			22	000	Proper cold hold	ding temperatures	P	0	0
Good Hygienic Practices	10000			23			rking and disposition	P/Pf	0	0
6 Proper eating, tasting, drinking, or tobacco products use	e P/C	10		20			c health control: procedures			
		-	$\leq$	24	0		c fleatiff control. procedures	P/Pf/C	0	0
7 No discharge from eyes, nose, and mouth	С	0	$\Box$			and records				_
Preventing Contamination by Hands						-	ımer Advisory		-	
8 Hands clean and properly washed	P/Pf	0	0	25		Consumer advisory	provided: raw/undercooked food	l Pf	0	0
No bare hand contact with RTE food or a	DIDUO				/	Highly Sus	ceptible Population			
9 pre-approved alternative procedure properly followed	P/Pf/C	0	0	26	00	Pasteurized foods	used; prohibited foods not offered	P/C	0	0
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		1		ves and Toxic Substances			
	FIIC	1		07	6				0	
Approved Source		_		27			approved and properly use	J P	0	0
11 C Food obtained from approved source	P/Pf/C	_	0	28	00		es properly identified,	P/Pf/C		0
12 C Food received at proper temperature	P/Pf	0	0	20		stored & used		1.77		
13 Exod in good condition, safe, and unadulterated	P/Pf	0	0		/	Conformance wi	th Approved Procedures			
Required records available: molluscan shellfish							h variance/specialized			
identification, parasite destruction	P/Pf/C	0	$\circ$	29			riteria/HACCP Plan	P/Pf/C		0
	OD DE	TAII	DD	RACTICE	.6	procedenter	THO THE THE THE			
							I abianta into fondo		-	_
Good Retail Practices are preventative measures to										
Mark OUT if numbered item is not in compliance V=violation type Mark in	n appro	priate	box	for COS a	nd/or R	COS=corrected	on-site during inspection	R=repea		
OUT N/A N/O Safe Food and Water	٧	cos	R	OUT		Proper Us	e of Utensils	V	cos	R
30 Pasteurized eggs used where required	Р	0	0	43 O I	In-use uter	sils: properly store	ed	C	0	0
31 Water and ice from approved source	P/Pf/C	0	0	44 0 1	Utensils/equ	uipment/linens: prop	erly stored, dried, & handled	Pf/C	0	0
32 O Variance obtained for specialized processing methods	Pf	0	0				es: properly stored & used	P/C	-	_
	<u> </u>	_				ed properly	ic. propony ciaran a acca	С	_	_
Food Temperature Control		1		40	Oloves use		and Equipment			_
Proper cooling methods used; adequate equipment for	Pf/C	0			described in		and Equipment			
temperature control	20000000	_					urfaces cleanable,	P/Pf/C		0
34 O Plant food properly cooked for hot holding	Pf	0	0	11	properly de	esigned, construct	ed, and used			
35 O Approved thawing methods used	Pf/C	0	0	40	Warewash	ing facilities: insta	lled, maintained and used;	Pf/C		0
36 Thermometers provided and accurate	Pf/C	0		48	cleaning a	gents, sanitizers, a	and test strips available	FIIC		
Food Identification	1					contact surfaces cl		С	0	0
37 Food properly labeled; original container	Df/C	0		10 01	1011 1000		ical Facilities			
	FIIC	10		50	llat and an			Pf	10	
Prevention of Food Contamination		-					; adequate pressure		-	0
38 O Insects, rodents, and animals not present	Pf/C	0	0		0	nstalled; proper ba		P/Pf/C		0
39 Contamination prevented during food preparation, storage & display	P/Pf/C	0	0	52 0	Sewage ar	nd waste water pro	perly disposed	P/Pf/C		0
40 Personal cleanliness	Pf/C	0	0	53	Toilet facili	ties: properly cons	structed, supplied, & clean	Pf/C		0
41 Wiping cloths: properly used and stored	С	0	0	54 0	Garbage an	d refuse properly di	sposed; facilities maintained	С	0	0
42 Washing fruits and vegetables	P/Pf/C						naintained, and clean	P/Pf/C		0
1 1							nting; designated areas use			0
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable	в.	30 0	Natural ruh	ber latex gloves r	ot used per CGS §19a-36f			
W///	.110		-		ns docum		Date corrections due		#	
Person in Charge (Signature)   In him Date 7/2	417	5			Item Violat		Date confedencia da c		_	_
	. 1 -	0				Item Violations				_
Person in Charge (Printed)								-		_
Person in Charge (Printed)	_	1			m Violation		n Violations		_	_
	211	17.	1	KISK Fac	CIOI/PUDIIC	Health Intervention	on violations		-	_
Inspector (Signature) Date	8 Y	10	3				ervention Violations		_	
CY D D D D D D D D D D D D D D D D D D D		•				ces Violations		-	0	
Inspector (Printed) Polluda buluduntu	~						x if you intend to reinspect		1	
Appeal: The owner or operator of a food establishment aggrieved by the	his ord	er to	corr	ect any ir	nspection	violation identifie	d by the food inspector or	to hold,	destr	oy,
or dispose of unsafe food, may appeal such order to the										



INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEET

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME OF E	STABLISHMENT	TOWN		DATE OF INS	SPECTION 124/25					
	fins Bierco	Dersi		/	124125					
INSPECTION FORM #			REMARKS							
	& hands	vis stace	C							
	* handsnis steed * santizer god * buthrem god									
	A bushrem God									
		0								
INITIAL (IN	SPECTOR)		INITIAL (PERSON IN C	CHARGE)	1/2					

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager