Connecticut Department of Public Health

(047												
Risk Category: 3 Food Establishment Inspection Report Page 1 of												
Establishment type: ermanent Temporary Mobile Other			_	Date:	7/28	125						
Establishment Barone's Sports Cafe	serving Connecticus Mentily				1	Time In 250 AM/PM Time OutAM/PM						
Address 48 Waltery St. Ext.			DPH)				LHD NV HD					
Town/City Sey Mow						Purpose of Inspection: Routine Pre-op						
Permit Holder David Barone,	Connecticut Department of Public Health			it	Reinspection Other							
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	- Color - Color - Color			-	- 100 C	NAME OF TAXABLE PARTY.			R=repeat violation			
IN OUT N/A N/O Supervision	V	cos	-			T N/A N/		on from Contamination	V COS R			
1 Person/Alternate Person in charge present,	Pf	0	0	15		20000	Food separated		P/C O O			
demonstrates knowledge and performs duties Certified Food Protection Manager for Classes 2,				16	DZ			urfaces: cleaned & sanitized on of returned, previously	P/Pf/C O			
2 0 0 3, & 4	С	0	0	17	0		served, recondi	tioned, and unsafe food	POO			
Employee Health Time/Temperature Control for Safety												
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	0	0	18				g procedures for hot holding	P/Pf/C O O			
4 Proper use of restriction and exclusion	Р	0	0	20		00	Proper cooling	time and temperatures	P 0 0			
Written procedures for responding to vomiting and	Pf	0			00		Ptoper hot hold	ing temperatures	P 0 0			
diarrheal events Good Hygienic Practices	1.							ding temperatures rking and disposition	P/Pf O O			
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	10	0					c health control: procedures	T'			
7 No discharge from eyes, nose, and mouth	С		_	24			and records		P/Pf/C			
Preventing Contamination by Hands						/		umer Advisory				
8 O Hands clean and properly washed No bare hand contact with RTE food or a	P/Pf	0	0	25		0		y provided: raw/undercooked food ceptible Population	Pf OO			
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26		6		used; prohibited foods not offered	P/C 00			
Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		1	1000		ves and Toxic Substances				
Approved Source				27	61	0	The second secon	approved and properly used	POO			
11 O Food obtained from approved source 12 O Food received at proper temperature	P/Pf/C P/Pf	-	00	28	80		Toxic substance stored & used	es properly identified,	P/Pf/C O			
12 Food received at proper temperature Food in good condition, safe, and unadulterated	P/Pf	_	0					th Approved Procedures				
Required records available: molluscan shellfish	P/Pf/C		0	29			Compliance wit	h variance/specialized	P/Pf/C O O			
identification, parasite destruction	OD RE		DE		ICEC		process/ROP ci	riteria/HACCP Plan	1			
Good Retail Practices are preventative measures t						ens, cher	micals, and physica	I objects into foods.				
	in approp								R=repeat violation			
OUT N/A N/O Safe Food and Water	٧	cos			UT		The second secon	e of Utensils	V COS R			
Pasteurized eggs used where required	P P/Pf/C	0	-				sils: properly stor	ed erly stored, dried, & handled	C O O			
31 Water and ice from approved source 32 Variance obtained for specialized processing methods	P/PI/C	0	_	45	Sin	nsiis/equ ale-use/s	ingle-service article	es: properly stored & used	P/C O O			
Food Temperature Control							ed properly	or properly stated	c 0 0			
Proper cooling methods used; adequate equipment for	Pf/C	0	0					and Equipment				
134 O Plant food properly cooked for hot holding	Pf	-	0	47)		non-food contact s esigned, construct	surfaces cleanable,	P/Pf/C			
35 O Approved thawing methods used		0		77755				lled, maintained and used;	1			
36 Thermometers provided and accurate	_	0	_	48				and test strips available	Pf/C			
Food Identification				49	○ No	n-food c	ontact surfaces cl		c 00			
Food properly labeled; original container	Pf/C	0	0	50		and on		ical Facilities ; adequate pressure	Pf OO			
Prevention of Food Contamination 38 Insects, rodents, and animals not present	Pf/C	0	0				nstalled; proper ba		P/Pf/C O O			
39 Contamination prevented during food preparation, storage & display	P/Pf/C						nd waste water pro		P/Pf/C O O			
40 Personal cleanliness	Pf/C		_					structed, supplied, & clean	Pf/C O O			
41 Wiping cloths: properly used and stored	P/Pf/C							sposed; facilities maintained naintained, and clean	C O O			
42 Washing fruits and vegetables		1000						nting; designated areas used				
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)	28	12	9	Prior	rity Iter	docum n Violati	ions	Date corrections due	#			
Person in Charge (Printed) JM MEHSLA				Core	ltem'	Violation						
Inspector (Signature) May Out Date 7 28/25 Risk Factor/Public Health Intervention Violations Repeat Risk Factor/Public Health Intervention Violations												
Inspector (Printed)												
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 upsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.												

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.ИД_ОН.	HD		Inspection Report Conf	inuation Sheet	t		ate 7 28/	25_
stablish	ment BOIONES	s Sports	Cafe Town St	umor	V			
			TEMPERATURE	OBSERVA	ATIONS			
nand 1 d 6 8 0 0 0	/Location/Process SINV Y TYPCT-CY V TN 09-C	90 F -3 'F 40 F	Item/Location/Pr		Temp	Item/Locatio	on/Process	Temp
		OB:	SERVATIONS AND	CORRECT	IVE ACTIO	NS		
Item Number	Violations cited in this	s report must be	corrected within the time	frames below	, or as stated i	n sections 8-405.11	& 8-406.11 of the f	ood code.
	Handsink	- Stoci	Led o SIC	nag	w ho	ot hzo		
	11+ machi	he c	Ican H	0001S 0	KV			
	Viny 91	Duesv	probe tr	ermo	meter	ノ		
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	Charge (Signature)	* Ou	rmol				Date 1/20	25
nspector	(Signature) (NYY)	1 au	UW				Date / CO	-