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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: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>11/13/24</u>		
Establishment <u>Checkers Food Store</u>			Time In <u>11:30</u> AM/PM Time Out <u>12:15</u> AM/PM		
Address <u>160 Elizabeth St</u>			LHD <u>NVHD</u>		
Town/City <u>Derby</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>SH # Food Store, Inc</u>			Reinspection Other _____		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<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					
IN OUT N/A N/O		Supervision		IN OUT N/A N/O	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Protection from Contamination		IN OUT N/A N/O	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>
IN OUT N/A N/O		Time/Temperature Control for Safety		IN OUT N/A N/O	
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/C	<input type="checkbox"/>
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Consumer Advisory		IN OUT N/A N/O	
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
IN OUT N/A N/O		Highly Susceptible Population		IN OUT N/A N/O	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
IN OUT N/A N/O		Food/Color Additives and Toxic Substances		IN OUT N/A N/O	
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Conformance with Approved Procedures		IN OUT N/A N/O	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>
GOOD RETAIL PRACTICES					
<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					
OUT N/A N/O		Safe Food and Water		OUT N/A N/O	
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>
OUT N/A N/O		Food Temperature Control		OUT N/A N/O	
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>
OUT N/A N/O		Food Identification		OUT N/A N/O	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>
OUT N/A N/O		Prevention of Food Contamination		OUT N/A N/O	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	Pf/C	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>
OUT N/A N/O		Proper Use of Utensils		OUT N/A N/O	
43	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>
OUT N/A N/O		Utensils and Equipment		OUT N/A N/O	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>
49	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>
OUT N/A N/O		Physical Facilities		OUT N/A N/O	
50	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>
55	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>
OUT N/A N/O		Natural rubber latex gloves not used per CGS §19a-36f		OUT N/A N/O	
OUT N/A N/O		Violations documented		OUT N/A N/O	
OUT N/A N/O		Date corrections due		OUT N/A N/O	
OUT N/A N/O		#		OUT N/A N/O	
OUT N/A N/O		Priority Item Violations		OUT N/A N/O	
OUT N/A N/O		Priority Foundation Item Violations		OUT N/A N/O	
OUT N/A N/O		Core Item Violations		OUT N/A N/O	
OUT N/A N/O		Risk Factor/Public Health Intervention Violations		OUT N/A N/O	
OUT N/A N/O		Repeat Risk Factor/Public Health Intervention Violations		OUT N/A N/O	
OUT N/A N/O		Good Retail Practices Violations		OUT N/A N/O	
OUT N/A N/O		Requires Reinspection - check box if you intend to reinspect		OUT N/A N/O	
Permit Holder shall notify customers that a copy of the most recent inspection report is available. Person in Charge (Signature) <u>Salin Mohammad</u> Date <u>11/13/24</u> Person in Charge (Printed) _____ Inspector (Signature) <u>Amanda Ruchin</u> Date <u>11/13/24</u> Inspector (Printed) <u>Amanda Ruchin</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.					

Salin Mohammad
10/29/24

Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 11/13/24

Establishment Checkers Food Store Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC (Ambient)	41°F	Freezer (WIF)	9°F	Sliding Deli Unit	
- milk	35°F	Bm/reach in		- Tuna	39°F
- Orange juice	34°F	- Tomatoes (sliced)	31°F	- provolone cheese	40°F
- Butter	34°F	- mushrooms	31°F	- Turkey	37°F
- Bacon	34°F	- Shred Am cheese	39°F	- Chopped lettuce	43°F
- Sharp Cheddar	34°F	- mayo	37°F	Chopped beef/steak	207°F
		- Sausage patty	40°F	Egg	208°F
				Sausage patty	190°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.
CFpm	Salin mohammad, 10/27/29 ✓ Handsink - Stocked ✓, Signage ✓, Hot H2O 109°F ✓, Vinyl gloves ✓ Eggs on btm self serve ✓, Allergen poster hanging for staff ✓ Allergen Statement + Consumer Advisory posted ✓ glove use ✓, Deli slicer - clean ✓, reach-in freezer ✓ hoods/baffles ✓, To-go inverted ✓ Sanitizer - Chlorine Bucket 50-100ppm ✓, Test Strips ✓
pf 28 ✓	No Sanitizer bucket made @ arrival - cos, had PIC make bucket
f 15 ✓	Raw bacon in wic stored over energy drinks + jugs of H2O - cos, pic moved to btm ✓
C 47 ✓	Gasket broken on wic door
C 39 ✓	Food items/Boxes on Floor WIF + drinks on floor wic
C 37 ✓	NO labels on squeeze bottles
pf 23 ✓	No date on tuna in reach in Sliding unit or items in reach in - cos, had
C 41 ✓	Wiping cloths stored on counter - cos, had PIC move to Sani bucket ✓ Tuna Steak Other Items

Person in Charge (Signature) Mohammad Saif

Date

Inspector (Signature) Amanda Ruchir

Date 11/13/24