

| Risk Category: Food Establishment Inspection Report Page 1 of | | | | | | | | | | |
|---|----------------|-------------|-------------|---------------|--|--|---|----------|---------|---------------|
| Establishment type: Permanent Temporary Mobile Other | | | | Date: 8/15/21 | | | | | | |
| Establishment (Minatory Specter | | - Gla | og Conn | ecticus Hear | Time In // | 212 01 | M/PM Time Out | | AM/F | РМ |
| In I I a construction well | | | n | | | MAT | WIF IN THIS OUT_ | | _AWI/I | 141 |
| Address // Levenwork PV | | | | | LHD / | anastiani | Pouting Pro | | | _ |
| Town/City Town/City | | anacti | out D | | Purpose of In | | | e-op | | |
| ermit Holder Fonnecticut Department of Public Health Reinspection Other | | | | | | | = | | | |
| FOODBORNE ILLNESS RISK FA | | | | | | | | | | 100 |
| Risk factors are important practices or procedures identified as the most prevalent contractions are important practices or procedures identified as the most prevalent contractions. | | | 3 3 1 | | | | | | - | |
| Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it | | | | compliance | | COLUMN TO THE PARTY OF THE PART | |)=not ob | | |
| P=Priority item Pf=Priority foundation item C=Core item V=violation type | | | | | | | | R=repea | | _ |
| IN OUT N/A N/O Supervision | V | cos | R | | UT N/A N/O | | on from Contamination | V | - | 100 |
| Person/Alternate Person in charge present, | Pf | 0 | 0 | | O Food | | | P/C | _ | |
| demonstrates knowledge and performs duties | - | | | 16 0 | The second division in which the second | | rfaces: cleaned & sanitized | P/Pf/C | | 2 |
| Certified Food Protection Manager for Classes 2, 3, & 4 | С | 0 | 0 | 17 0 |) Brown Street, . | | on of returned, previously ioned, and unsafe food | P | | 0 |
| Employee Health | | | | | Time | Temperat | ure Control for Safety | | | |
| Management, food employee and conditional employee; | P/Pf | 0 | | 18 0 | | | time and temperatures | P/Pf/C | | 0 |
| knowledge, responsibilities and reporting | | | | | | | procedures for hot holding | P | | 0 |
| 4 Proper use of restriction and exclusion | P | 0 | 0 | 20 0 | | | me and temperatures | P | | |
| Written procedures for responding to vomiting and | Pf | 0 | 0 | | | | ng temperatures | P | | |
| diarrheal events | 1,, | | | 22 🔾 | | | ling temperatures | P | | 0 |
| Good Hygienic Practices | 1 | _ | | 23 | | | king and disposition | P/Pf | 0 | 0 |
| 6 Proper eating, tasting, drinking, or tobacco products use | | | 0 | 24 0 | | / 2 / | health control: procedures | P/Pf/C | | 0 |
| 7 No discharge from eyes, nose, and mouth | С | 0 | 0 | | and r | records | | | | |
| Preventing Contamination by Hands | DIDE | | | 25 | 2 0 0 | | mer Advisory | Df | 101 | |
| Hands clean and properly washed | P/Pf | 0 | 9 | 25 | The state of the s | | provided: raw/undercooked food | Pf | | $\overline{}$ |
| No bare hand contact with RTE food or a | P/Pf/C | 0 | 0 | 26 | The same of the sa | | sed; prohibited foods not offered | D/C | 10 | |
| pre-approved alternative procedure properly followed Adequate handwashing sinks, properly supplied/accessible | Pf/C | 0 | | 20 | - | | res and Toxic Substances | 17/0 | 191 | $\overline{}$ |
| Approved Source | PI/C | | \subseteq | 27 0 | The same of the sa | | approved and properly used | E | | |
| | DIDIIC | | | 2100 | - CONTROL - | | s properly identified, | | | - |
| | P/Pf/C P/Pf | - | 00 | 28 |) () | d & used | s properly identified, | P/Pf/C | | 0 |
| 13 Food in good condition, safe, and unadulterated | P/Pf | _ | 0 | | | | h Approved Procedures | | | |
| Required records available: molluscan shellfish | | | | | | | variance/specialized | | | |
| identification, parasite destruction | P/Pf/C | 0 | 0 | 29 | | | iteria/HACCP Plan | P/Pf/C | | 0 |
| | OD RE | TAIL | PF | RACTICES | 3 | | | | | |
| Good Retail Practices are preventative measures to | o contro | I the a | addit | tion of patho | gens, chemicals, a | and physical | objects into foods. | | | |
| Mark OUT if numbered item is not in compliance V=violation type Mark in | n appro | priate | box | for COS and | d/or R COS | =corrected o | n-site during inspection | R=repea | t viola | ition |
| OUT N/A N/O Safe Food and Water | V | cos | R | COUT | | Proper Use | e of Utensils | CV | cos | R |
| 30 Pasteurized eggs used where required | Р | 0 | 0 | 43 th | -use utensils: pr | operly store | ed | 10 | 0 | 0 |
| 31 Water and ice from approved source | P/Pf/C | 0 | 0 | | | | erly stored, dried, & handled | Pf/C | | 0 |
| 32 O Variance obtained for specialized processing methods | Pf | 0 | 0 | | | | s: properly stored & used | P/C | _ | _ |
| Food Temperature Control | | | | 46 O G | loves used prop | | | С | 0 | 0 |
| Proper cooling methods used; adequate equipment for | Pf/C | 0 | | 0 | | | and Equipment | | | |
| temperature control | | | _ | | | | urfaces cleanable, | PIPFIC | 25 | 0 |
| 34 Plant food properly cooked for hot holding | Pf | 0 | 0 | | operly designed | | | - | + | - |
| 35 Approved thawing methods used | Pf/C | | 0 | | | | led, maintained and used; | Pf/C | 0 | 0 |
| Thermometers provided and accurate | Pf/C | 0 | 0 | / h | | | nd test strips available | C | | |
| Food Identification | P/C | 7 | | 49 9 | en-food contact | | cal Facilities | (| | 0 |
| Food properly labeled; original container | PIC | ~ | 0 | E0 0 1 | at and sold water | | adequate pressure | Pf | 0 | |
| Prevention of Food Contamination | PF/C | 1 | | | lumbing installed | | | P/Pf/C | - | _ |
| 38 Insects, rodents, and animals not present Contamination prevented during food preparation, storage & display | P/Pf/C | | 0 | | ewage and wast | | | P/Pf/C | | |
| 40 Personal cleanliness | Pf/C | _ | 0 | | | | tructed, supplied, & clean | Pf/C | _ | _ |
| 41 Wiping cloths: properly used and stored | C | 0 | 0 | | | | sposed; facilities maintained | С | 0 | |
| 42 Washing fruits and vegetables | P/Pf/C | | 0 | | | | aintained, and clean | P/Pf/C | | |
| Permit Holder shall notify customers that a copy of the most recent inspection repo | | Charles and | | 56 O A | dequate ventilati | ion and ligh | ting; designated areas used | С | 0 | 0 |
| Total Troider shall notify customers that a copy of the most recent hispection repo | 1 10 0 | | | Parameter St. | | ex gloves no | ot used per CGS §19a-36f | | | |
| - I MI | 11 | 78 | | | s documented | | Date corrections due | | # | |
| Person in Charge (Signature) Date | 1 | 2 |) | | em Violations | lieletic | 1,4 | | 1 | |
| Person in Charge (Printed) A Tranking Van | a. 1 | | | | oundation Item V Violations | riolations | Che land | .4 | /- | _ |
| Person in Charge (Printed) | + 1 | - | | | or/Public Health | Intervention | n Violations | 12 | £ | _ |
| Inspector (Signature) Date | 1 | 1 | _ | Repeat R | isk Factor/Public | c Health Inte | ervention Violations | _ | | |
| La Company L | | ~ | 7 | Good Ret | ail Practices Vio | lations | | 7 | | |
| Inspector (Printed) (VI) NULL DUE NUMBER | V | 1 | | | | | if you intend to reinspect | 1 | 0 | |
| Appeal: The owner or operator of a food establishment aggrieved by the | his ord | er to | cor | rect any ins | spection violation | on identified | by the food inspector or to | o hold, | destro | oy, |
| or dispose of upsafe food, may appeal such order to the | | | | | | | | | | |

Part Sparents 38.5 Strolls 37.3 Wintersup. 172.

Port Sparents 38.0 Shring 37.0 Essays 770. 22

Winter 38.3 Number 37.5 Muether . 10 gage of _____

Under 38.0 State of CONNECTICUT

INSPECTION REPORT STATE OF CONNECTICUT

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEFT STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

| CONTINUA | TON SHEET |
|----------------------|--|
| | atom Sheeten Deeten Date of Inspection 8/11/24 |
| INSPECTION FORM # | REMARKS |
| 37C | unlabeled spres- art of un's sal antamer Cros) |
| 4301 | Mc fot with no handle used as scup- busted |
| | In ful proluct (LOS) |
| YAC | undeanest. fort spin untainer-fling |
| 496 | undern grency sides of fryslater |
| 489 | History Strip for Danlyzin Refined Cus-) arteres |
| 380 | Unputeded outer gening - gen dor Cess |
| | |
| | 4 Went ar dute making |
| | reids wun - closed door duning intp- Ac |
| | neids wun - closed door duning intp- Ac |
| | Minedin |
| | & handtinks stocked |
| | |
| | |
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| | |
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| | |
| | |
| | |
| INITIAL (IN | SPECTOR) INITIAL (PERSON IN CHARGE) TPP |

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