## **Connecticut Department of Public Health**

7											
Risk Category: Food Establishment Inspection Report Page 1 of											
Establishment type: Permanent Temporary Mobile Other					Date:	9/4/8	25				
Establishment Couryard by Man of			No.	Time	In 130 A	M/PM Time Out_	RW	/	AM/PM		
Address To Bridgeput and						LHD	NVA	)			
Town/City Chester # 5335						Purpo	se of Inspection:	Routine	Pre-o	р	
Permit Holder	(	onnecti of Pi	icut De ublic H	partme lealth	ent	Reins	pection	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	Mark in	n appr	ropria	te bo	x for C	OS and	or R COS=correc	ted on-site during inspec	ction R=	repeat	violation
IN OUT N/A N/O Supervision	V	cos	R			IT N/A		on from Contamination	on		COS R
Person/Alternate Person in charge present,	Pf	0		15	5	20	Food separated			-	00
demonstrates knowledge and performs duties		_		16	9	20	CEASURE TO SERVICE THE PARTY OF	urfaces: cleaned & san		P/Pf/C	00
2 Certified Food Protection Manager for Classes 2,	С	0	0	17	00			ion of returned, previou		Р	00
3, & 4								tioned, and unsafe foo			
Employee Health								ture Control for Safet		1000	
Management, food employee and conditional employee;	P/P	f O			00		Proper cooking	time and temperatures	S F		00
knowledge, responsibilities and reporting	-	-		19	00			g procedures for hot h		_	90
Proper use of restriction and exclusion	P	0	0	_	00			time and temperatures			90
Written procedures for responding to vomiting and	Pf	0	0	21	2		<ul><li>Proper hot hold</li><li>Proper cold hold</li></ul>			P	00
diarrheal events		_		22				rking and disposition			00
Good Hygienic Practices  6 Proper eating, tasting, drinking, or tobacco products us	o DIC	10		23				c health control: proce	duros	F/F1	90
7 No discharge from eyes, nose, and mouth	e P/C		00	24	0		and records	c nealth control, proce	P	/Pf/C	00
Preventing Contamination by Hands		10		75.00				umer Advisory			
8 Hands clean and properly washed	P/P	10		25	8			y provided: raw/undercooke	ad food	Pf	00
No bare hand contact with RTE food or a	P/P	1	-	25			The state of the s	ceptible Population	30 1000		0 0
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26	1			used; prohibited foods not	offered	P/C	00
	Pf/C	0		20	0		ALL CONTRACTOR OF THE PARTY OF	ves and Toxic Substa		17/0	00
	PI/C	, _		27				approved and properly		Р	00
Approved Source	DIDUC	10		21	7	10	MANAGE	es properly identified,			0
11 Food obtained from approved source	P/Pf/C	-	-	28	90		the second secon	es properly identified,	F	P/Pf/C	00
12 Food received at proper temperature	P/P		00		/		stored & used	ith Approved Procedu	IFOC	99999	
13 C Food in good condition, safe, and unadulterated	P/P	f	=			-		h variance/specialized			
Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0	0	29	00			riteria/HACCP Plan	F	P/Pf/C	00
	OD RE	TAII	DE	ACT	TICES		process/101 c	THETIATIAOOT THAT			
Good Retail Practices are preventative measures to							emicals and physica	I objects into foods			
	n appro							on-site during inspection	D=	reneat	violation
	v	cos				/OI K		se of Utensils	IX-	-	COS R
OUT N/A N/O Safe Food and Water	P	COS	0		TUC	una uta	ensils: properly stor	THE RESIDENCE OF THE PROPERTY		C	00
Pasteurized eggs used where required	P/Pf/C	-	0	43		use ute	guinmont/linens: pror	perly stored, dried, & han	dlod		00
31 Water and ice from approved source 32 Variance obtained for specialized processing methods	Pf	0	0					es: properly stored & use		-	00
32 Variance obtained for specialized processing methods  Food Temperature Control		10		-			sed properly	es. property stored & disc	,u		00
Proper cooling methods used; adequate equipment for		T		40	0 0	oves u		and Equipment	THE PARTY		0,0
temperature control	Pf/C	0	0		5	od and	non-food contact s			10	
34 O Plant food properly cooked for hot holding	Pf	0	0	47			designed, construct		P	/Pf/C	0
35 O Approved thawing methods used	Pf/C	_	0	4	\V\	arewas	hing facilities insta	illed, maintained and u	sed:		
36 Thermometers provided and accurate	Pf/C	_	1	48	0			and test strips available		Pf/C	00
Food Identification	171/0	1		49	1		contact surfaces c		-	(0)	00
37) Food properly labeled; original container	Ff/C	20	0	1		711 1000		ical Facilities			2000
Prevention of Food Contamination	1100			50	OH	at and o		; adequate pressure		Pf	00
	Pf/E	10	0				installed; proper b		Б		00
Insects, rodents, and animals not present	P/Pf/C	-	0				and waste water pro				00
40 Personal cleanliness	Pf/C	-/-						structed, supplied, & cl			00
41 Wiping cloths: properly used and stored	C	0	0					isposed; facilities mainta		C	00
42 Washing fruits and vegetables	P/Pf/C	_						naintained, and clean	F	/Pf/C	50
								hting; designated areas			00
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								not used per CGS §19a			
Person in Charge (Signature) Date 9/4/25							mented	Date corrections			#
						m Viola			27.5	-	
011							on Item Violations			-	-
Person in Charge (Printed) Anthony Covino					Core Item Violations						
					Risk Factor/Public Health Intervention Violations						
Inspector (Signature) Date				Repeat Risk Factor/Public Health Intervention Violations							
Inspector (Printed) Bulnulu Bulnamentan				Good Retail Practices Violations Requires Reinspection - check box if you intend to reinspect							
					quires	Reinsp	pection - check bo	x if you intend to rein:	spect	M	
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.											

bacun 39.0 Assplant 54.3 chiden 38.3 pot: 39.7 source gus 25.0 Nous of pot. 33.5



Page\_\_\_of\_\_\_

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEET

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME OF E	STABLISHMENT TOWN		DATE OF INSPECTION						
Cowt	yan by variot she	uten	9/4/25						
INSPECTION FORM #		REMARKS	· · · · · · · · · · · · · · · · · · ·						
37C	spices out of original contained not labeled								
39C	Uncored frol in wic								
49C	chipping, flating pe	bap fan in L	010						
STC	Chipping, flating pe	unt an walls							
470	papu linin sheh	ing							
	prentinin shehing the holding being during inspection								
	Thundrak sto	des							
	& went and	He-marking	· <u></u>						
	C	0							
	Anthony Corina- General Varager								
·	Anthony Corina-General Navager 203-253-0713 (CUI)								
	a coving a waterfordhotel group. com								
		,	1						
INITIAL (IN	SPECTOR) OM	INITIAL (PERSON IN C	CHARGE)						
	Distribution: 1st - White - He	ealth Department 2nd - Yellow -	Owner/Manager						