Connecticut Department of Public Health

2									
Risk Category: Food Establishment Inspection Report Page 1 of									
Establishment type: Permanent Temporary Mobile Other					Date:	4/3/2			
Establishment Dullun 1 Grill		4.5epin	g Conne	ecticus Health	Γime In	545 A	M/PM Time Out_	AM/PM	
Address 1370 New Hown PM			P	H)	_HD	NOH)		
Town/City Naugutruc #2239			out Do	martment		of Inspection:		re-op	
Permit Holder	Co		blic H	lealth	Reinspe	ection	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 it				compliance		not in compliance		/O=not observed	
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark in						ted on-site during inspection		
IN OUT N/A N/O Supervision	Y	cos	R	IN OU	T N/A N/O	Protecti	on from Contamination	V COS R	
Person/Alternate Person in charge present,	Pf	0	0			Food separated		P/C 0 0	
demonstrates knowledge and performs duties	0			16			urfaces: cleaned & sanitized	P/Pf/C O	
Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17-00		served, recondi	on of returned, previously tioned, and unsafe food	POO	
Employee Health			2				ture Control for Safety		
Management, food employee and conditional employee;	P/Pf	0		18 0 0			time and temperatures	P/Pf/C O O	
knowledge, responsibilities and reporting				19 0 0			g procedures for hot holding		
4 Proper use of restriction and exclusion	P	0	0	20 0			time and temperatures	P 0 0	
Written procedures for responding to vomiting and	Pf	0		21 0	200		ing temperatures	P 0 0	
diarrneal events	3000			22	00		ding temperatures	POO	
Good Hygienic Practices	100			23	00		rking and disposition	P/Pf O O	
6 Proper eating, tasting, drinking, or tobacco products us	_	0	\cong	24 0 0	00	,	c health control: procedures	P/Pf/C O	
7 No discharge from eyes, nose, and mouth	С	0	\cup			and records			
Preventing Contamination by Hands	T						umer Advisory	Df 0 0	
8 Hands clean and properly washed	P/Pf	0	\circ	25 0			y provided: raw/undercooked foo	Pf OO	
No bare hand contact with RTE food or a	P/Pf/C	0		100			ceptible Population	P/C 00	
pre-approved alternative procedure properly followed	1			26 0	Total Control of the		used; prohibited foods not offered		
Adequate handwashing sinks, properly supplied/accessible	Ff/C	0	0		1 10000		ves and Toxic Substances		
Approved Source				27 0 0			approved and properly use	d POO	
Food obtained from approved source	P/Pf/C		0	28		and the second of the first factors are not the second	es properly identified,	P/Pf/C O	
12 Food received at proper temperature	P/Pf	_	0			stored & used	Ale Annual Drandings		
Food in good condition, safe, and unadulterated	P/Pf	0	0				th Approved Procedures h variance/specialized		
Required records available: molluscan shellfish	P/Pf/C	0	0	29 🔾 🤇	5		riteria/HACCP Plan	P/Pf/C O	
identification, parasite destruction	OD PE	TAII	DE	PACTICES		process/101 d	nteria/1/AGGI Titali		
GOOD RETAIL PRACTICES Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
				for COS and			on-site during inspection	R=repeat violation	
OUT N/A N/O Safe Food and Water	V	cos	_	OUT	T 1 1 7 7 1		e of Utensils	V COS R	
30 Pasteurized eggs used where required	P	100	0		use uten	sils: properly stor		c 00	
31 Water and ice from approved source	P/Pf/C	0	0				perly stored, dried, & handled	Pf/C O O	
32 O Variance obtained for specialized processing methods	Pf	-	0				es: properly stored & used	P/C O O	
Food Temperature Control				46 O GIO	ves use	d properly		C O O	
Proper cooling methods used: adequate equipment for	DUO				/		and Equipment		
temperature control	Pf/C	0	\circ	Po	od and n	on-food contact s	surfaces cleanable,	P/P//0 0 0	
34 O Plant food properly cooked for hot holding	Pf	0	0	4 P pro	perly de	signed, construct	ed, and used		
35 O Approved thawing methods used	Pf/C	0	0	Wa	rewashi	ng facilities: insta	Illed, maintained and used;	Pf/C O O	
36 Thermometers provided and accurate	Pf/C	0	0	cle	aning ag	ents, sanitizers,	and test strips available	1110	
Food Identification	1	1		49 O No	n-food c	ontact surfaces c	lean	C 00	
Food properly labeled; original container	Pf/C	6	0				ical Facilities		
Prevention of Food Contamination	0			50 O Ho	t and col	d water available	; adequate pressure	Pf O O	
38 Insects, rodents, and animals not present	Pf/C	0	0	51 O Plu	ımbing ir	nstalled; proper b	ackflow devices	P/Pf/C O O	
39 Contamination prevented during food preparation, storage & display	P/Pf/C	-	0	52 O Se	wage an	d waste water pro	operly disposed	P/Pf/C O	
40 Personal cleanliness	Pf/C	_	0	53 O To	let facilit	ies: properly con:	structed, supplied, & clean	Pf/C O O	
41 Wiping cloths: properly used and stored	C		0	54 O Ga	rbage and	d refuse properly d	isposed; facilities maintained	C 00	
42 Washing fruits and vegetables	P/Pf/C	0	0				naintained, and clean	P/Pf/COO	
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is ava	ailable					hting; designated areas use		
	1	_					not used per CGS §19a-36f Date corrections due		
Person in Charge (Signature) knowledge Date 4/3	12	5		Violations Priority Iter			Date corrections due	, TT	
Person in Charge (Signature) fullelly Date	/		-			Item Violations	(ns		
Person in Charge (Printed) FLANK DECRESCENCO				Core Item			gous	3 CL	
or o	21-	_		Risk Facto	r/Public	Health Intervention	on Violations		
Inspector (Signature) Date	5/2	3		Repeat Ris	sk Factor	r/Public Health In	tervention Violations		
	100					ces Violations	7.36.3	In	
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 unsafe food, may appeal such order to the	Directo	or of	Hea	alth, not late	r than fo	orty-eight hours a	after issuance of such ord	er.	



INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEET

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

	STABLISHMENT	TOWN		DATE OF INSPECTION					
	Uuns Erill	Nav Jahr	ch-	413/25					
INSPECTION FORM #		9	REMARKS						
10C missing signage (handwash) (cos)									
1 V Unnecessay Henry in cear									
INF	training post-	er/ los of	a alley	ns not posted (us)					
39C	MISSINI WINT	ten nother	which risa	dis allegus lis					
	And nenu	Hem (1	0()						
495	19C hen emmercial such equepment being used								
	+ kitchen closed den't insechia								
	A kitchen closed den't inspection Ano cooking or from prep being done								
	& handsines stocked								
	Drangy stops wat to south								
= _		± L .:	0						
				= = = = = = = = = = = = = = = = = = = =					
	T = 11 =								
	-								
	- 1								
INITIAL (IN	SPECTOR)		INITIAL (PERSON IN C	CHARGE) FO.					