

## **Connecticut Department of Public Health**

Risk Category: 3 Food Establishment Inspection Report, Page 1 of											
Establishment type: Permanent Temporary Mobile Other						- Date: 3/27/25					
Establishment Lew Dop 100			serving Connecticus Mealing				Time In 12:45 AM/PM Time Out 1:05 AM/PM				
Address 25 NOV+H AVE			DPH)			LHD NVHD					
Town/City Der O						Purpose of Inspection: Routine Pre-op					
Permit Holder Dim UC						Reinspe	ction	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											
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it  P=Priority jtem Pf=Priority foundation item C=Core item V=violation type	Part of the last o			-					R=repeat	10 TO	
IN OUT N/A N/O Supervision	V	cos				T N/A N/C		on from Contamination	V	COS R	
Person/Alternate Person in charge present	Df			15			Food separated	and protected	P/C	00	
demonstrates knowledge and performs duties	Pf	0		16	1	9		urfaces: cleaned & sanitized	P/Pf/C	00	
2 Certified Food Protection Manager for Classes 2,	С	0	0	17 @	>			on of returned, previously	P	00	
3, & 4						,	The state of the s	tioned, and unsafe food			
Employee Health  Management, food employee and conditional employee;	T	Т		18	VC			ture Control for Safety time and temperatures	P/Pf/C	00	
knowledge, responsibilities and reporting	P/Pf	0	0	19				g procedures for hot holding		00	
4 Proper use of restriction and exclusion	P	0	0	20 <	50			time and temperatures	P	00	
Written procedures for responding to vomiting and	Pf	0		21 <	2			ing temperatures		00	
diarrheal events	1.,			22 (	20			ding temperatures	P	00	
Good Hygienic Practices	DIC			23 🥸	3	/		rking and disposition c health control: procedures	P/Pf	00	
6 Proper eating, tasting, drinking, or tobacco products use 7 No discharge from eyes, nose, and mouth	P/C	0	_	24 <		00	and records	c nealth control, procedures	P/Pf/C		
Preventing Contamination by Hands					-			umer Advisory	120.00		
8  Hands clean and properly washed	P/Pf	0	0	25	50		Consumer advisor	y provided: raw/undercooked food	Pf	00	
9 No bare hand contact with RTE food or a	P/Pf/C	0	0					ceptible Population			
pre-approved alternative procedure properly followed				26 <		1		used; prohibited foods not offered	P/C	00	
Adequate handwashing sinks, properly supplied/accessible	Pf/C		0	27	10			ves and Toxic Substances	I D	00	
Approved Source  11	P/Pf/C	10		27 (				approved and properly used es properly identified,			
12 C Food received at proper temperature	P/Pf	-	$\overline{0}$	28	20		stored & used	os property racrimou,	P/Pf/C	00	
13 O Food in good condition, safe, and unadulterated	P/Pf	_	0			,	onformance wi	th Approved Procedures			
14 O Required records available: molluscan shellfish	P/Pf/C	0	0	29 <	00	0		h variance/specialized	P/Pf/C	00	
identification, parasite destruction	DD RE		DD		CEC		process/ROP c	riteria/HACCP Plan			
Good Retail Practices are preventative measures to						ens chem	nicals, and physica	I objects into foods.			
	appro							on-site during inspection	R=repeat	violation	
OUT N/A N/O Safe Food and Water	٧	cos		OU			Proper Us	e of Utensils	V	COS R	
30 Pasteurized eggs used where required	Р	0	0				sils: properly stor		С	00	
31 Water and ice from approved source	P/Pf/C	-	0					perly stored, dried, & handled	Pf/C		
32 O Variance obtained for specialized processing methods	Pf	0	0					es: properly stored & used	P/C		
Food Temperature Control Proper cooling methods used; adequate equipment for				46 Gloves used properly  Utensils and Equipment							
temperature control	Pf/C	0	0		Fo	od and n		surfaces cleanable,	PIPE		
34 O Plant food properly cooked for hot holding	Pf	0	0	47	pro	perly des	signed, construct	ed, and used	P/Pf/C	00	
35 O Approved thawing methods used	Pf/C	-	0	48				lled, maintained and used;	Pf/C	00	
36 Thermometers provided and accurate	Pf/C	0	0		cle			and test strips available			
Food Identification	Dero			49	⊃ No	n-food co	ontact surfaces c	ical Facilities	С	00	
37 Food properly labeled; original container  Prevention of Food Contamination	PI/C	0	9	50 0	Ho	t and col		; adequate pressure	Pf	00	
38 Insects, rodents, and animals not present	Pf/C	0	0		_		stalled; proper b		P/Pf/C	-	
39 Contamination prevented during food preparation, storage & display	P/Pf/C						d waste water pro		P/Pf/C	00	
40 Personal cleanliness	Pf/C	0	0					structed, supplied, & clean	Pf/C		
41 Wiping cloths: properly used and stored	С		0					isposed; facilities maintained	C	99	
42 Washing fruits and vegetables	P/Pf/C	0	0					naintained, and clean hting; designated areas use	P/Pf/C	00	
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is av	ailable		30	O Na	tural rubl	ber latex gloves r	not used per CGS §19a-36f	. , ,		
	9/0	2/	0			docume		Date corrections due		#	
Person in Charge (Signature) Date	5/2	11.	1			m Violatio					
2	<u> </u>	/					Item Violations				
Person in Charge (Printed)	1		-			Violation r/Public		on Violations			
Inspector (Signature) XXXIII AMARIAN Date 3 7 35					Risk Factor/Public Health Intervention Violations Repeat Risk Factor/Public Health Intervention Violations						
Good Retail Practices Violations											
Inspector (Printed) Thanks Requires Reinspection - check box if you intend to reinspect									doctro		
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											

*	Foo	d Esta	blishmer	nt Inspe	ction R	eport	Page	of		
LHD_NV			Inspection Report				e 3/27/	25		
Establishmen	t Dew Dra	olnn	Town	Derby						
TEMPERATURE OBSERVATIONS										
ldV	mayo, si Cheese	Temp. 36°1 36°1 41°1 39°1 39°1 39°1	Item/Location COOKED DU BM/ reach - Tomator - CUCUMIO - Pico	rger	Temp 168°F 41°F 42°F 42°F	Item/Location	n/Process	Temp		
		ОВ	SERVATIONS A	ND CORREC	TIVE ACTION	IS				
Item Number	Violations cited in this 3 16 130	report must be	e corrected within the	time frames below	w, or as stated in	sections 8-405.11 8 Keith Ko	indvat			
CFPM -	Thomas D	aniels	, Jeremy	, patry	Sarra	Dumas,	Evica P	arks		
	andsink-saniticer; ID Kitv, dotemark ar Areav Mergen' Restroom	Stocked Chloring Form Tree Staten	d Signac re, Bupto , 1-B, D, , Labels rers, A ment, Co	, test S. ishmack , wice 11 temi	mer	cation	Sterami	ne tabs		
				)			11-	2/2/		

Person in Charge (Signature)

Inspector (Signature) Attangla