

|                                                                                                                                                                                                                                                                                                                    |                                     |                                             |                                                            |                                                                                                                |                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Risk Category: <b>3</b>                                                                                                                                                                                                                                                                                            |                                     | <b>Food Establishment Inspection Report</b> |                                                            | Page 1 of <b>2</b>                                                                                             |                                                            |
| Establishment type: <b>Permanent</b> Temporary Mobile Other                                                                                                                                                                                                                                                        |                                     |                                             | Date: <b>9/17/25</b>                                       |                                                                                                                |                                                            |
| Establishment <b>Dew Drop Inn</b>                                                                                                                                                                                                                                                                                  |                                     |                                             | Time In <b>1:45</b> AM/PM <b>PM</b> Time Out <b></b> AM/PM |                                                                                                                |                                                            |
| Address <b>25 North Ave</b>                                                                                                                                                                                                                                                                                        |                                     |                                             | LHD <b>NVHD</b>                                            |                                                                                                                |                                                            |
| Town/City <b>Derby</b>                                                                                                                                                                                                                                                                                             |                                     |                                             | Purpose of Inspection: <b>Routine</b> Pre-op               |                                                                                                                |                                                            |
| Permit Holder <b>DP Inn LLC - Jason Carlucci</b>                                                                                                                                                                                                                                                                   |                                     |                                             | Reinspection Other                                         |                                                                                                                |                                                            |
| <b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>                                                                                                                                                                                                                                              |                                     |                                             |                                                            |                                                                                                                |                                                            |
| <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                                                        |                                                                                                                |                                                            |
| <b>Supervision</b>                                                                                                                                                                                                                                                                                                 |                                     |                                             | V                                                          | COS                                                                                                            | R                                                          |
| 1                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input 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"/>                    | <input type="checkbox"/>                                   | Certified Food Protection Manager for Classes 2, 3, & 4                                                        | C <input type="checkbox"/>                                 |
| <b>Employee Health</b>                                                                                                                                                                                                                                                                                             |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 3                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input 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"/>                    | <input type="checkbox"/>                                   | Proper use of restriction and exclusion                                                                        | P <input type="checkbox"/>                                 |
| 5                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Written procedures for responding to vomiting and diarrheal events                                             | Pf <input type="checkbox"/>                                |
| <b>Good Hygienic Practices</b>                                                                                                                                                                                                                                                                                     |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 6                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input 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"/>                    | <input type="checkbox"/>                                   | No discharge from eyes, nose, and mouth                                                                        | C <input type="checkbox"/>                                 |
| <b>Preventing Contamination by Hands</b>                                                                                                                                                                                                                                                                           |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 8                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Hands clean and properly washed                                                                                | P/Pf <input type="checkbox"/>                              |
| 9                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input 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"/>                    | <input type="checkbox"/>                                   | Adequate handwashing sinks, properly supplied/accessible                                                       | Pf/C <input type="checkbox"/>                              |
| <b>Approved Source</b>                                                                                                                                                                                                                                                                                             |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 11                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Food obtained from approved source                                                                             | P/Pf/C <input type="checkbox"/>                            |
| 12                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Food received at proper temperature                                                                            | P/Pf <input type="checkbox"/>                              |
| 13                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Food in good condition, safe, and unadulterated                                                                | P/Pf <input type="checkbox"/>                              |
| 14                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                        | Required records available: molluscan shellfish identification, parasite destruction                           | P/Pf/C <input type="checkbox"/>                            |
| <b>Protection from Contamination</b>                                                                                                                                                                                                                                                                               |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 15                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Food separated and protected                                                                                   | P/C <input type="checkbox"/>                               |
| 16                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Food-contact surfaces: cleaned & sanitized                                                                     | P/Pf/C <input type="checkbox"/>                            |
| 17                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Proper disposition of returned, previously served, reconditioned, and unsafe food                              | P <input type="checkbox"/>                                 |
| <b>Time/Temperature Control for Safety</b>                                                                                                                                                                                                                                                                         |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 18                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Proper cooking time and temperatures                                                                           | P/Pf/C <input type="checkbox"/>                            |
| 19                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                        | Proper reheating procedures for hot holding                                                                    | P <input type="checkbox"/>                                 |
| 20                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Proper cooling time and temperatures                                                                           | P <input type="checkbox"/>                                 |
| 21                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Proper hot holding temperatures                                                                                | P <input type="checkbox"/>                                 |
| 22                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Proper cold holding temperatures                                                                               | P <input type="checkbox"/>                                 |
| 23                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Proper date marking and disposition                                                                            | P/Pf <input type="checkbox"/>                              |
| 24                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                        | Time as a public health control: procedures and records                                                        | P/Pf/C <input type="checkbox"/>                            |
| <b>Consumer Advisory</b>                                                                                                                                                                                                                                                                                           |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 25                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Consumer advisory provided: raw/undercooked food                                                               | Pf <input type="checkbox"/>                                |
| <b>Highly Susceptible Population</b>                                                                                                                                                                                                                                                                               |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 26                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/>         | <input type="checkbox"/>                                   | Pasteurized foods used; prohibited foods not offered                                                           | P/C <input type="checkbox"/>                               |
| <b>Food/Color Additives and Toxic Substances</b>                                                                                                                                                                                                                                                                   |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 27                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                        | Food additives: approved and properly used                                                                     | P <input type="checkbox"/>                                 |
| 28                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Toxic substances properly identified, stored & used                                                            | P/Pf/C <input type="checkbox"/>                            |
| <b>Conformance with Approved Procedures</b>                                                                                                                                                                                                                                                                        |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 29                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                        | Compliance with variance/specialized process/ROP criteria/HACCP Plan                                           | P/Pf/C <input type="checkbox"/>                            |
| <b>GOOD RETAIL PRACTICES</b>                                                                                                                                                                                                                                                                                       |                                     |                                             |                                                            |                                                                                                                |                                                            |
| <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                                         |                                                            |                                                                                                                |                                                            |
| <b>Safe Food and Water</b>                                                                                                                                                                                                                                                                                         |                                     |                                             | V                                                          | COS                                                                                                            | R                                                          |
| 30                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Pasteurized eggs used where required                                                                           | P <input type="checkbox"/>                                 |
| 31                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Water and ice from approved source                                                                             | P/Pf/C <input type="checkbox"/>                            |
| 32                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/>         | <input type="checkbox"/>                                   | Variance obtained for specialized processing methods                                                           | Pf <input type="checkbox"/>                                |
| <b>Food Temperature Control</b>                                                                                                                                                                                                                                                                                    |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 33                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Proper cooling methods used; adequate equipment for temperature control                                        | Pf/C <input type="checkbox"/>                              |
| 34                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                        | Plant food properly cooked for hot holding                                                                     | Pf <input type="checkbox"/>                                |
| 35                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                        | Approved thawing methods used                                                                                  | Pf/C <input type="checkbox"/>                              |
| 36                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Thermometers provided and accurate                                                                             | Pf/C <input type="checkbox"/>                              |
| <b>Food Identification</b>                                                                                                                                                                                                                                                                                         |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 37                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Food properly labeled; original container                                                                      | Pf/C <input type="checkbox"/>                              |
| <b>Prevention of Food Contamination</b>                                                                                                                                                                                                                                                                            |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 38                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Insects, rodents, and animals not present                                                                      | Pf/C <input type="checkbox"/>                              |
| 39                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Contamination prevented during food preparation, storage & display                                             | P/Pf/C <input type="checkbox"/>                            |
| 40                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Personal cleanliness                                                                                           | Pf/C <input type="checkbox"/>                              |
| 41                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Wiping cloths: properly used and stored                                                                        | P <input type="checkbox"/>                                 |
| 42                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Washing fruits and vegetables                                                                                  | P/Pf/C <input type="checkbox"/>                            |
| <b>Proper Use of Utensils</b>                                                                                                                                                                                                                                                                                      |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 43                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | In-use utensils: properly stored                                                                               | C <input type="checkbox"/>                                 |
| 44                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <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"/>                    | <input type="checkbox"/>                                   | Single-use/single-service articles: properly stored & used                                                     | P/C <input type="checkbox"/>                               |
| 46                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Gloves used properly                                                                                           | C <input type="checkbox"/>                                 |
| <b>Utensils and Equipment</b>                                                                                                                                                                                                                                                                                      |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 47                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input 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"/>                    | <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"/>                    | <input type="checkbox"/>                                   | Non-food contact surfaces clean                                                                                | C <input type="checkbox"/>                                 |
| <b>Physical Facilities</b>                                                                                                                                                                                                                                                                                         |                                     |                                             |                                                            |                                                                                                                |                                                            |
| 50                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Hot and cold water available; adequate pressure                                                                | Pf <input type="checkbox"/>                                |
| 51                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Plumbing installed; proper backflow devices                                                                    | P/Pf/C <input type="checkbox"/>                            |
| 52                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <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"/>                    | <input type="checkbox"/>                                   | Toilet facilities: properly constructed, supplied, & clean                                                     | Pf/C <input type="checkbox"/>                              |
| 54                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                   | Garbage and refuse properly disposed; facilities maintained                                                    | C <input type="checkbox"/>                                 |
| 55                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <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"/>                    | <input type="checkbox"/>                                   | Adequate ventilation and lighting; designated areas used                                                       | C <input type="checkbox"/>                                 |
| Natural rubber latex gloves not used per CGS §19a-36f                                                                                                                                                                                                                                                              |                                     |                                             |                                                            |                                                                                                                |                                                            |
| <b>Violations documented</b>                                                                                                                                                                                                                                                                                       |                                     |                                             | <b>Date corrections due</b>                                |                                                                                                                |                                                            |
| Priority Item Violations                                                                                                                                                                                                                                                                                           |                                     |                                             |                                                            |                                                                                                                |                                                            |
| Priority Foundation Item Violations                                                                                                                                                                                                                                                                                |                                     |                                             |                                                            |                                                                                                                |                                                            |
| Core Item Violations                                                                                                                                                                                                                                                                                               |                                     |                                             | <b>12/17/25</b>                                            |                                                                                                                |                                                            |
| Risk Factor/Public Health Intervention Violations                                                                                                                                                                                                                                                                  |                                     |                                             |                                                            |                                                                                                                |                                                            |
| Repeat Risk Factor/Public Health Intervention Violations                                                                                                                                                                                                                                                           |                                     |                                             |                                                            |                                                                                                                |                                                            |
| Good Retail Practices Violations                                                                                                                                                                                                                                                                                   |                                     |                                             |                                                            |                                                                                                                |                                                            |
| Requires Reinspection - check box if you intend to reinspect                                                                                                                                                                                                                                                       |                                     |                                             |                                                            |                                                                                                                |                                                            |
| Person in Charge (Signature) <b>Santosh Kumar</b> Date <b>9/17/25</b><br>Person in Charge (Printed) <b>Santosh Kumar</b><br>Inspector (Signature) <b>Amanda Rehin</b> Date <b>9/17/25</b><br>Inspector (Printed) <b>Amanda Rehin</b>                                                                               |                                     |                                             | # <b>0001</b><br><b>1</b>                                  |                                                                                                                |                                                            |
| 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. |                                     |                                             |                                                            |                                                                                                                |                                                            |

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Inspection Report Continuation Sheet

Date 9/17/25

Town Derry

| Item/Location/Process | Quantity | Unit | Value |
|-----------------------|----------|------|-------|
| Item 1                | 100      | kg   | 1000  |
| Item 2                | 50       | kg   | 500   |
| Item 3                | 20       | kg   | 200   |
| Item 4                | 10       | kg   | 100   |
| Item 5                | 5        | kg   | 50    |
| Item 6                | 3        | kg   | 30    |
| Item 7                | 2        | kg   | 20    |
| Item 8                | 1        | kg   | 10    |
| Item 9                | 1        | kg   | 10    |
| Item 10               | 1        | kg   | 10    |
| Item 11               | 1        | kg   | 10    |
| Item 12               | 1        | kg   | 10    |
| Item 13               | 1        | kg   | 10    |
| Item 14               | 1        | kg   | 10    |
| Item 15               | 1        | kg   | 10    |
| Item 16               | 1        | kg   | 10    |
| Item 17               | 1        | kg   | 10    |
| Item 18               | 1        | kg   | 10    |
| Item 19               | 1        | kg   | 10    |
| Item 20               | 1        | kg   | 10    |
| Item 21               | 1        | kg   | 10    |
| Item 22               | 1        | kg   | 10    |
| Item 23               | 1        | kg   | 10    |
| Item 24               | 1        | kg   | 10    |
| Item 25               | 1        | kg   | 10    |
| Item 26               | 1        | kg   | 10    |
| Item 27               | 1        | kg   | 10    |
| Item 28               | 1        | kg   | 10    |
| Item 29               | 1        | kg   | 10    |
| Item 30               | 1        | kg   | 10    |
| Item 31               | 1        | kg   | 10    |
| Item 32               | 1        | kg   | 10    |
| Item 33               | 1        | kg   | 10    |
| Item 34               | 1        | kg   | 10    |
| Item 35               | 1        | kg   | 10    |
| Item 36               | 1        | kg   | 10    |
| Item 37               | 1        | kg   | 10    |
| Item 38               | 1        | kg   | 10    |
| Item 39               | 1        | kg   | 10    |
| Item 40               | 1        | kg   | 10    |
| Item 41               | 1        | kg   | 10    |
| Item 42               | 1        | kg   | 10    |
| Item 43               | 1        | kg   | 10    |
| Item 44               | 1        | kg   | 10    |
| Item 45               | 1        | kg   | 10    |
| Item 46               | 1        | kg   | 10    |
| Item 47               | 1        | kg   | 10    |
| Item 48               | 1        | kg   | 10    |
| Item 49               | 1        | kg   | 10    |
| Item 50               | 1        | kg   | 10    |
| Item 51               | 1        | kg   | 10    |
| Item 52               | 1        | kg   | 10    |
| Item 53               | 1        | kg   | 10    |
| Item 54               | 1        | kg   | 10    |
| Item 55               | 1        | kg   | 10    |
| Item 56               | 1        | kg   | 10    |
| Item 57               | 1        | kg   | 10    |
| Item 58               | 1        | kg   | 10    |
| Item 59               | 1        | kg   | 10    |
| Item 60               | 1        | kg   | 10    |
| Item 61               | 1        | kg   | 10    |
| Item 62               | 1        | kg   | 10    |
| Item 63               | 1        | kg   | 10    |
| Item 64               | 1        | kg   | 10    |
| Item 65               | 1        | kg   | 10    |
| Item 66               | 1        | kg   | 10    |
| Item 67               | 1        | kg   | 10    |
| Item 68               | 1        | kg   | 10    |
| Item 69               | 1        | kg   | 10    |
| Item 70               | 1        | kg   | 10    |
| Item 71               | 1        | kg   | 10    |
| Item 72               | 1        | kg   | 10    |
| Item 73               | 1        | kg   | 10    |
| Item 74               | 1        | kg   | 10    |
| Item 75               | 1        | kg   | 10    |
| Item 76               | 1        | kg   | 10    |
| Item 77               | 1        | kg   | 10    |
| Item 78               | 1        | kg   | 10    |
| Item 79               | 1        | kg   | 10    |
| Item 80               | 1        | kg   | 10    |
| Item 81               | 1        | kg   | 10    |
| Item 82               | 1        | kg   | 10    |
| Item 83               | 1        | kg   | 10    |
| Item 84               | 1        | kg   | 10    |
| Item 85               | 1        | kg   | 10    |
| Item 86               | 1        | kg   | 10    |
| Item 87               | 1        | kg   | 10    |
| Item 88               | 1        | kg   | 10    |
| Item 89               | 1        | kg   | 10    |
| Item 90               | 1        | kg   | 10    |
| Item 91               | 1        | kg   | 10    |
| Item 92               | 1        | kg   | 10    |
| Item 93               | 1        | kg   | 10    |
| Item 94               | 1        | kg   | 10    |
| Item 95               | 1        | kg   | 10    |
| Item 96               | 1        | kg   | 10    |
| Item 97               | 1        | kg   | 10    |
| Item 98               | 1        | kg   | 10    |
| Item 99               | 1        | kg   | 10    |
| Item 100              | 1        | kg   | 10    |

Temp

| Item/Location/Process | Frequency | Time | Cost | Value | Notes |
|-----------------------|-----------|------|------|-------|-------|
| Item 1                | 1         | 1    | 1    | 1     |       |
| Item 2                | 1         | 1    | 1    | 1     |       |
| Item 3                | 1         | 1    | 1    | 1     |       |
| Item 4                | 1         | 1    | 1    | 1     |       |
| Item 5                | 1         | 1    | 1    | 1     |       |
| Item 6                | 1         | 1    | 1    | 1     |       |
| Item 7                | 1         | 1    | 1    | 1     |       |
| Item 8                | 1         | 1    | 1    | 1     |       |
| Item 9                | 1         | 1    | 1    | 1     |       |
| Item 10               | 1         | 1    | 1    | 1     |       |
| Item 11               | 1         | 1    | 1    | 1     |       |
| Item 12               | 1         | 1    | 1    | 1     |       |
| Item 13               | 1         | 1    | 1    | 1     |       |
| Item 14               | 1         | 1    | 1    | 1     |       |
| Item 15               | 1         | 1    | 1    | 1     |       |
| Item 16               | 1         | 1    | 1    | 1     |       |
| Item 17               | 1         | 1    | 1    | 1     |       |
| Item 18               | 1         | 1    | 1    | 1     |       |
| Item 19               | 1         | 1    | 1    | 1     |       |
| Item 20               | 1         | 1    | 1    | 1     |       |
| Item 21               | 1         | 1    | 1    | 1     |       |
| Item 22               | 1         | 1    | 1    | 1     |       |
| Item 23               | 1         | 1    | 1    | 1     |       |
| Item 24               | 1         | 1    | 1    | 1     |       |
| Item 25               | 1         | 1    | 1    | 1     |       |
| Item 26               | 1         | 1    | 1    | 1     |       |
| Item 27               | 1         | 1    | 1    | 1     |       |
| Item 28               | 1         | 1    | 1    | 1     |       |
| Item 29               | 1         | 1    | 1    | 1     |       |
| Item 30               | 1         | 1    | 1    | 1     |       |
| Item 31               | 1         | 1    | 1    | 1     |       |
| Item 32               | 1         | 1    | 1    | 1     |       |
| Item 33               | 1         | 1    | 1    | 1     |       |
| Item 34               | 1         | 1    | 1    | 1     |       |
| Item 35               | 1         | 1    | 1    | 1     |       |
| Item 36               | 1         | 1    | 1    | 1     |       |
| Item 37               | 1         | 1    | 1    | 1     |       |
| Item 38               | 1         | 1    | 1    | 1     |       |
| Item 39               | 1         | 1    | 1    | 1     |       |
| Item 40               | 1         | 1    | 1    | 1     |       |
| Item 41               | 1         | 1    | 1    | 1     |       |
| Item 42               | 1         | 1    | 1    | 1     |       |
| Item 43               | 1         | 1    | 1    | 1     |       |
| Item 44               | 1         | 1    | 1    | 1     |       |
| Item 45               | 1         | 1    | 1    | 1     |       |
| Item 46               | 1         | 1    | 1    | 1     |       |
| Item 47               | 1         | 1    | 1    | 1     |       |
| Item 48               | 1         | 1    | 1    | 1     |       |
| Item 49               | 1         | 1    | 1    | 1     |       |
| Item 50               | 1         | 1    | 1    | 1     |       |
| Item 51               | 1         | 1    | 1    | 1     |       |
| Item 52               | 1         | 1    | 1    | 1     |       |
| Item 53               | 1         | 1    | 1    | 1     |       |
| Item 54               | 1         | 1    | 1    | 1     |       |
| Item 55               | 1         | 1    | 1    | 1     |       |
| Item 56               | 1         | 1    | 1    | 1     |       |
| Item 57               | 1         | 1    | 1    | 1     |       |
| Item 58               | 1         | 1    | 1    | 1     |       |
| Item 59               | 1         | 1    | 1    | 1     |       |
| Item 60               | 1         | 1    | 1    | 1     |       |
| Item 61               | 1         | 1    | 1    | 1     |       |
| Item 62               | 1         | 1    | 1    | 1     |       |
| Item 63               | 1         | 1    | 1    | 1     |       |
| Item 64               | 1         | 1    | 1    | 1     |       |
| Item 65               | 1         | 1    | 1    | 1     |       |
| Item 66               | 1         | 1    | 1    | 1     |       |
| Item 67               | 1         | 1    | 1    | 1     |       |
| Item 68               | 1         | 1    | 1    | 1     |       |
| Item 69               | 1         | 1    | 1    | 1     |       |
| Item 70               | 1         | 1    | 1    | 1     |       |
| Item 71               | 1         | 1    | 1    | 1     |       |
| Item 72               | 1         | 1    | 1    | 1     |       |
| Item 73               | 1         | 1    | 1    | 1     |       |
| Item 74               | 1         | 1    | 1    | 1     |       |
| Item 75               | 1         | 1    | 1    | 1     |       |
| Item 76               | 1         | 1    | 1    | 1     |       |
| Item 77               | 1         | 1    | 1    | 1     |       |
| Item 78               | 1         | 1    | 1    | 1     |       |
| Item 79               | 1         | 1    | 1    | 1     |       |
| Item 80               | 1         | 1    | 1    | 1     |       |
| Item 81               | 1         | 1    | 1    |       |       |

Temp

Item/Location/Process

Temp

|              |      |
|--------------|------|
| wings        | 170° |
| Cheese sauce | 165° |

|                     |      |
|---------------------|------|
| Bm                  |      |
| -cheese             | 41°F |
| -pico               | 40°F |
| -Tomatoes/cucumbers | 39°F |

|                                                | Temp |
|------------------------------------------------|------|
| WIC (orig 48°F) <sup>dropped during prep</sup> | 43°F |
| - Cheese                                       | 42°F |
| - Raw patty                                    | 42°F |
| - Sauces                                       | 44°F |
| - Raw Onx                                      | 44°F |

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.

| Item Number |                                                                        |
|-------------|------------------------------------------------------------------------|
|             | 11/1/26                                                                |
| CFFM        | - Adriel Cortes                                                        |
|             | Hand sink - stocked ✓, Signage ✓, Hot H <sub>2</sub> O ✓               |
|             | Sanitizer - Nu Foam / Steramine tabs @ bar ✓ 200-400ppm bucket @ eat ✓ |
|             | Consumer on menu / Allergen ✓                                          |
|             | V/D plan ✓, Nitrile gloves ✓                                           |
|             | Datemarking ✓                                                          |

- monitor WIC, make sure door is not open for long periods of times
- WIC should Always be 41°F or below!

|   |    |                                                                                                  |
|---|----|--------------------------------------------------------------------------------------------------|
| C | 55 | BoH floor Disrepair (main kitchen) + by <del>disrepair</del> <sup>map sink</sup>                 |
| C | 55 | Floor @ bar area in disrepair                                                                    |
| C | 41 | wiping cloths stored under cutting boards + throughout kitchen → store in bucket when not in use |

Person in Charge (Signature)

Date \_\_\_\_\_

Inspector (Signature)

Date 9/17/25