Connecticut Department of Public Health

Risk Category: 2 Food Establishment Inspection Report Page 1 of 2						
Establishment type: Permanent Temporary Mobile Other				Date: 9/24/24/		
Establishment Dynan Danuts = 242	10	45ething	Connec	Time In 243 AM/PM Time Out 320 AM/PM		
Address 530 New Haven are DPH Time In 145 AM/PM Time Out 320 AM/						
Town/City Derby				Purpose of Inspection: Routine Pre-op		
Permit Holder Carlos Andrade		of Pub	blic He	· ·		
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 ir					
IN OUT N/A N/O Supervision	٧	cos	R	IN OUT N/A N/O Protection from Contamination V COS R		
Person/Alternate Person in charge present,	P	0		15 Food separated and protected P/C O		
demonstrates knowledge and performs duties Certified Food Protection Manager for Classes 2,	02		\exists	Food-contact surfaces: cleaned & sanitized P/Pf/C Proper disposition of returned, previously		
3, & 4	(c			served, reconditioned, and unsafe food		
Employee Health				Time/Temperature Control for Safety		
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	0		18 Proper cooking time and temperatures P/Pf/C Proper reheating procedures for hot holding P Proper reheating procedures for hot holding P P P P P P P P P P P P P P P P P P P		
4 Proper use of restriction and exclusion	P		1	20 Proper cooling time and temperatures		
Written procedures for responding to vomiting and				21 O Proper hot holding temperatures POC		
diarrheal events	Pf			22 Proper cold holding temperatures P C		
Good Hygienic Practices				23 Proper date marking and disposition P/Pf C		
Proper eating, tasting, drinking, or tobacco products us				24 C Time as a public health control: procedures P/Pf/C C		
No discharge from eyes, nose, and mouth Preventing Contamination by Hands	С	100	4	and records Consumer Advisory		
8 Hands clean and properly washed	P/Pf	100	7	25 Consumer advisory provided: raw/undercooked food Pf		
No bare hand contact with RTE food or a	T .			Highly Susceptible Population		
pre-approved alternative procedure properly followed	P/Pf/C	1010		26 Pasteurized foods used; prohibited foods not offered P/C C		
Adequate handwashing sinks, properly supplied/accessible	Pf/c	9	5	Food/Color Additives and Toxic Substances		
Approved Source				27 Food additives: approved and properly used PO		
Food obtained from approved source	P/Pf/C		의	Toxic substances properly identified,		
12 Food received at proper temperature 13 Food in good condition, safe, and unadulterated	P/Pf		위	stored & used		
Required records available: molluscan shellfish	P/Pf		9	Conformance with Approved Procedures Compliance with variance/specialized		
identification, parasite destruction	P/Pf/C	0	\sim	process/ROP criteria/HACCP Plan		
GOOD RETAIL PRACTICES						
				ion of pathogens, chemicals, and physical objects into foods.		
				for COS and/or R COS=corrected on-site during inspection R=repeat violatio		
OUT N/A N/O Safe Food and Water	V	cos		OUT Proper Use of Utensils V COS R		
30 Pasteurized eggs used where required Water and ice from approved source	P/Pf/C			43 In-use utensils: properly stored C O C 44 Utensils/equipment/linens: properly stored, dried, & handled Pf/C O		
32 Variance obtained for specialized processing methods	Pf	+ +		45 Single-use/single-service articles: properly stored & used P/C		
Food Temperature Control		100		46 Gloves used properly C C		
Proper cooling methods used; adequate equipment for	Pf/C			Utensils and Equipment		
temperature control				Food and non-food contact surfaces cleanable,		
34 O Plant food properly cooked for hot holding	Pf		211	properly designed, constructed, and used		
35 Approved thawing methods used 36 Thermometers provided and accurate	Pf/C Pf/C	-		Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available		
Food Identification	PI/C	1010		49 Non-food contact surfaces clean C		
37 Food properly labeled; original container	Pf/C	100	_	Physical Facilities		
Prevention of Food Contamination	10000			50 Hot and cold water available; adequate pressure		
38 Insects, rodents, and animals not present		0		51 Plumbing installed; proper backflow devices P/Pf/C C		
39 Contamination prevented during food preparation, storage & display	1	0		52 Sewage and waste water properly disposed P/Pf/C P/Pf/C		
40 Personal cleanliness 41 Wiping cloths: properly used and stored		00		53 Toilet facilities: properly constructed, supplied, & clean Pf/C		
42 Washing fruits and vegetables	P/Pf/C	00		54 Garbage and refuse properly disposed; facilities maintained C C 55 Physical facilities installed, maintained, and clean P/Pf/C C		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				56 Adequate ventilation and lighting; designated areas used C C		
Natural rubber latex gloves not used per CGS §19a-36f						
Person in Charge (Signature) And Date 9126 23 Priority Item Violations						
Person in Charge (Printed) / Julissa Flores Priority Foundation Item Violations Core Item Violations						
Inspector (Signature) Date Date Repeat Risk Factor/Public R				Risk Factor/Public Health Intervention Violations Repeat Risk Factor/Public Health Intervention Violations		
				Good Retail Practices Violations		
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
FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

CONTINUATION SHEET							
NAME OF ESTABLISHMENT DOTULS	Derby	DATE OF INSPECTION 9 Welly					
INSPECTION FORM #	REMARKS						
1Pf 2c Plc Unable to demonstrate knowledge as they core not CFPM 10ff ulars: 1 Stored in hand on i (cos)							
are not CEPU	are not CEPU						
108- Warsil Stored	P- Warsil Street in hand one (cos)						
J. I.							
& Jan Stat	e DPH food al	legerawarerese					
foster		<u> </u>					
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INITIAL (INSPECTOR)	INITIAL (PERSO	ON IN CHARGE) J. F					

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