Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Pick Cotogony 2	: - I		4.1.			- D			. 2		_	
Risk Category: Food Establishment Inspection Report Page 1 of												
Establishment type: Permanent Temporary Mobile Other					_	Date:	9/11/	24 25	712			
Address US New Haven are			Conne	Time In 230 AM/P			235 A	M/PM Time Out		_AM/	РМ	
Address (05% New Haven are DDH			H		LHD	NUH						
Town/City Devoy						Purpose	of Inspection:	Routine Pre	e-op			
and the states		Connecticut Department of Public Health			nt	Reinspection Other						
FOODBORNE ILLNESS RISK FA	ACTO				JBLI							
Risk factors are important practices or procedures identified as the most prevalent control					The state of the s				ss or injury	<i>'</i> .		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	10100	_			liance		ot in compliance		O=not ob			
P=Priority item Pf=Priority foundation item C=Core item V=violation type IN OUT VIA N/O Supervision	Mark in	cos		te box		OS and/or		ed on-site during inspection on from Contamination	R=repea	cos		
Person/Alternate Person in charge present		000		15			Food separated			0		
demonstrates knowledge and performs duties	Pf		\circ	16	00			ırfaces: cleaned & sanitized	P/Pi/C	P	0	
Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	47	0			on of returned, previously tioned, and unsafe food	P	0	0	
Employee Health								ture Control for Safety	To State			
Management, food employee and conditional employee;	P/Pf	0	0	18				time and temperatures	P/Pf/C	_	_	
knowledge, responsibilities and reporting Proper use of restriction and exclusion	P		0	-	00			g procedures for hot holding ime and temperatures	P	-	00	
Written procedures for responding to vomiting and				21	0			ing temperatures	P	_	0	
diarrheal events	Pf		\circ		0			ding temperatures	P	-	0	
Good Hygienic Practices	- 100			23	0			rking and disposition c health control: procedures	P/Pf	0	0	
6 Proper eating, tasting, drinking, or tobacco products use 7 No discharge from eyes, nose, and mouth	e P/C		00	24	0		and records	c nealth control, procedures	P/Pf/C	0	0	
Preventing Contamination by Hands								ımer Advisory				
8 Hands clean and properly washed	P/Pf	0	0	25	0			provided: raw/undercooked food	Pf	0	0	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	PIPHC	0	0	26				ceptible Population used; prohibited foods not offered	P/C	10		
Adequate handwashing sinks, properly supplied/accessible	Pric	6	0	20				ves and Toxic Substances				
Approved Source				27	05		Food additives:	approved and properly used	P	0	0	
11 Food obtained from approved source	P/Pf/C	_	0	28	00			es properly identified,	P/Pf/C	0	0	
12 Food received at proper temperature 13 Food in good condition, safe, and unadulterated	P/Pf P/Pf	-	0				stored & used	th Approved Procedures				
Required records available: molluscan shellfish			0	-		1		n variance/specialized	DIDIII			
identification, parasite destruction	P/Pf/C			29	0			riteria/HACCP Plan	P/Pf/C	1	0	
GOOD RETAIL PRACTICES Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.												
	n appro							on-site during inspection	R=repea	t viola	ation	
OUT N/A N/O Safe Food and Water	V	cos		_	DUT	2/01 14		e of Utensils	V	cos	_	
30 Pasteurized eggs used where required	Р	0	0	43	O In	use utens	sils: properly store	ed	С	0	-	
31 Water and ice from approved source	P/Pf/C		0	44	OUt	ensils/equi	pment/linens: prop	erly stored, dried, & handled	Pf/C	_	-	
32 Variance obtained for specialized processing methods Food Temperature Control	Pf	0	0			oves used		es: properly stored & used	C	1-	0	
Proper cooling methods used: adequate equipment for	Pf/C						Utensils	and Equipment				
temperature control			0	47				urfaces cleanable,	P/Pf/C	0	0	
34 O Plant food properly cooked for hot holding 35 O Approved thawing methods used	Pf Pf/C	0	0				signed, constructo	ed, and used lled, maintained and used;	1			
35 Approved thawing methods used 36 Thermometers provided and accurate	Pf/C		0	48				and test strips available	Pf/C	10	0	
Food Identification	-	1		49			ntact surfaces cl	ean	C		0	
37 Food properly labeled; original container	Pf/C		0					ical Facilities	Dr			
Prevention of Food Contamination	Delc	6					stalled; proper ba	; adequate pressure	P/Pf/C	_	_	
insects, rodents, and animals not present so contamination prevented during food preparation, storage & display	P/Pf/C	1	0				d waste water pro		P/Pf/C		0	
40 Personal cleanliness	PI/C	_	0	53	OT	oilet faciliti	es: properly cons	structed, supplied, & clean	Pf/C	0	0	
41 Wiping cloths: properly used and stored	C	0	0					sposed; facilities maintained	P/P(/C		00	
42 Washing fruits and vegetables	P/Pf/C		0					naintained, and clean nting; designated areas used			0	
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is av	ailable	9.					not used per CGS §19a-36f				
						s docume		Date corrections due		#		
Person in Charge (Signature)			ł			m Violation	Item Violations	10.014 1/05	7	_	_	
Person in Charge (Printed) Letteroi Roolas						Violation		109 Hdus	1	5		
0/14/2			Γ		Risk Factor/Public Health Intervention Violations					_		
Inspector (Signature) Date 7 1 1						sk Factor/Public Health Intervention Violations all Practices Violations			1			
Inspector (Printed) Glindu trumuum				Red	quires	Reinsped	ction - check box	x if you intend to reinspect	N	D		
Appeal: The owner or operator of a food establishment aggrieved by the or dispose of unsafe food, may appeal such order to the	his ord	er to	corr	ect a	iny ins	spection v	iolation identifie	d by the food inspector or to	o hold,	desti	roy,	
of dispose of disale food, may appear such order to the	DIIGCI	UI UI	1100	attil, il	or ial	or triail 10	ty orgint nours a	into i boudino di budii dide	5.7			

Chicgup. 39. Dawn 40. Saway 40. Frienton Pro-



FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEET

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME OF E	STABLISHMENT TOWN DATE OF INSPECTION
HUUV	anly Danuts Derby 9/19/24
FORM #	REMARKS
10/4	blocked hundrink at rear (ws)
37Pf	find fullaged in establishment not lakeled-
	(Chiden sorp). Label information shall include:
	1. conmon name of food
	2. List of insredients
	3. defaration or met quantity of contents
	4. name/place of business
	5. name of food source for weeks major alique
354	Hils prisent
YIL	
	exterior of food being
55C	undia; water strind only & his at rear
396	uncovered from in WIC
M	unclea places flows in willwif
	unclian species liners in croper
	A ceiling tius being replaced new cabinits being installed.
	installed.
INITIAL (IN	SPECTOR) \mathcal{P} INITIAL (PERSON IN CHARGE) $(\mathcal{E}\mathcal{B})$
	Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager