

5584

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>															
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <u>4/14/25</u>																
Establishment <u>Jersey Mike's</u>			Time In <u>1:05</u> AM/PM <u>PM</u> Time Out <u>1:40</u> AM/PM <u>PM</u>																
Address <u>50 Pershing Drive</u>			LHD <u>NVHD</u>																
Town/City <u>Derry</u>			Purpose of Inspection: <u>Routine</u> Pre-op																
Permit Holder <u>JM Derry, LLC</u>			Reinspection Other																
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																			
<i>Risk factors</i> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <i>Interventions</i> 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 in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																			
IN OUT N/A N/O		Supervision		IN OUT N/A N/O		Protection from Contamination													
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"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>				
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O		Time/Temperature Control for Safety													
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"/>	<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"/>	<input type="checkbox"/>				
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>				
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O		Consumer Advisory													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>				
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O		Highly Susceptible Population													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O		Food/Color Additives and Toxic Substances													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>				
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>				
IN OUT N/A N/O		GOOD RETAIL PRACTICES		IN OUT N/A N/O		Conformance with Approved Procedures													
<i>Good Retail Practices</i> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						29		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
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		Proper Use of Utensils		V COS R									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>				
IN OUT N/A N/O		Food Temperature Control		IN OUT N/A N/O		Utensils and Equipment													
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>				
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>				
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" 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"/>	<input type="checkbox"/>				
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>				
IN OUT N/A N/O		Food Identification		IN OUT N/A N/O		Physical Facilities													
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
IN OUT N/A N/O		Prevention of Food Contamination		IN OUT N/A N/O		Plumbing													
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>				
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						56						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	
Person in Charge (Signature) <u>[Signature]</u> Date <u>4/14/25</u>						Violations documented						Date corrections due						#	
Person in Charge (Printed) <u>Steph Br. Ho</u>						Priority Item Violations						<u>7/14/25</u>						<u>0</u>	
Inspector (Signature) <u>[Signature]</u> Date <u>4/14/25</u>						Priority Foundation Item Violations												<u>9</u>	
Inspector (Printed) <u>Amanda Richin</u>						Core Item Violations												<u>1</u>	
						Risk Factor/Public Health Intervention Violations												<u>1</u>	
						Repeat Risk Factor/Public Health Intervention Violations												<u>1</u>	
						Good Retail Practices Violations												<u>1</u>	
						Requires Reinspection - check box if you intend to reinspect													
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.																			

Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 4/14/25

Establishment Jersey Mike's

Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIF	17°F	Bm/reach		FOH Bm (open)	
WIC	36°F	-cheese	42°F	-Tomatoes	41°F
-Ham	37°F	-Sliced tom	42°F	-Lettuce	42°F
-Cheese	37°F	-Lettuce	41°F	-mayo	34°F
-portabella mushroom	38°F	meat cooler	41°F	Back Bm	
-Banana pep	37°F	-Turkey (whole)	41°F	-Tom / Lettuce	38°F
		-Tuna Salad	45°F	-mayo	38°F

OBSERVATIONS AND CORRECTIVE ACTIONS

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.
	<div>1/13/25</div> <div>4/6/28</div> <div>10/8/28</div> <div>12/27/28</div>
C 37	Steven Britto, Angelis Hernandez, Christian Velazquez, Sophia Duarte
C 49	Handsink - stocked, Labeled/Signage, Hot #20 105°F ✓
C 38 R	Sanitizer - Quat 200-400ppm, 3 Bay ✓
C 36 R	Restroom, Allergen poster, mop hung ✓
	Vinyl/Nitrile gloves ✓ → good glove use ✓
	Datemarking ✓
C 37	Sugar (white powder substance) not labeled BOH
C 49	Unclean under/behind soda nozzles (sticky)
C 38 R	Drain flies (gnats) noticed BOH (any stor/3 Bay/soda) → Reg PC treatments
C 36 R	No thermometer in drawer/Bm units (2)

Person in Charge (Signature)

[Signature]

Date

4/14/25

Inspector (Signature)

[Signature]

Date

4/14/25