


5584

Risk Category: 3		Food Establishment Inspection Report		Page 1 of 2																									
Establishment type: Permanent Temporary Mobile Other		Date: 12/6/24		Time In 10:55 AM/PM Time Out 11:35 AM/PM																									
Establishment Jersey mikes				LHD NVHD																									
Address 50 Pershing Dr				Purpose of Inspection: Routine Pre-op																									
Town/City Derby				Reinspection Other																									
Permit Holder Jm Derby LLC - mitch Thomson																													
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 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																									
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>																								
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>																								
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O																									
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>																								
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>																								
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>																								
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O																									
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>																								
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>																								
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O																									
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>																								
9	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>																								
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O																									
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>																								
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>																								
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>																								
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>																								
GOOD RETAIL PRACTICES																													
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																													
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		Safe Food and Water		OUT N/A N/O																									
30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>																								
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>																								
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>																								
IN OUT N/A N/O		Food Temperature Control		IN OUT N/A N/O																									
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>																								
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>																								
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>																								
36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>																								
IN OUT N/A N/O		Food Identification		IN OUT N/A N/O																									
37	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>																								
IN OUT N/A N/O		Prevention of Food Contamination		IN OUT N/A N/O																									
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>																								
39	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>																								
40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>																								
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>																								
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>																								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																													
Person in Charge (Signature) Steve Britto		Date 12/6/24																											
Person in Charge (Printed) Steve Britto																													
Inspector (Signature) Amanda Ruchin		Date 12/6/24																											
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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

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 12/6/24

Establishment Jersey Mike's

Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Open Counter Bm (Back)		Bm/drawers		Bm/drawer 2	
- Tomatoes (Sliced)	37°F	- Am cheese	43°F	- Am sliced cheese	39°F
- Banana pep, Lettuce	37°F	- Onion	43°F	- Tomatoes/Lettuce	40°F
Open Counter Bm (Front)		- Turkey	44°F	WIC	36°F
- Lettuce	37°F	- Sallami	40°F	- Tom/Banana pep/ham	37°F
- Tomatoes (Sliced)	37°F - 46°F	Sliding unit (Show)		WIF	23°F
- mayo	37°F	- Tuna Salad	38°F		
- Pickles	34°F	- prov cheese (whole)	42°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.
on-site	11/13/25 4/6/28 10/8/28 12/27/28
CFPM	- Steven Britto, Angelis Hernandez, Christian Velazquez, Sophia Duarte
	Hands in K-Stocked ✓, Signage ✓, H2O 98°F ✓
	Sanitizer - Quat ✓, TS ✓, 3 Bay + Bucket 200-400ppm ✓, Dry storage - ok
	Allergen Statement ✓, Pepsi cooler ✓, Vinyl gloves ✓ + Nitrite
	Good Glove use ✓, Allergen poster ✓, Brooms hung ✓, Probe thurmy
	mops hung ✓, BOH HS Signage ✓, Datemarking ✓, Label of most ✓
	* Watch Tomatoes - Try not to stack so high so they maintain lower temps like the bottom ones.
C 37	rv Squeeze bottles not labeled
C 36	rv missing internal thermometers in 2 Bm/drawer units to measure ambient temp
C 47	Red + Brown Cutting boards (BOH) w/ deep grooves/creases → Sand or replace
C 55	BOH Floors unclear / Build up around counters
	* Boxes on floor BOH → just get delivery
	Good job

Person in Charge (Signature) [Signature]

Date 12/6/24

Inspector (Signature) Amranda Kuchin

Date 12/6/24