


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>11/13/24</b>			
Establishment <b>Lasawjak Polish Deli</b>							
Address <b>63 Derby Ave</b>							
Town/City <b>Derby</b>							
Permit Holder <b>Rafal Rysio</b>							
				Time In <b>1:10</b> AM/PM <b>PM</b> Time Out <b>1:40</b> AM/PM <b>PM</b>			
				LHD <b>NVHD</b>			
				Purpose of Inspection: <b>Routine</b> Pre-op			
				Reinspection Other			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>							
<i>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.</i>							
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							
<b>Supervision</b>				<b>Protection from Contamination</b>			
IN	OUT	N/A	N/O	V	COS	R	IN
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf	<input type="checkbox"/>	<input type="checkbox"/>	16
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17
Certified Food Protection Manager for Classes 2, 3, & 4				C	<input type="checkbox"/>	<input type="checkbox"/>	18
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	20
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21
Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>	22
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23
Written procedures for responding to vomiting and diarrheal events				Pf	<input type="checkbox"/>	<input type="checkbox"/>	24
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25
Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="checkbox"/>	<input type="checkbox"/>	26
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27
No discharge from eyes, nose, and mouth				C	<input type="checkbox"/>	<input type="checkbox"/>	28
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29
Hands clean and properly washed				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	30
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	32
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33
Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35
Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37
Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	38
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39
Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	40
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	42
<b>GOOD RETAIL PRACTICES</b>							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							
Mark <b>OUT</b> if numbered item is not in compliance      V=violation type      Mark in appropriate box for <b>COS</b> and/or <b>R</b> COS=corrected on-site during inspection      R=repeat violation							
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
OUT	N/A	N/O	V	COS	R	OUT	V
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>
Pasteurized eggs used where required				P	<input type="checkbox"/>	44	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>
Water and ice from approved source				P/Pf/C	<input type="checkbox"/>	46	<input type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>
Variance obtained for specialized processing methods				Pf	<input type="checkbox"/>	48	<input type="checkbox"/>
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51</	

# Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 11/13/24

Establishment Laszrak Polish Deli Town Derby

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Ser w Plastrach	37°F	WIC	40°F		
Serek homogenizowany	37°F	- Bacon	39°F		
Pickles	38°F	- Sausage	39°F		
Smoked turkey	35°F	2 door	46°F		
Showcase	38°F	- Sausage	41°F		
Hot dogs	36°F				
Cheese	36°F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

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.
CFM	- Rafael Ryllo 10/7/25 ✓ Handsink ✓ Sanitizer - Chlorine ✓ Spray bottle 50 - 100 ppm ✓ Freezer ✓, Dry storage ✓, hoods ✓ Vinyl, Nitrile + Poly gloves ✓, Test Strips ✓ Allergen Statement ✓, Allergen poster ✓
pt 23 ✓	<del>labels</del> dates missing on items made in house for sale - COS, started dating
C 39 ✓	Items on floor WIC
pt 28 ✓	Sani Spray bottle 200ppm - COS, PIC remake 100ppm ✓
C 47	Cardboard lining shelves in some areas

Person in Charge (Signature)

Ryllo

Date 11/13/24

Inspector (Signature)

Amanda Ruch

Date 11/13/24