


414

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

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|---|--|---|--|--------------------|--|
| 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>3/27/25</u> | | |
| Establishment <u>Matti's Deli + Catering</u> | | | Time In <u>11:30</u> AM/PM Time Out <u>12:00</u> AM/PM | | |
| Address <u>418 Roosevelt Drive</u> | | | LHD <u>NVHD</u> | | |
| Town/City <u>Derry</u> | | | Purpose of Inspection: <u>Routine</u> Pre-op | | |
| Permit Holder <u>Matti's Deli + Catering LLC</u> | | | Reinspection Other _____ | | |



| 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 | V | COS | R | IN | OUT | N/A | N/O | Protection from Contamination | V | COS | R |
| <input checked="" type="checkbox"/> | <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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated and protected | P/C | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health | | | | | | | | Time/Temperature Control for Safety | | | | | | | |
| <input checked="" type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooking time and temperatures | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of restriction and exclusion | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper reheating procedures for hot holding | P | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time and temperatures | P | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | | | | | | | | Consumer Advisory | | | | | | | |
| <input checked="" type="checkbox"/> | <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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer advisory provided: raw/undercooked food | Pf | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No discharge from eyes, nose, and mouth | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Highly Susceptible Population | | | |
| Preventing Contamination by Hands | | | | | | | | Food/Color Additives and Toxic Substances | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hands clean and properly washed | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food additives: approved and properly used | P | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <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"/> | <input checked="" type="checkbox"/> | <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"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Conformance with Approved Procedures | | | |
| Approved Source | | | | | | | | Compliance with variance/specialized process/ROP criteria/HACCP Plan | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food obtained from approved source | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food received at proper temperature | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 | V | COS | R | OUT | Proper Use of Utensils | V | COS | R |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored | C | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utensils/equipment/linens: properly stored, dried, & handled | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Variance obtained for specialized processing methods | Pf | <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"/> |
| Food Temperature Control | | | | | | | Utensils and Equipment | | | | |
| <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"/> | <input checked="" type="checkbox"/> | Food and non-food contact surfaces cleanable, properly designed, constructed, and used | P/Pf/C | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plant food properly cooked for hot holding | Pf | <input 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"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Non-food contact surfaces clean | C | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Physical Facilities | | | | |
| Food Identification | | | | | | | Adequate ventilation and lighting; designated areas used | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f | C | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention of Food Contamination | | | | | | | Violations documented | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Priority Item Violations | | Date corrections due | | # |
| <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"/> | Priority Foundation Item Violations | | <u>6/27/25</u> | | <u>4</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Core Item Violations | | | | <u>6</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored | C | <input type="checkbox"/> | <input type="checkbox"/> | Risk Factor/Public Health Intervention Violations | | | | <u>7</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washing fruits and vegetables | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Repeat Risk Factor/Public Health Intervention Violations | | | | <u>3</u> |
| Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | | | | | Good Retail Practices Violations | | | | |
| Person in Charge (Signature) <u>Grace Sojka</u> Date <u>3/27/25</u> Person in Charge (Printed) <u>Grace Sojka</u> Inspector (Signature) _____ Date <u>3/27/25</u> Inspector (Printed) <u>Amanda Renin</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.

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Inspection Report Continuation Sheet

Date 3/27/25

Town Derby

| Item/Location/Process | Temp | Item/Location/Process | Temp | Item/Location/Process | Temp |
|-----------------------|-----------|----------------------------|-------|-----------------------|------|
| Grown+go | 30°F | WIC #1 | 40°F | WIC | 41°F |
| - Dressings | 31°F | -Tom/cheese | 31°F | - Raw meat/dressings | 40°F |
| - Stuffed shells | 36°F | Bm(sand) | | Sliding unit | |
| - cav + Bro | 35°F | -Turkey/cheese/mayo | 42°F | -cran chx salad | 43°F |
| HH -chx cutlets | 140-155°F | -Steak+pepper over Noodles | 135°F | -Egg salad | 43°F |
| -Sauce /meatballs | 138°F | WIF | 0°F | Wic/self serve | 38°F |
| -Eggplant | 135°F | 1 dr true | 35°F | -Tomatoes | 38°F |
| -Pterillini Alfredo | 140°F | -Ricotta | 36°F | | |

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| 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. |
|--|

CFPM - Alexis Gulas, Juxia Ortiz

Sanitizer - Chlorine 50ppm Bullet

Heating Instructions for grabgov, Allergen Statement v

To go inverted ✓, A Mergen poster ✓, cans ✓, Nitrite gloves ✓

* good glove use + handwashing witnessed (11)

| | | |
|---|----|--|
| C | 36 | WIC (sand area) has broken thermometer |
|---|----|--|

| | | |
|---|-------|---|
| C | 47 RV | Rusty/dusty Shelving in BOH WIC + dry storage |
|---|-------|---|

C 49 RV Rusty/dusty fans/covers BOTH W/C + W/C (self serve)

| | |
|----------|--------------------------------|
| C 55 & V | Floors under Equipment unclear |
|----------|--------------------------------|

* (most) All items put into wlc need label + date * Some have 1 or other → both

Person in Charge (Signature)

Date 3/27/25

Inspector (Signature)

Date 3/27/23