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Connecticut Department of Public Health

EH5-108 Rev. 2/16/23

Risk Category: 2 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 1/13/26

Establishment McDonald's Restaurant #2104 Time In 10:30 AM/PM Time Out 11:00 AM/PM

Address 44 Division St LHD NVHD

Town/City Derby Purpose of Inspection: Routine Pre-op

Permit Holder Scott Facey 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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
Supervision															
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			Protection from Contamination								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Certified Food Protection Manager for Classes 2, 3, & 4				C			Food separated and protected				P/C				
Employee Health															
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			Food-contact surfaces: cleaned & sanitized				P/Pf/C				
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Time/Temperature Control for Safety								
Proper use of restriction and exclusion				P			18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Written procedures for responding to vomiting and diarrheal events				Pf			Proper cooking time and temperatures				P/Pf/C				
Good Hygienic Practices															
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper eating, tasting, drinking, or tobacco products use				P/C			Proper reheating procedures for hot holding				P				
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
No discharge from eyes, nose, and mouth				C			Proper cooling time and temperatures				P				
Preventing Contamination by Hands															
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Hands clean and properly washed				P/Pf			Proper hot holding temperatures				P				
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				23	<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			Proper cold holding temperatures				P				
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Adequate handwashing sinks, properly supplied/accessible				Pf/C			Proper date marking and disposition				P/Pf				
Approved Source															
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Consumer Advisory								
Food obtained from approved source				P/Pf/C			Consumer advisory provided: raw/undercooked food				Pf				
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Highly Susceptible Population								
Food received at proper temperature				P/Pf			Pasteurized foods used; prohibited foods not offered				P/C				
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food/Color Additives and Toxic Substances								
Food in good condition, safe, and unadulterated				P/Pf			Food additives: approved and properly used				P				
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Conformance with Approved Procedures								
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C				

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	V	COS	R	OUT	V	COS	R						
Safe Food and Water															
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Pasteurized eggs used where required				P		In-use utensils: properly stored				C					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Water and ice from approved source				P/Pf/C		Utensils/equipment/linens: properly stored, dried, & handled				Pf/C					
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Variance obtained for specialized processing methods				Pf		Single-use/single-service articles: properly stored & used				P/C					
Food Temperature Control															
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Proper cooling methods used; adequate equipment for temperature control				Pf/C		Gloves used properly				C					
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Utensils and Equipment									
Plant food properly cooked for hot holding				Pf		Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C					
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Approved thawing methods used				Pf/C		Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Thermometers provided and accurate				Pf/C		Non-food contact surfaces clean				C					
Food Identification															
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Physical Facilities									
Food properly labeled; original container				Pf/C		50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Prevention of Food Contamination															
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Hot and cold water available; adequate pressure				Pf					
Insects, rodents, and animals not present				Pf/C		51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Plumbing installed; proper backflow devices				P/Pf/C					
Contamination prevented during food preparation, storage & display				P/Pf/C		52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Sewage and waste water properly disposed				P/Pf/C					
Personal cleanliness				Pf/C		53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Toilet facilities: properly constructed, supplied, & clean				Pf/C					
Wiping cloths: properly used and stored				C		54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Garbage and refuse properly disposed; facilities maintained				C					
Washing fruits and vegetables				P/Pf/C		55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
						Physical facilities installed, maintained, and clean				P/Pf/C					
						56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
						Adequate ventilation and lighting; designated areas used				C					
						Natural rubber latex gloves not used per CGS §19a-36f									

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) [Signature] Date 1/13/26

Person in Charge (Printed) _____

Inspector (Signature) Amanda Ruchin Date 1/13/26

Inspector (Printed) Amanda Ruchin

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<u>COS</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		<u>1</u>

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.

