


Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>		
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>12/12/24</u>		Time In <u>10:55</u> AM/PM Time Out <u>11:25</u> AM/PM		
Establishment <u>McDonald's Restaurant #27001</u>				LHD <u>NVHD</u>		
Address <u>652 New Haven Ave</u>				Purpose of Inspection: <u>Routine</u> Pre-op		
Town/City <u>Derby</u>				Reinspection Other		
Permit Holder <u>Scott Facey</u>						
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		V COS R		
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"/>
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"/>
IN OUT N/A N/O		Employee Health		V COS R		
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"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P <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"/>
IN OUT N/A N/O		Good Hygienic Practices		V COS R		
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"/>
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"/>
IN OUT N/A N/O		Preventing Contamination by Hands		V COS R		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf <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"/>
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"/>
IN OUT N/A N/O		Approved Source		V COS R		
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"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf <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"/>
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"/>
GOOD RETAIL PRACTICES						
<i>Good Retail Practices</i> 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		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P <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"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Food Temperature Control		V COS R		
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"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Food Identification		V COS R		
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Prevention of Food Contamination		V COS R		
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"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	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"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	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"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						
Person in Charge (Signature) <u>Nancy Contreras</u>		Date <u>12-12-24</u>				
Person in Charge (Printed) <u>NANCY CONTRERAS</u>						
Inspector (Signature) <u>Amanda Rubin</u>		Date <u>12/12/24</u>				
Inspector (Printed) <u>Amanda Rubin</u>						
Violations documented		Date corrections due		#		
Priority Item Violations				<u>0</u>		
Priority Foundation Item Violations				<u>0</u>		
Core Item Violations		<u>3/12/25</u>		<u>3</u>		
Risk Factor/Public Health Intervention Violations				<u>0</u>		
Repeat Risk Factor/Public Health Intervention Violations				<u>1</u>		
Good Retail Practices Violations				<u>3</u>		
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.						

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Date 12/12/24

Town Derby

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 drawer FOH	39°F	HH- French Fries	140°F	2dr unit	-1.2°F
-Apples	41°F	-Nuggets	144°F	WIC	39°F
-milk	38°F	-Burger	184°F	-Folded eggs	32°F
		-mcchicken	142°F	-pancakes	32°F
		-Filet	158°F	-milk	30°F
		WIF	8°F		

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> <div>12/7/28</div> <div>9/8/27</div> </div> <p>CFPM - Nancy Contreras, Martha Arguello</p> <p>Handsink - Stocked ✓, Signage ✓, Hot H₂O 87°F ✓</p> <p>Sanitizer - Chlorine Buckets 50ppm ✓, Test strips ✓</p> <p>Allergen Statement ✓, Soda/self Service Area ✓, ice cream machine ✓</p> <p>Lids on soda machine dispenser protecting cups not inverted ✓, ice machine ✓</p> <p>microwaves ✓, Dry Storage ✓, v/D cleaning plan ✓</p> <p>Glove use ✓</p>
49	Slushie machine a little sticky (exterior)
39	Safety jackets hung on dry storage shelves - COS, moved to dry
55	map stored in bucket + not in use → hang ★ by map sink

Date _____

Date _____

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Operator/Person in Charge