

Connecticut Department of Public Health

Diels Catarrana 2 Food Fatale	1:- 1		4.1.			D				7	
Risk Category: Food Estab	iisnn	nen	it ir	ispe	ectic	on Kep	ort	Pag	je 1 of	_	
Establishment type: Permanent Temporary Mobile Other					— l	Date:	5/13	125			
Address 350 Bridgeputarence Town/City Control of the state of the st			cticus Heal	3	Time In_	415	AM/PM Time Out_	441		AM/PI	
Address 350 Bridgeputarence DP					<i>III</i>	LHD	NYH	0			
Town/City Shelpy of					Purpose	of Inspection	n: Routine	Pre-op)		
Permit Holder	C	onnecti of Po	icut De ublic H	partmen ealth	it I	Reinspec	ction	Other			
FOODBORNE ILLNESS RISK F											
Risk factors are important practices or procedures identified as the most prevalent con			000000000000000000000000000000000000000	100000		and the second second					
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered in				compli			ot in compliance		N/O=no		100000
P=Priority item Pf=Priority foundation item C=Core item V=violation type			-			14 1		cted on-site during inspecti		-	cos F
IN OUT N/A N/O Supervision	V	cos	R			T N/A N/O		tion from Contaminatio	230		
Person/Alternate Person in charge present,	Pf	0	0					ed and protected			_
demonstrates knowledge and performs duties	$\overline{}$			16				surfaces: cleaned & sanit		PI/C	00
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17	5			ition of returned, previous ditioned, and unsafe food		P	00
Employee Health						Description of the last of the	Time/Temper	ature Control for Safety			
Management, food employee and conditional employee;	D/D/			18	00	000	Proper cookin	g time and temperatures	P	/Pf/C	00
knowledge, responsibilities and reporting	P/Pf	f		19	00		Proper reheat	ing procedures for hot ho	lding	P	00
4 O Proper use of restriction and exclusion	Р	0	0	20 (time and temperatures		_	0
Written procedures for responding to vomiting and	Pf	0		21				ding temperatures		_	00
diarrheal events	Pi			22	PIC			olding temperatures			00
Good Hygienic Practices				23	クセ	0	Proper date m	arking and disposition	E	P/Pf	00
6 Proper eating, tasting, drinking, or tobacco products us	se P/C	0	0	24	0	00	Time as a pub	lic health control: proced	ures p	Pf/C	00
7 No discharge from eyes, nose, and mouth	С	0	0	24			and records		F/I	FIIC	
Preventing Contamination by Hands					/		Con	sumer Advisory			
8	P/Pf	f 0	0	25	0		Consumer adviso	ory provided: raw/undercooked	food	Pf	00
9 No bare hand contact with RTE food or a	P/Pf/C				/		Highly Su	sceptible Population			
pre-approved alternative procedure properly followed	PIPIIC	1	9	26	0	0	Pasteurized food	s used; prohibited foods not of	fered	P/C	00
10, Adequate handwashing sinks, properly supplied/accessible	/ Pf/C	1	0		/	Foo	od/Color Addi	tives and Toxic Substar	ices		
Approved Source				27	50	0	Food additives	s: approved and properly	used	P	00
11 Food obtained from approved source	P/Pf/C	0	0	20		1	Toxic substan	ces properly identified,	D	/Pf/C	
12 Food received at proper temperature	P/Pf	f 0	0	28			stored & used		P	PI/C	0
13 Food in good condition, safe, and unadulterated	P/Pf	0	0			e	onformance v	vith Approved Procedur	res		
Required records available: molluscan shellfish	P/Pf/C	0		29				ith variance/specialized	D	/Pf/C	0
identification, parasite destruction						2	process/ROP	criteria/HACCP Plan	1.7	1 1/0	
	OD RE										
Good Retail Practices are preventative measures to											
Mark OUT if numbered item is not in compliance V=violation type Mark	in appro	priate	box	for CO	S and/	or R	COS=corrected	d on-site during inspection	R=re	epeat v	
OUT N/A N/O Safe Food and Water	V	cos	R		UT			lse of Utensils			COS R
30 Pasteurized eggs used where required	P	0	0				ils: properly sto				00
31 Water and ice from approved source	P/Pf/C	0	0					operly stored, dried, & hand			00
32 O Variance obtained for specialized processing methods	Pf	0	0					cles: properly stored & used			00
Food Temperature Control				46	○ Glo	ves used	properly			C	0
Proper cooling methods used; adequate equipment for	Pf/C	0					Utensi	Is and Equipment			
temperature control				47				surfaces cleanable,	P/	Pf/C	00
34 O Plant food properly cooked for hot holding	Pf	_	0					cted, and used			
35 Approved thawing methods used	Pf/C		0	48				alled, maintained and us		Pf/C	00
Thermometers provided and accurate	P/C	D	0					and test strips available			
Food Identification				49	⊃ Noi	n-food cor	ntact surfaces			C	00
37 C Food properly labeled; original container	Pf/C	0	0					sical Facilities			
Prevention of Food Contamination				50	⊃ Hot	t and cold	water available	e; adequate pressure			00
38 O Insects, rodents, and animals not present	Pf/C	0	0					backflow devices			00
39 Contamination prevented during food preparation, storage & display	P/Pf/C	_	_					roperly disposed			00
40 Personal cleanliness	Pf/C		0	53				nstructed, supplied, & cle			00
41 Wiping cloths: properly used and stored	C	0	0					disposed; facilities maintair		8	P
42 Washing fruits and vegetables	P/Pf/C		0					maintained, and clean			00
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is av	ailable	е.					ghting; designated areas not used per CGS §19a-		C	0
						docume		Date corrections			#
Person in Charge (Signature) Date DS	1121	200	<			n Violation		Date Corrections	uue	-	_
reison in charge (signature)	1 11	0)	Prior	ity For	indation I	tem Violations	114 1-1	16	2	
Person in Charge (Printed)						Violations		Oda	2	3	
recon in onarge (rinnea)	1 . 1						ealth Intervent	ion Violations		3	4
Inspector (Signature) Date	131	2						ntervention Violations		-	
	, ,,	7		-			s Violations			2	_
Inspector (Printed) 6 Unclu bulliust								ox if you intend to reinsp	pect	146	M
Appeal: The owner or operator of a food establishment aggrieved by t	this ord	er to	corr	ect ar	ny insr	ection vi	olation identifi	ed by the food inspecto	r or to ho		
or dispose of unsafe food, may appeal such order to the	Direct	or of	Hea	Ith, no	ot later	than fort	ty-eight hours	after issuance of such	order.		

Sausage 36.3 van byor 36.3 Mendout 38.5 shrip 36.0 ban 39.0 putt 39.0 Saus 39.5 van chi'an 375

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

CONTINUATION SHEET											
Planet P1331 Town Shertu			1	DATE OF INSPECTION \[\frac{13}{2} \]							
INSPECTION FORM #	REMARKS										
100	missing handwash signage on several sinks										
LOPF	Ulipsil's strad in handwash sink (cos)										
23/4	date-making of RTE/TES frues not being une										
366											
	Ciple										
572	unclian, busty walls / certific better in kitchen										
IPF	aleyer postu/ turne log not posted (ws)										
	,										
	I handful Spead i foup paper favels										
	of Santizy opips about for saningar										
	& went am dute-marking										
-											
	, "										
INITIAL (INSPECTOR) INITIAL (PERSON IN CHARGE)											

stribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager