

## **Connecticut Department of Public Health**

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2												
Establishment type: Permanent Temporary Mobile Other				Date:	10	3/2	U					
Establishment HDNUS #739		sepi	ng Conn	ecticut Healt		Time In	400	AM/PM	Time Out	131	AM/P	PM.
Address 50 Center 4.	DDH				LHD	1/1	14/2					
own/City huten				Purpose of Inspection: Routine Pre-op								
Permit Holder	C	onnecti of P	icut De	epartment lealth	t	Reinspe	ction	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												
P=Priority item Pf=Priority foundation item C=Core item V=violation type		1								R=repea v	cos	_
IN OUT M/A N/O Supervision	V	cos	K	15	N OI	N/A N/O			Contamination	P/C		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	0	0	46	5 6	1000000	Food separa		cleaned & sanitize			$\exists$
Certified Food Protection Manager for Classes 2	10	1							turned, previously			$\preceq$
3, & 4	(c)	0	$\circ$	17					and unsafe food	P	100	$\supset$
Employee Health						The same of the sa			ntrol for Safety		0.00	
Management, food employee and conditional employee:	DIDE			18	0	000			d temperatures	P/Pf/C	10	0
knowledge, responsibilities and reporting	P/Pf	0	$\circ$	19 (	0				dures for hot holdi	ng P	0	0
Proper use of restriction and exclusion	P	0	0	20 <	0 5				temperatures	P	0	0
Written procedures for responding to vomiting and	Pf	0		21	5	00	Proper hot h	olding temp	peratures	P	0	0
diarrheal events	FI			22 (	00		Proper cold			P	0	0
Good Hygienic Practices				23 🔾	90	00	Proper date			P/Pf	0	0
6 Proper eating, tasting, drinking, or tobacco products use	_	0	0	24	00	000		ublic health	control: procedure	es P/Pf/C	0	
7 No discharge from eyes, nose, and mouth	С	0	0				and records					
Preventing Contamination by Hands		_			/			nsumer Ac				33
8 Hands clean and properly washed	P/Pf	0	0	25	$\supset   \subset$				d: raw/undercooked fo	od Pf	0	$\supseteq$
No bare hand contact with RTE food or a	P/Pf/C	0				/		and the same of th	Population		1 - 1	
pre-approved alternative procedure properly followed				26 4		The second second			hibited foods not offer		0	0
Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		/	Fo			Toxic Substance		1-1	
Approved Source		1		27 (	00				ed and properly us	ed P	0	0
Food obtained from approved source	P/Pf/C	-	0	28	50				erly identified,	P/Pf/C	00	
12 C Food received at proper temperature	P/Pf	-	9				stored & use					
Food in good condition, safe, and unadulterated	P/Pf	0	$\circ$		-	-	Compliance	with Appr	oved Procedures ce/specialized			
Required records available: molluscan shellfish	P/Pf/C	0	0	29 <	0	0	process/ROI			P/Pf/C	0	
identification, parasite destruction	DD RE	TAII	DE	ACTI	CES		processinor	Cillella/il	ACCI FIAII			
Good Retail Practices are preventative measures to						ens chem	icals and phys	sical objects	into foods			
	approp								uring inspection	R=repea	t violat	ion
OUT N/A N/O Safe Food and Water	V	cos	_	OL	_	10111		Use of Ute		V	cos	
Pasteurized eggs used where required	Р	0		-	100	use utens	ils: properly s		110110	C		0
Water and ice from approved source	P/Pf/C			44 <	_				ed, dried, & handled		0	0
Variance obtained for specialized processing methods	Pf	0	0						rly stored & used	P/C		0
Food Temperature Control							properly		,	С	0	0
Proper cooling methods used: adequate equipment for	200							sils and Ed	quipment	EVALUE OF		
temperature control	Pf/C	0	0	47	Fo	od and no	on-food conta	ct surfaces	cleanable,	P/Pf/C		
Plant food properly cooked for hot holding	Pf	0	0	47			igned, constr			P/PI/C		
Approved thawing methods used	Pf/C	0	0	00	Wa	arewashin	ng facilities: in	stalled, ma	intained and used	; Pf/C		
Thermometers provided and accurate	Pf/C	0	0	100	Cle	aning age	ents, sanitizer	s, and test	strips available	1		
Food Identification	1	7		49	No	n-food co	ntact surface	s clean		(C)	0	0
Food properly labeled; original container	Pf/C	6	0				PI	nysical Fac	ilities			
Prevention of Food Contamination							d water availa			Pf	-	0
38 O Insects, rodents, and animals not present	Pf/C	-	0				stalled; prope				0	_
39 Contamination prevented during food preparation, storage & display	P/Pf/C		0				waste water				0	
10 Personal cleanliness	Pf/C	1	0		_				, supplied, & clean			9
41 Wiping cloths: properly used and stored	С	0	9	120	⊃ Ga	rbage and	refuse properl	y disposed;	facilities maintained			의
Washing fruits and vegetables	P/Pf/C	0	0	55	Ph	ysical fac	ilities installed	d, maintain	ed, and clean	P/P#e	_	
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable	).	-	_	-			signated areas us per CGS §19a-36			9
Man and				The same of the same of		docume			e corrections du		#	
Person in Charge (Signature)	3/20	70	1			m Violatio		Dat	100000000000000000000000000000000000000	-		
. 4	"		-				Item Violation	s	10149	,		
Person in Charge (Printed) Michael Man 70						Violations			10 0			
	2/1	, ,		Risk	Facto	r/Public F	lealth Interve					
nspector (Signature) Date	5/7	4					Public Health	Intervention	n Violations			
Good Retail Practices Violations												
nspector (Printed) (6 Uulla (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/												
Appeal: The owner of operator of a food establishment aggrieved by the	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,								y,			
or dispose of unsafe food, may appeal such order to the	Directo	or of	Hea	ith, no	t late	r than for	ty-eight hour	s after iss	uance of such ord	ier.		



STATE OF CONNECTICUT

FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEET

DEPARTMENT OF PUBLIC HEALTH

	STABLISHMENT	TOWN	DATE OF INSPECTION							
TOVE	45	heron	10/3/24							
INSPECTION FORM #	REMARKS									
WAR	- unclian interio of cold holding units									
490	Under exterir of egypment									
39C	M'ssins dellergentignage									
37C	Sgias aut y on jour contume ut labeled									
577	india pous unduch appris									
ttl	under walls behind Egypment									
20	CFPM in-site	but cet expirul-	- (class phitoringab)							
	x hundwash	tines Stoule cop fo	efectally of need							
		strips avalusie-								
		l'albegin anneres y	· · · · · · · · · · · · · · · · · · ·							
	* Mschied	dube many NETES	frois							
			0							
INITIAL (IN	SPECTOR)	INITIAL (PERSON IN C	CHARGE)							
	Distribution: 1s	t - White - Health Department 2nd - Yellow -	Owner/Manager							