

4945

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>2/6/25</u>			
Establishment <u>Savour Catering</u>			Time In <u>11:15</u> AM/PM Time Out <u>11:40</u> AM/PM			
Address <u>111 New Haven Ave</u>			LHD <u>NVHD</u>			
Town/City <u>Derby</u>			Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder <u>Savour Catering, LLC Stacey Ference</u>			Reinspection Other			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>						
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						
Supervision			Protection from Contamination			
IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties			Food separated and protected			
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4			Food-contact surfaces: cleaned & sanitized			
Employee Health			Proper disposition of returned, previously served, reconditioned, and unsafe food			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting			Time/Temperature Control for Safety			
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion			18 <input type="checkbox"/> Proper cooking time and temperatures			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events			19 <input type="checkbox"/> Proper reheating procedures for hot holding			
Good Hygienic Practices			20 <input type="checkbox"/> Proper cooling time and temperatures			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use			21 <input type="checkbox"/> Proper hot holding temperatures			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth			22 <input checked="" type="checkbox"/> Proper cold holding temperatures			
Preventing Contamination by Hands			23 <input checked="" type="checkbox"/> Proper date marking and disposition			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed			24 <input type="checkbox"/> Time as a public health control: procedures and records			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			Consumer Advisory			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible			25 <input type="checkbox"/> Consumer advisory provided: raw/undercooked food			
Approved Source			Highly Susceptible Population			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source			26 <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature			Food/Color Additives and Toxic Substances			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated			27 <input type="checkbox"/> Food additives: approved and properly used			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction			28 <input checked="" type="checkbox"/> Toxic substances properly identified, stored & used			
GOOD RETAIL PRACTICES			Conformance with Approved Procedures			
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						
Safe Food and Water			Proper Use of Utensils			
OUT	N/A	N/O	V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	
Pasteurized eggs used where required			43 <input type="checkbox"/> In-use utensils: properly stored			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
Water and ice from approved source			44 <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled			
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	
Variance obtained for specialized processing methods			45 <input type="checkbox"/> Single-use/single-service articles: properly stored & used			
Food Temperature Control			46 <input type="checkbox"/> Gloves used properly			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control			Utensils and Equipment			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	
Plant food properly cooked for hot holding			47 <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Approved thawing methods used			48 <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Thermometers provided and accurate			49 <input type="checkbox"/> Non-food contact surfaces clean			
Food Identification			Physical Facilities			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Food properly labeled; original container			50 <input type="checkbox"/> Hot and cold water available; adequate pressure			
Prevention of Food Contamination			51 <input type="checkbox"/> Plumbing installed; proper backflow devices			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Insects, rodents, and animals not present			52 <input type="checkbox"/> Sewage and waste water properly disposed			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display			53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Personal cleanliness			54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	
Wiping cloths: properly used and stored			55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	
Washing fruits and vegetables			56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			Natural rubber latex gloves not used per CGS §19a-36f			
Person in Charge (Signature) <u>[Signature]</u> Date <u>2/5/25</u>			Violations documented			
Person in Charge (Printed) <u>Amanda Ruchin</u>			Date corrections due			
Inspector (Signature) <u>[Signature]</u> Date <u>2/5/25</u>			#			
Inspector (Printed) <u>Amanda Ruchin</u>			Priority Item Violations <u>8</u>			
			Priority Foundation Item Violations <u>1</u>			
			Core Item Violations <u>5/5/25</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>1</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.						



# Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 2/5/25

Establishment Savour Catering Town Derby

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2dr freezer	-7.5°F	mini 2 door	41°F		
2dr Traysen	36.7°F	- tomatoes	40°F		
- Block ched jack ch	39°F	Shrimp (cooked/draind)	43°F		
- pepperoni	40°F	↳ prepping			
- Sauces (variety)	40°F				
- Italian Sausage	39°F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

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.

CFM Stacey F Ference 8/10/2025 \* Expires this year ✓  
 Hand sink - Stocked ✓, Signage ✓, Hot H2O 113°F ✓  
 To go inverted/protected ✓  
 Chest freezer (white) ✓, 1dr mini freezer ✓, Dry Storage/cans ✓  
 datemarking ✓, Labels ✓, Food Storage ✓, Knife Storage ✓  
 Can opener ✓, vinyl gloves ✓, probe thermometer ✓  
 microwave - clean ✓, Eggs btm shelf ✓, Allergen poster ✓  
 Sanitizer - Chlorine 50-100ppm ✓

c S5 mop stored in bucket → hang to dry when not in use

Good job 😊

Person in Charge (Signature)

Date

Inspector (Signature) Amanda Bueli

Date 2/5/25



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