Connecticut Department of Public Health

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2											
Establishment type: Permanent Temporary Mobile Other					Date		0/1/5	24			
Establishment Sayour Catering			sections Connecticus Hooling			e In_	12:40A	M/PM Time Out/	00	AM/PM	
Address III NEW Haven Ave				H	LHD	LHD NVHP					
Town/City Derby				Purpose of Inspection: Routine Pre-op							
Permit Holder Savour Catering, UC Connecticut De of Public Hi		cut Dep	partment	Reir	nspec	tion	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			_			-			R=repeat		
IN OUT N/A N/O Supervision	V				OUT N			on from Contamination		COS R	
Person/Alternate Person in charge present,	Pf	0		15	90	_	Food separated		P/C		
demonstrates knowledge and performs duties			\subseteq	16	90	- Accounts		irfaces: cleaned & sanitized	P/Pf/C	00	
Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17	0			on of returned, previously tioned, and unsafe food	Р		
Employee Health				Time/Tempera	ture Control for Safety						
Management, food employee and conditional employee;	P/Pf	0	0	18	00			time and temperatures	_	00	
knowledge, responsibilities and reporting Proper use of restriction and exclusion	P	0		19 0	0		Proper reneating	g procedures for hot holding ime and temperatures	P		
Written procedures for responding to vomiting and			$\overline{}$	21	200			ing temperatures	P		
diarrheal events	Pf			22	00			ding temperatures	P	00	
Good Hygienic Practices				23	0			rking and disposition	P/Pf	00	
6 Proper eating, tasting, drinking, or tobacco products us	-	1	0	24	0			c health control: procedures	P/Pf/C	00	
No discharge from eyes, nose, and mouth	С	101	\circ				and records	mar Advisant			
Preventing Contamination by Hands 8	P/Pf	101		25	010	5		mer Advisory provided: raw/undercooked food	Pf	00	
No bare hand contact with RTE food or a				20		/		ceptible Population			
pre-approved alternative procedure properly followed	P/Pf/C		0	26 🔾	0			used; prohibited foods not offered	P/C	00	
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0			-		ves and Toxic Substances			
Approved Source				27 🔾	0	-		approved and properly used	Р	00	
11 Food obtained from approved source	P/Pf/C			28	00			es properly identified,	P/Pf/C	00	
12 Food received at proper temperature 13 Food in good condition, safe, and unadulterated	P/Pf P/Pf	_	00				stored & used	th Approved Procedures			
Required records available: molluscan shellfish				00	0 1			variance/specialized	DIDIIO		
identification, parasite destruction	P/Pf/C	0		29	0			iteria/HACCP Plan	P/Pf/C	00	
				ACTICE							
Good Retail Practices are preventative measures to			-	-					2	i a ladi a m	
	n appro	cos		or COS a	ind/or R			on-site during inspection e of Utensils		violation cos R	
OUT N/A N/O Safe Food and Water 30 Pasteurized eggs used where required	P	_	0		In-use	utensi	ls: properly store		C	000	
31 Water and ice from approved source	P/Pf/C	-	0					erly stored, dried, & handled	Pf/C	00	
32 Variance obtained for specialized processing methods	Pf	0	0	45 🔾 5	Single-u	use/sin	gle-service article	s: properly stored & used	P/C	00	
Food Temperature Control				46 Gloves used properly					С	00	
Proper cooling methods used; adequate equipment for	Pf/C	Pf/C Utensils and Equipment Food and non-food contact surfaces cleanable,									
sale temperature control 34	Pf			14/()			n-rood contact s gned, construct		P/Pf/C	00	
35 O Approved thawing methods used	Pf/C	-		l i				lled, maintained and used;	1		
36 Thermometers provided and accurate	Pf/C	-	0					and test strips available	Pf/C		
Food Identification							ntact surfaces cl		С	00	
37 Food properly labeled; original container	Pf/C	0	0		18 19			ical Facilities			
Prevention of Food Contamination								adequate pressure	Pf	00	
38 Insects, rodents, and animals not present 39 Contamination prevented during food preparation, storage & display	Pf/C P/Pf/C	00					talled; proper ba waste water pro		P/Pf/C P/Pf/C	00	
40 Personal cleanliness	Pf/C	-	-					structed, supplied, & clean	Pf/C	00	
41 Wiping cloths: properly used and stored	C	0	_					sposed; facilities maintained	C	00	
42 Washing fruits and vegetables	P/Pf/C	0	0	55 0	Physica	al faci	lities installed, n	naintained, and clean	P/Pf/C	00	
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable.						iting; designated areas used	С	00	
	1	-		Violatio				ot used per CGS §19a-36f Date corrections due		#	
Person in Charge (Signature) Date	16	4		Priority I				Date corrections due		**	
							em Violations				
Person in Charge (Printed) Strey Fellyl	, ,	-		Core Ite			- 141- 1-4	- Violations			
Inspector (Signature) MMM OLAT ME LAND Date 10/	1/2	4					ealth Interventio	n Violations ervention Violations	+		
more to longitude to the state	10	/	-				s Violations	or o			
Inspector (Printed) Amanda Michaed Requires Reinspection - check box if you intend to reinspect											
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.											

Foo	d Esta	ablishment Inspe	ection Re	eport Page 2	
LHD NVHD		Inspection Report Continuation Sh		Date_10/1/2	74
Establishment Savow C	atering	Town Derby		_	
	<u> </u>	TEMPERATURE OBSER	VATIONS		
Item/Location/Process 2 dy Treezev 2 dy refrigerator	Temp - 2°F 37°P	Hot dogs (on cooting	Temp 130 - 135° F	Item/Location/Process	Temp
- Roasted garlic Savce - Buttermilk - mayo	430 F	2 dv reach in - Strawbarries	42°F		
- Cheese	42°F				
	OF	BSERVATIONS AND CORREC	CTIVE ACTION	S	
Item Number Violations cited in this		be corrected within the time frames below			e food code.
OFPM - Stacey	Ference	ce 10 10 25 V		/	
Handsink-Ste	ocked V	, Signage , Hot Ha res, Knife rack (m	O 112°FV	20 112/	
Adles + Labo	10V-01	tood	ragnitic)	on warv	
				62	
Chest unit 80	HV, mi	ini reach-in freeze	r, Dry	Storage	
4			1		
Hlergen	poste	er posted			
Chlorine S	no V	, Test strips V			
Villorita	CWIE .	, 1631 onipov			
	ا مار	I lead of day O OV	100	u - 1 11	1
# Watch un	M5 + M	iow long doors are	Terr ope	n to make sur	l
GOODLIN	n (II)	TUMPS GOVE	18c pas	1 41 '	
Cook you					
		0			
Person in Charge (Signature)	K			Date (b)	124
Inspector (Signature)	avola	Word		Date /0//	1/24