

5542/5727

## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>		Page 1 of <b>2</b>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <b>5/29/25</b>		
Establishment <b>Spice/Sage Catering Group</b>			Time In <b>12:00</b> AM/PM Time Out <b>12:30</b> AM/PM		
Address <b>73 High Street</b>			LHD <b>NVHD</b>		
Town/City <b>Derby</b>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <b>Spice Catering Grp LLC</b>			Reinspection Other _____		
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
<small>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.</small>					
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 checked="" type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>
IN OUT N/A N/O		Employee Health		V COS R	
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		V COS R	
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		V COS R	
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Approved Source		V COS R	
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Protection from Contamination		V COS R	
15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>
IN OUT N/A N/O		Time/Temperature Control for Safety		V COS R	
18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>
24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Consumer Advisory		V COS R	
25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
IN OUT N/A N/O		Highly Susceptible Population		V COS R	
26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
IN OUT N/A N/O		Food/Color Additives and Toxic Substances		V COS R	
27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>
28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Conformance with Approved Procedures		V COS R	
29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>					
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>					
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"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>
IN OUT N/A N/O		Food Temperature Control		V COS R	
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Food Identification		V COS R	
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Prevention of Food Contamination		V COS R	
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Proper Use of Utensils		V COS R	
43	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>
IN OUT N/A N/O		Utensils and Equipment		V COS R	
47	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>
49	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>
IN OUT N/A N/O		Physical Facilities		V COS R	
50	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>
55	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>
Natural rubber latex gloves not used per CGS §19a-36f					
Violations documented		Date corrections due		#	
Priority Item Violations		=		0	
Priority Foundation Item Violations		8/29/25		0	
Core Item Violations				0	
Risk Factor/Public Health Intervention Violations				0	
Repeat Risk Factor/Public Health Intervention Violations				1	
Good Retail Practices Violations				1	
Requires Reinspection - check box if you intend to reinspect					
Permit Holder shall notify customers that a copy of the most recent inspection report is available. Person in Charge (Signature) <b>[Signature]</b> Date <b>5/29/25</b> Person in Charge (Printed) _____ Inspector (Signature) <b>[Signature]</b> Date <b>5/29/25</b> Inspector (Printed) <b>Amanda Ruchin</b> 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

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 5/29/25

Establishment Spice/Sage Catering Town Derby

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
3 dr	36°F	2 dr	41°F	2 dr Arctic	3°F
- gar li ai	36°F	- boiled eggs	41°F		
- Half + Half	35°F	- mac + cheese	40°F		
- Sliced cheese	40°F	2 dr freezer	3°F		
- Sour cream	36°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.

Item Number	
CFPM	<p>• Timothy Scott 4/29/29</p> <p>Hand sink - Signage ✓, H2O 132°F ✓, Stocked ✓</p> <p>Sanitizer - Quat 200ppm, Tablets ✓ (No Foam)</p> <p>Cans ✓, ice machine ✓</p> <p>Good dates/labels ✓</p> <p>Good glove use ✓</p> <p>Vinyl gloves ✓, Allergen poster ✓</p> <p>microwave ✓</p> <p>dry storage ✓</p> <p>Dish machine - Chlorine 50-100ppm ✓</p> <p>Hoods/Baffles ✓</p>
C 47	Soda nozzle in bar area - some build up

Person in Charge (Signature)

Date

Inspector (Signature)

Date