

5542/5727

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

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>1/14/25</u>					
Establishment <u>Spice/Sage Catering Group</u>		Time In <u>11:55</u> AM/PM Time Out <u>3</u> AM/PM					
Address <u>73 High St</u>		LHD <u>NVHP</u>					
Town/City <u>Derby</u>		Purpose of Inspection: <u>Routine</u> Pre-op					
Permit Holder		Reinspection Other					
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
<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		IN OUT N/A N/O		Protection from Contamination	
1 <input checked="" type="checkbox"/>		Person/Alternate Person in charge present, demonstrates knowledge and performs duties		15 <input checked="" type="checkbox"/>		Food separated and protected	
2 <input checked="" type="checkbox"/>		Certified Food Protection Manager for Classes 2, 3, & 4		16 <input checked="" type="checkbox"/>		Food-contact surfaces: cleaned & sanitized	
3 <input checked="" type="checkbox"/>		Employee Health		17 <input checked="" type="checkbox"/>		Proper disposition of returned, previously served, reconditioned, and unsafe food	
4 <input checked="" type="checkbox"/>		Management, food employee and conditional employee; knowledge, responsibilities and reporting		18 <input checked="" type="checkbox"/>		Time/Temperature Control for Safety	
5 <input checked="" type="checkbox"/>		Proper use of restriction and exclusion		19 <input checked="" type="checkbox"/>		Proper cooking time and temperatures	
6 <input checked="" type="checkbox"/>		Written procedures for responding to vomiting and diarrheal events		20 <input checked="" type="checkbox"/>		Proper reheating procedures for hot holding	
7 <input checked="" type="checkbox"/>		Good Hygienic Practices		21 <input checked="" type="checkbox"/>		Proper cooling time and temperatures	
8 <input checked="" type="checkbox"/>		Proper eating, tasting, drinking, or tobacco products use		22 <input checked="" type="checkbox"/>		Proper hot holding temperatures	
9 <input checked="" type="checkbox"/>		No discharge from eyes, nose, and mouth		23 <input checked="" type="checkbox"/>		Proper cold holding temperatures	
10 <input checked="" type="checkbox"/>		Preventing Contamination by Hands		24 <input checked="" type="checkbox"/>		Proper date marking and disposition	
11 <input checked="" type="checkbox"/>		Hands clean and properly washed		25 <input checked="" type="checkbox"/>		Time as a public health control: procedures and records	
12 <input checked="" type="checkbox"/>		No bare hand contact with RTE food or a pre-approved alternative procedure properly followed		26 <input checked="" type="checkbox"/>		Consumer Advisory	
13 <input checked="" type="checkbox"/>		Adequate handwashing sinks, properly supplied/accessible		27 <input checked="" type="checkbox"/>		Consumer advisory provided: raw/undercooked food	
14 <input checked="" type="checkbox"/>		Approved Source		28 <input checked="" type="checkbox"/>		Highly Susceptible Population	
15 <input checked="" type="checkbox"/>		Food obtained from approved source		29 <input checked="" type="checkbox"/>		Pasteurized foods used; prohibited foods not offered	
16 <input checked="" type="checkbox"/>		Food received at proper temperature		30 <input checked="" type="checkbox"/>		Food/Color Additives and Toxic Substances	
17 <input checked="" type="checkbox"/>		Food in good condition, safe, and unadulterated		31 <input checked="" type="checkbox"/>		Food additives: approved and properly used	
18 <input checked="" type="checkbox"/>		Required records available: molluscan shellfish identification, parasite destruction		32 <input checked="" type="checkbox"/>		Toxic substances properly identified, stored & used	
19 <input checked="" type="checkbox"/>		GOOD RETAIL PRACTICES		33 <input checked="" type="checkbox"/>		Conformance with Approved Procedures	
20 <input checked="" type="checkbox"/>		Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		34 <input checked="" type="checkbox"/>		Compliance with variance/specialized process/ROP criteria/HACCP Plan	
21 <input checked="" type="checkbox"/>		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		35 <input checked="" type="checkbox"/>			
22 <input checked="" type="checkbox"/>		OUT N/A N/O		36 <input checked="" type="checkbox"/>			
23 <input checked="" type="checkbox"/>		Safe Food and Water		37 <input checked="" type="checkbox"/>			
24 <input checked="" type="checkbox"/>		V COS R		38 <input checked="" type="checkbox"/>			
25 <input checked="" type="checkbox"/>		Pasturized eggs used where required		39 <input checked="" type="checkbox"/>			
26 <input checked="" type="checkbox"/>		Water and ice from approved source		40 <input checked="" type="checkbox"/>			
27 <input checked="" type="checkbox"/>		Variance obtained for specialized processing methods		41 <input checked="" type="checkbox"/>			
28 <input checked="" type="checkbox"/>		Food Temperature Control		42 <input checked="" type="checkbox"/>			
29 <input checked="" type="checkbox"/>		Proper cooling methods used; adequate equipment for temperature control		43 <input checked="" type="checkbox"/>			
30 <input checked="" type="checkbox"/>		Plant food properly cooked for hot holding		44 <input checked="" type="checkbox"/>			
31 <input checked="" type="checkbox"/>		Approved thawing methods used		45 <input checked="" type="checkbox"/>			
32 <input checked="" type="checkbox"/>		Thermometers provided and accurate		46 <input checked="" type="checkbox"/>			
33 <input checked="" type="checkbox"/>		Food Identification		47 <input checked="" type="checkbox"/>			
34 <input checked="" type="checkbox"/>		Food properly labeled; original container		48 <input checked="" type="checkbox"/>			
35 <input checked="" type="checkbox"/>		Prevention of Food Contamination		49 <input checked="" type="checkbox"/>			
36 <input checked="" type="checkbox"/>		Insects, rodents, and animals not present		50 <input checked="" type="checkbox"/>			
37 <input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage & display		51 <input checked="" type="checkbox"/>			
38 <input checked="" type="checkbox"/>		Personal cleanliness		52 <input checked="" type="checkbox"/>			
39 <input checked="" type="checkbox"/>		Wiping cloths: properly used and stored		53 <input checked="" type="checkbox"/>			
40 <input checked="" type="checkbox"/>		Washing fruits and vegetables		54 <input checked="" type="checkbox"/>			
41 <input checked="" type="checkbox"/>		Permit Holder shall notify customers that a copy of the most recent inspection report is available.		55 <input checked="" type="checkbox"/>			
42 <input checked="" type="checkbox"/>		Person in Charge (Signature) <u>[Signature]</u> Date <u>1/14/25</u>		56 <input checked="" type="checkbox"/>			
43 <input checked="" type="checkbox"/>		Person in Charge (Printed) <u>Amanda Ruchin</u>		57 <input checked="" type="checkbox"/>			
44 <input checked="" type="checkbox"/>		Inspector (Signature) <u>Amanda Ruchin</u> Date <u>1/14/25</u>		58 <input checked="" type="checkbox"/>			
45 <input checked="" type="checkbox"/>		Inspector (Printed) <u>Amanda Ruchin</u>		59 <input checked="" type="checkbox"/>			
46 <input checked="" type="checkbox"/>		Violations documented		60 <input checked="" type="checkbox"/>			
47 <input checked="" type="checkbox"/>		Date corrections due		61 <input checked="" type="checkbox"/>			
48 <input checked="" type="checkbox"/>		#		62 <input checked="" type="checkbox"/>			
49 <input checked="" type="checkbox"/>		Priority Item Violations		63 <input checked="" type="checkbox"/>			
50 <input checked="" type="checkbox"/>		Priority Foundation Item Violations		64 <input checked="" type="checkbox"/>			
51 <input checked="" type="checkbox"/>		Core Item Violations		65 <input checked="" type="checkbox"/>			
52 <input checked="" type="checkbox"/>		Risk Factor/Public Health Intervention Violations		66 <input checked="" type="checkbox"/>			
53 <input checked="" type="checkbox"/>		Repeat Risk Factor/Public Health Intervention Violations		67 <input checked="" type="checkbox"/>			
54 <input checked="" type="checkbox"/>		Good Retail Practices Violations		68 <input checked="" type="checkbox"/>			
55 <input checked="" type="checkbox"/>		Requires Reinspection - check box if you intend to reinspect		69 <input checked="" type="checkbox"/>			
56 <input checked="" type="checkbox"/>		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.		70 <input checked="" type="checkbox"/>			
57 <input checked="" type="checkbox"/>				71 <input checked="" type="checkbox"/>			
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86 <input checked="" type="checkbox"/>				100 <input checked="" type="checkbox"/>			

Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 1/14/25

Establishment Spicer Sage Catering Grp Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
3 dr	40°F	2 dr	39°F		
- Dressings	38°F	- Chx	40°F		
- Block Cheese	32°F	- Shrimp	32°F		
		2 dr freezer	2°F		
		2 dr Kit freezer	-6°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	
C 55	CFPM - Timothy Scott 4/29/29
C 39	Handsink - Stocked, Signage, Hot H2O 131°F (FOH + BOH)
PF 48	Sanitizer - Dishmachine Chlorine Based - Chlorine Based
	ice machine - empty/clean, Cans
	Labels/datemarking - good! Dry Storage - Shelving/inverted
	Vinyl gloves, Probe thermometer, microwave
	Stearamine tabs - 200-300ppm
C 55	mop stored on floor → hang to dry when not in use
C 39	Panko, Sugar, Flour bags stored on floor BOH Dry Storage - COS
PF 48	Dishmachine is Chlorine Based reading Oppm, bucket is reading there is Sanitizer, Dishmachine is not pulling right amount of sani * use 3-Bay Until serviced
PF 16	Soda nozzles @ bar unclean
	Service
	* Email invoice for dishmachine to ARUCHIN@NVHD.ORG

Person in Charge (Signature)

Date

Inspector (Signature)

Date