Connecticut Department of Public Health Food Establishment Inspection Report Page 1 of Establishment type: Permanent Temporary Mobile Other Establishment Time Out Time In AM/PM Address LHD outing Purpose of Inspection: Pre-op Town/City Reinspection Other Permit Holder DBORNE 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 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 V COS R Supervision cos OUT N/A N/O **Protection from Contamination** IN OUT N/A N/O Person/Alternate Person in charge present, 15 Food separated and protected P/C Pf P/Pf/C demonstrates knowledge and performs duties 16 Food-contact surfaces: cleaned & sanitized Certified Food Protection Manager for Classes 2, Proper disposition of returned, previously 2 P C 17 3. & 4 served, reconditioned, and unsafe food Time/Temperature Control for Safety **Employee Health** P/Pf/C Management, food employee and conditional employee; Proper cooking time and temperatures P/Pf 3 knowledge, responsibilities and reporting 19 Proper reheating procedures for hot holding P Proper cooling time and temperatures Proper use of restriction and exclusion 20 Proper hot holding temperatures Р Written procedures for responding to vomiting and 21 Pf Proper cold holding temperatures diarrheal events 22 **Good Hygienic Practices** 23 Proper date marking and disposition P/Pf Proper eating, tasting, drinking, or tobacco products use P/C Time as a public health control: procedures P/Pf/C 24 No discharge from eyes, nose, and mouth C and records **Preventing Contamination by Hands** Consumer Advisory Pf Hands clean and properly washed P/Pf 25 Consumer advisory provided: raw/undercooked food Highly Susceptible Population No bare hand contact with RTE food or a 9 P/Pf/C Pasteurized foods used; prohibited foods not offered P/C pre-approved alternative procedure properly followed 26 10 Adequate handwashing sinks, properly supplied/accessible Pf/C Food/Color Additives and Toxic Substances Approved Source Food additives: approved and properly used Food obtained from approved source P/Pf/C Toxic substances properly identified, P/Pf/C 28 Food received at proper temperature P/Pf stored & used 12 Food in good condition, safe, and unadulterated Conformance with Approved Procedures 13 P/Pf Required records available: molluscan shellfish Compliance with variance/specialized P/Pf/C P/Pf/C 14 29 process/ROP criteria/HACCP Plan identification, parasite destruction **GOOD RETAIL PRACTICES** 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 V COS R OUT N/A N/O Safe Food and Water V COS R Proper Use of Utensils P 43 In-use utensils: properly stored C 30 Pasteurized eggs used where required Utensils/equipment/linens: properly stored, dried, & handled Pf/C 31 Water and ice from approved source P/Pf/C 45 Single-use/single-service articles: properly stored & used P/C O C 32 Variance obtained for specialized processing methods 46 Gloves used properly C **Food Temperature Control Utensils and Equipment** Proper cooling methods used; adequate equipment for 33 Pf/C 00 Food and non-food contact surfaces cleanable. temperature control P/Pf/C Pf properly designed, constructed, and used Plant food properly cooked for hot holding Warewashing facilities: installed, maintained and used; Pf/C O C Approved thawing methods used 48 cleaning agents, sanitizers, and test strips available Thermometers provided and accurate Pf/C C Food Identification Non-food contact surfaces clean 37 Food properly labeled; original container Pf/C O C **Physical Facilities** Pf **Prevention of Food Contamination** 50 Hot and cold water available; adequate pressure 51 Plumbing installed; proper backflow devices
52 Sewage and waste water present in the services. 38 Insects, rodents, and animals not present P/Pf/C Pf/C P/Pf/C 39 Contamination prevented during food preparation, storage & display P/Pf/C Sewage and waste water properly disposed 40 Personal cleanliness Pf/C 53 Toilet facilities: properly constructed, supplied, & clean Pf/C 54 Garbage and refuse properly disposed; facilities maintained 41 Wiping cloths: properly used and stored С C P/Pf/C 42 Washing fruits and vegetables P/Pf/C Physical facilities installed, maintained, and clean 56 Adequate ventilation and lighting; designated areas used C 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 Date corrections due Violations documented Person in Charge (Signature) Priority Item Violations Priority Foundation Item Violations Person in Charge (Printed) Core Item Violations Risk Factor/Public Health Intervention Violations

> 410 Capitol Avenue MS#11FDP Hartford, CT 06134

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

Date

Inspector (Signature)

Inspector (Printed)

Repeat Risk Factor/Public Health Intervention Violations

Requires Reinspection - check box if you intend to reinspect

Good Retail Practices Violations

Food Establishment Inspection Report Page 2 LHD NV HD Inspection Report Continuation Sheet Establishment Stavay #46809 Item/Location/Process Item/Location/Process Temp 85: 1= turvey ctt 37: F Diced onion 39: F Sliced tomatoes Item Form syl wester sudol, Jessica Straker, lia los acano Number Indsink Stocked signage hot has v Storage good allergen statements ling datemairing time stamps it senitives 3 boy 200ppm Spray bottles or Person in Charge (Signature)

Inspector (Signature)