

## **Connecticut Department of Public Health**

3													
Risk Category: Food Establ	Food Establishment Inspection Report												
Establishment type: Permanent Temporary Mobile Other					_	Date:	- 17	3/2	10/	21			
Establishment he Pub in Have		4860	og Conne	ecticut Heal	ŶĮ.	Time	In	منزا	M/PM	Time Out	18	_AM	/PM
Address 441 Have avail			P	H		LHD	1	WY	Y				
Town/City Shelten # 1757						Purpo	se of I	nspection	: (1	Routine Pr	e-op		
Permit Holder			Connecticut Departr of Public Health			Reins	pection	n	Othe	er			
FOODBORNE ILLNESS RISK FA	ACTO	RS	AN	D PL	JBLI	HE	ALTH	INTERVE	ENTIO	NS			
Risk factors are important practices or procedures identified as the most prevalent cont	ributing fa	actors (	of food	dborne i	illness or	injury.	Interventi	ons are contro	ol measure	es to prevent foodborne illn	ess or inju	y.	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered if	tem	- 1	N=in	compl	iance	OUT	Γ=not in	compliance	N/A	=not applicable N	O=not o	bserve	ed
P=Priority item Pf=Priority foundation item C=Core item V=violation type			-							ite during inspection	R=repe	at viol	ation
IN OUT N/A N/O Supervision	V	cos			IN OU					n Contamination	V		R
Person/Alternate Person in charge present		- Control		15		-		d separated			P/C		
demonstrates knowledge and performs duties	Pf	0	0	16	36					cleaned & sanitized		-	0
Certified Food Protection Manager for Classes 2					/		STATE OF THE PARTY			eturned, previously			
2 3, & 4	С	0	0	17			CONTRACTOR .			and unsafe food	F		0
Employee Health	F OT S		221			- Description of				ontrol for Safety			
Management, food employee and conditional employee:	D/D/			18	OC					nd temperatures	P/Pf/	CO	0
knowledge, responsibilities and reporting	P/Pf	0	9	19	00					edures for hot holding	1 1	0	0
4 Proper use of restriction and exclusion	P	0	0	20	00					d temperatures		PO	0
Written procedures for responding to vomiting and	De			21	00	0	Pro	per hot hold	ling tem	peratures	1	PO	0
diarrheal events	Pf			22 4	de			per cold hol			1	PO	0
Good Hygienic Practices				23	0		O Pro	per date ma	rking ar	nd disposition	P/Pf	0	0
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0	24	00		Tim	e as a publi	ic health	n control: procedures	P/Pf/C		0
7 No discharge from eyes, nose, and mouth	С	0	0	24			and	records			171170		
Preventing Contamination by Hands					/			Consi	umer A	dvisory	cionin/o		13.3
8 O Hands clean and properly washed	P/Pf	0	0	25			22000			d: raw/undercooked food	l Pf	0	0
9 No bare hand contact with RTE food or a	P/Pf/C	0			/					e Population			
pre-approved alternative procedure properly followed				26	00	0	10000			phibited foods not offered			0
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		/		-			d Toxic Substances			
Approved Source		-		27	99	0	CONTRACTOR OF THE PARTY OF THE			ed and properly use	d F	0	0
11 C Food obtained from approved source	P/Pf/C	_	0	28	50		10000000000		es prop	erly identified,	P/Pf/	co	0
12 Food received at proper temperature	P/Pf	_	0					ed & used			1 22 22		L
13 Cood in good condition, safe, and unadulterated	P/Pf	0	0							roved Procedures			
Required records available: molluscan shellfish	P/Pf/C	0	0	29	00					nce/specialized IACCP Plan	P/Pf/	CO	0
identification, parasite destruction	OD RE	TAII	DE	ACT	ICEC	التلا	proc	cess/ROP C	ntena/n	ACCP FIAII			
Good Retail Practices are preventative measures to						one of	nomicale	and physica	Lohiocts	into foods			
	n appro									during inspection	R=repea	at viol	ation
	Таррго	cos	_	_	UT	OI K	CO.	Proper Us	THE RESERVE OF THE PARTY OF THE		V-Tepes		R
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	P	0	0	-		ico ut	oneile: r	roperly stor		elisiis	C		
31 Water and ice from approved source	P/Pf/C	-	0							red, dried, & handled	Pf/0	_	0
32 Variance obtained for specialized processing methods	Pf	0	0							erly stored & used	P/C	_	-
Food Temperature Control	-				_		sed pro		oo. prop.	ony otoroa a acca	С	_	0
Proper cooling methods used; adequate equipment for		T		1.0					and E	quipment		300	
temperature control	Pf/C	0	0		Fo	od and	d non-fo			cleanable,	D.D.C.		
34 O Plant food properly cooked for hot holding	Pf	0	0	47	)	roperly designed, constructed, and used					P/Pf/C		0
35 O Approved thawing methods used	Pf/C	_	0	1.0						aintained and used;	Duc		
36 Thermometers provided and accurate	Pf/C	_	0	A8 1	cle	aning	agents,	sanitizers,	and test	t strips available	Pf/C		0
Food Identification				49	No	n-food	contac	t surfaces c	lean		( C	10	0
37 Food properly labeled; original container	Pf/C	0	0					Phys	ical Fa	cilities			
Prevention of Food Contamination				50	O Ho	t and	cold wat	er available	; adequ	ate pressure	Pf	0	0
38 Insects, rodents, and animals not present	Pf/C	0	0	51	O Plu	mbing	installe	ed; proper b	ackflow	devices	P/Pf/C		0
39 Contamination prevented during food preparation, storage & display	P/Pf/C	0	0	52	○ Se	wage	and was	ste water pro	operly d	isposed	P/Pf/C		0
40 Personal cleanliness	Pf/C		0		○ To	let fac	cilities: p	roperly con:	structed	l, supplied, & clean	Pf/C	0	0
41 Wiping cloths: properly used and stored	С	0	0							facilities maintained	79	0	0
42 Washing fruits and vegetables	P/Pf/C	0	0							ned, and clean	R/PHC		
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is av	is available.								esignated areas use	d C		0
	1			THE RESERVE						per CGS §19a-36f		-11	
Demand in Change (Cinnet and	1/2	0					mented		Dat	te corrections due	-	#	
Person in Charge (Signature)  Date	10	,			rity Ite			Violations		1. 1. 1.		1	
Person in Charge (Printed) Downieth	100				e Item			VIOIALIONS		3.37	-	-	
Person in Charge (Printed)	_	ATT THE LA	_					h Intervention	on Viola	tions	-	_	
Inspector (Signature)	0/1	7								on Violations		_	
ALVA O	-	-						olations				2	
Inspector (Printed) Requires Reinspection - check box if you intend to reinspect									Cl				
Appeal: The owner or operator of a food establishment aggrieved by t	his ord	er to	corr									dest	roy,
or dispose of unsafe food, may appeal such order to the													

Millen tenders 31 Dana by 35. Con s law. 38.D Chulary 40 35. INSPECTION REPORT

Page of 2

OOD SERVICE ESTABLISHMENTS

CONTINUATION SHEET

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT DATE OF INSPECTION INSPECTION REMARKS FORM # Undean walls, ceelip, flus in WC in basement \* Handwash sinks studed-ting poster \* Hate allegen poster poster \* Santiz nstrips avail for santizu INITIAL (PERSON IN INITIAL (INSPECTOR)