

Connecticut Department of Public Health

First Catalogue 2 Facal Fatablish was 11 11 P 1										
Risk Category: Food Establishment Inspection Report Page 1 of										
Establishment type: Permanent Temporary Mobile Other			Date:	3/2/	25	1.5				
Establishment M Sed Une thuy		4secin	g Conne	ecticut Healing	Time In_	3 50 AI	M/PM Time Out_	AM/PM		
Address Mun St. #1783			H)	LHD	NU)				
Town/City Duby	,				Purpose	of Inspection:	Routine	Pre-op		
Permit Holder	C	onnection of Pu	cut Dep	epartment lealth	Reinsped	ction	Other			
FOODBORNE ILLNESS RISK FA							ACTION AND ADDRESS OF THE PARTY			
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 it			_	compliance		ot in compliance	N/A=not applicable	N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type	wark ir	cos	opria				ed on-site during inspecti			
IN OUT N/A N/O Supervision	V	COS	R		FT N/A N/O		on from Contamination			
Person/Alternate Person in charge present,	Pf	0	0			Food separated		P/C O		
demonstrates knowledge and performs duties	-	-		16	THE RESERVE OF THE PERSON NAMED IN		rfaces: cleaned & sanit			
Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17 0 0) books and the same of the sa		on of returned, previous ioned, and unsafe food	- IP()()		
Employee Health					Annual Section Section 1		ure Control for Safety			
Management, food employee and conditional employee;				18 0 0			time and temperatures	P/Pf/C O O		
knowledge, responsibilities and reporting	P/Pf	0	\circ	19 0			procedures for hot hol			
4 Proper use of restriction and exclusion	P	0		20 0			ime and temperatures	POO		
Written procedures for responding to vomiting and				21 0			ng temperatures	POO		
diarrheal events	Pf	0	\circ	22			ling temperatures	POO		
Good Hygienic Practices				23			king and disposition	P/Pf O O		
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	101	0	2100			health control: proced	ures punto		
7 No discharge from eyes, nose, and mouth	С		0	24 0 0		and records		P/Pf/C		
Preventing Contamination by Hands						Consu	mer Advisory			
8 Hands clean and properly washed	P/Pf	0	0	25		Consumer advisory	provided: raw/undercooked	I food Pf O		
9 No bare hand contact with RTE food or a	P/Pf/C				/	Highly Susc	eptible Population			
pre-approved alternative procedure properly followed	P/PI/C	0	\circ	26		Pasteurized foods u	ised; prohibited foods not off	fered P/C O		
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		Foo	od/Color Additiv	es and Toxic Substan	ices		
Approved Source				27		Food additives:	approved and properly	used POO		
11 Food obtained from approved source	P/Pf/C	0	0	28	10	Toxic substance	s properly identified,	P/Pf/C O O		
12 Food received at proper temperature	P/Pf	0	0	20		stored & used	W 85 8			
Food in good condition, safe, and unadulterated	P/Pf	0	0				th Approved Procedur	es		
Required records available: molluscan shellfish	P/Pf/C			29 0 0			variance/specialized	P/Pf/C O		
identification, parasite destruction	20000 DOCUM		\perp		100000000000000000000000000000000000000	process/ROP cri	iteria/HACCP Plan			
GOOD RETAIL PRACTICES										
Good Retail Practices are preventative measures to										
AND	n appro			for COS and	/or R	Mary Control of the C	n-site during inspection	R=repeat violation		
OUT N/A N/O Safe Food and Water	V	cos	R	COUT			e of Utensils	V COS R		
Pasteurized eggs used where required	P	0	9			ils: properly store		(c)00		
31 Water and ice from approved source	P/Pf/C	-	9				erly stored, dried, & hand			
32 Variance obtained for specialized processing methods	Pf	0	0		-	-	s: properly stored & used			
Food Temperature Control	5 100			46 O GI	oves used		and Faulument	C O O		
Proper cooling methods used; adequate equipment for	Pf/C	0	0	10 F	Mand no.		and Equipment			
temperature control Plant food properly cooked for hot holding	Pf	0	0			igned, constructe	urfaces cleanable,	P/Pf/C O		
35 O Approved thawing methods used	Pf/C		9				led, maintained and use	od:		
36 Thermometers provided and accurate	Pf/C		0				nd test strips available			
Food Identification	FIIC	101	\subseteq			ntact surfaces cle		(c b)o		
Food properly labeled; original container	PIC	1	0	43 9 0	311-1000 COI		cal Facilities			
Prevention of Food Contamination			\subseteq	50 H	and cold		adequate pressure	Pf OO		
38 Insects, rodents, and animals not present	Pf/C	0	0			stalled; proper ba		P/Pf/C O O		
39 Contamination prevented during food preparation, storage & display	P/Pf/C	_				waste water pro		P/Pf/C O O		
40 Personal cleanliness		0					tructed, supplied, & cle			
41 Wiping cloths: properly used and stored	C	0		54 O Ga	rbage and	refuse properly dis	sposed; facilities maintain	ned C O O		
42 Washing fruits and vegetables	P/Pf/C			55 O Ph	vsical facil	lities installed, m	aintained, and clean	P/Pf/C O O		
							ting; designated areas	used C O O		
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								36f		
/ / Violatio						nted	Date corrections	due #		
Person in Charge (Signature) Magel Crowd Date 3	20.	(2)		Priority Ite				_		
1						tem Violations				
Person in Charge (Printed) Angle Grand				Core Item			US 20 d	43 4		
1 111 - 2	1	n	-			ealth Intervention		-		
Inspector (Signature) Date	10	0	1				ervention Violations			
Inspector (Printed) Clawlu Bulnary Good Retail Practic Requires Reinspe							if you intend to reiner	nect .		
Appeal: The owner of operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destro										
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.										

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STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

CONTINUA	TION SHEET								
NAME OF E	STABLISHMENT 4	TOWN		DATE OF INSPECTION					
Iwis	jed vine	Dersi	1	DATE OF INSPECTION 3/2/2					
INSPECTION FORM #		0	REMARKS						
4BC/4	10 Wing plast	c blus 0	With no h	andles as swop-					
	busied in full product (cos) - unclean buffes / hood - cleans du 9/23/24 -								
Ygc	unclean Suffe	s hood-	Cleany du	e alzolen-					
	Oleany Company	Schedule 1	o come we	er J- 3/24/25-					
37C	Spirs not in a	nighal (inturer "	not beled					
	Styllen h	ot your du	n Im diu	- No Ceolán Hou de Mes					
	A State alleger poster posted by den								
	* handani	es stilled	Coman o	v X-a)					
	& sankzy	strips an	ala be of	dienical square					
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_ =									
			*						
	,								
	N.	·	I						
INITIAL (IN	SPECTOR)		INITIAL (PERSON IN	CHARGE) A, G					