

## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other		Date: 1/2/25			
Establishment Valley Diner		Time In 11:15 AM/PM Time Out 12:05 AM/PM			
Address 636 New Haven Rd		LHD NVHD			
Town/City Derby		Purpose of Inspection: Routine Pre-op			
Permit Holder		Reinspection Other			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
<i>Risk factors</i> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <i>Interventions</i> 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 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	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/>
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf <input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf <input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C <input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="checkbox"/>
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>					
<i>Good Retail Practices</i> 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					
OUT N/A N/O		Safe Food and Water		OUT	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/>
31	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/>
OUT N/A N/O		Food Temperature Control		OUT	
33	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/>
OUT N/A N/O		Food Identification		OUT	
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/>
OUT N/A N/O		Prevention of Food Contamination		OUT	
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/>
39	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature)		Date 1/2/25		Violations documented	
Person in Charge (Printed)				Date corrections due	
Inspector (Signature) Amanda Ruchin		Date 1/2/25		#	
Inspector (Printed) Amanda Ruchin				Priority Item Violations	
				Priority Foundation Item Violations	
				Core Item Violations	
				Risk Factor/Public Health Intervention Violations	
				Repeat Risk Factor/Public Health Intervention Violations	
				Good Retail Practices Violations	
				Requires Reinspection - check box if you intend to reinspect	
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 1/2/25

Establishment Valley Diner

Town Derby

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
FOH Cooler	42°F	WIC	57°F	COOKLINE	
FOH BM		- Green beans	38°F	- mush/tom	44°F
- Coslaw	43°F	WIC	39°F	- Sauce	136°F
- Cut cucumbers	44°F	- corn beef	36°F	- mashed pot	175°F
- tomatoes	46°F	2dr BSM+ cooler	42°F	- pot on grill	180°F
- Sliced tom/lettuce	60°F	- Cheese (parm)	39°F	4dr	
- replaced + discarded				- Turkey	44°F
2dr freezer BSM	4°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	Violations	Time Frame
CFPM	- John Kokenos, Themis Mersiadis, Peter Kokenos, Boguslaw Grosisk	8/17/26
Handsink-FOH	✓ Laura Crisco 8/17/26, Rigoberto Cordaro Ordones 6/3/29	8/17/26
Sanitizer-FOH	Steraminc tabs 150-200ppm ✓, Hot H2O 120°F	8/17/26
	↳ Test strips for chlorine, Sani (used in kitchen)	
	✓ Allergen Statement/Consumer ✓, Thermometer ✓	
	juice dispenser ✓, Dip well ✓, Restroom-covered trash ✓	
	✓ Allergen poster ✓, Food off floor ✓, covered ✓, date marking/labels ✓	
	nats/nairnets cookline ✓	
C 49	Exterior of Equipment (coolers) unclean/debris	
pf 10 ✓	No paper towels @ cookline Handsink - cos, PIC restocked ✓	
P 22 ✓	Sliced tomatoes + lettuce in FOH Table top BM reading 60°F - cos, PIC discarded, said items all recently prepped, other items reading low/mid 40's, make sure these temps drop to 41°F	
pf 48	No Test strips for Quat/Steraminc tabs, purchase ASAP	
	↳ Send photo of test strips once purchased and/or invoice to ARUCHIN@NVHD.ORG by 1/12/25	
	+ invoice for oil waste cleaning	

Person in Charge (Signature)

Date

Inspector (Signature)

Date