## **Connecticut Department of Public Health**

EHS-108 Rev. 2/16/23

Risk Category: Food Establishment Inspection Report Page 1 of 2												
Establishment type Permanent Temporary Mobile Other						al	26/24					
Establishment Wengly 5 # 5597			connecticut He			210	AM/PM Time Out	0	AM	/PM		
Address DI New Ham are			D		Time In_	1111	Time out v		_AIVI	PIVI		
1000 1010		Y				of Inspection:	Routine Pro	e-op		_		
Town/City		Connecticut Department				Other	•					
Permit Holder    Connecticut Department of Public Health   Reinspection   Other												
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  N/O=not observed												
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Audio State							R=repea	at vio	ation		
IN OUT MANO Supervision	V	cos			OUT N/A N/C		on from Contamination	V	_	R		
Person/Alternate Person in charge present	D.			15	000	Food separated		PAC		0		
demonstrates knowledge and performs duties	Pf			6	80	Food-contact s	urfaces: cleaned & sanitized	P/Pf/	c	0		
2 Certified Food Protection Manager for Classes 2,	С	0	0	17		Proper disposit	ion of returned, previously			<u></u>		
3, & 4				17			itioned, and unsafe food					
Employee Health	100						ture Control for Safety		400			
Management, food employee and conditional employee;	P/Pf	0		18			time and temperatures	P/Pf/	_			
knowledge, responsibilities and reporting	100000			19 🔾			g procedures for hot holding		0	_		
Proper use of restriction and exclusion	P	0	0	20 🔾	000		time and temperatures			-		
Written procedures for responding to vomiting and	Pf	0	0	22			ling temperatures ding temperatures			0		
diarrheal events  Good Hygienic Practices				23	200		arking and disposition	P/Pf		0		
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	101	0	23			ic health control: procedures	T		-		
7 No discharge from eyes, nose, and mouth	C		<u></u>	24	000	and records	o ricular control. procedures	P/Pf/C		0		
Preventing Contamination by Hands							umer Advisory					
8 Hands clean and properly washed	P/Pf	0	0	25 🔾	00		y provided: raw/undercooked food	Pf	To	10		
No hare hand contact with RTE food or a					/		ceptible Population					
9 pre-approved alternative procedure properly followed	P/Pf/C	0	9	26	00		used; prohibited foods not offered	P/C		0		
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0	. /	Fo	od/Color Additi	ves and Toxic Substances					
Approved Source				27 0	90	Food additives:	approved and properly used	F	0	0		
11 Cood obtained from approved source	P/Pf/C	0	0	20	00	Toxic substance	es properly identified,	P/Pf/0		0		
12 Food received at proper temperature	P/Pf	_	0	20		stored & used		17717				
13 Pood in good condition, safe, and unadulterated	P/Pf	0	0				ith Approved Procedures					
Required records available: molluscan shellfish	P/Pf/C	0	0	29	0		h variance/specialized	P/Pf/0		0		
identification, parasite destruction	OD DE	TAIL	DD	ACTICE		process/ROP c	riteria/HACCP Plan			_		
			_	RACTICE		icals and physica	I objects into foods					
Good Retail Practices are preventative measures to  Mark OUT if numbered item is not in compliance V=violation type Mark i				for COS a				R=repea	at viol	ation		
	v appro	cos	R		and/or K		se of Utensils	V-Tehes	-	R		
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	P		0	OUT	In use utens	ils: properly stor		C	-			
31 Water and ice from approved source	P/Pf/C	_	0				perly stored, dried, & handled	Pf/C	-	0		
32 Variance obtained for specialized processing methods	Pf		0				es: properly stored & used	P/C	_	-		
Food Temperature Control				-	Gloves used			С		0		
Proper cooling methods used; adequate equipment for	Duo						and Equipment					
temperature control	Pf/C	0	9	47 🔾	Food and no	n-food contact s	surfaces cleanable,	P/Pf/C		1		
34 O Plant food properly cooked for hot holding	Pf	0	0	41	properly des	igned, construct	ed, and used	P/PI/C		0		
35 O Approved thawing methods used	Pf/C	0	0	48	Warewashir	g facilities: insta	illed, maintained and used;	Pf/C		0		
36 Thermometers provided and accurate	Pf/C	0	0				and test strips available		7			
Food Identification				49	Non-food co	ntact surfaces c		C		0		
37 C Food properly labeled; original container	Pf/C	0	0				ical Facilities					
Prevention of Food Contamination							; adequate pressure	Pf	_	-		
Insects, rodents, and animals not present		0	0			stalled; proper b		P/Pf/C		-		
39 Contamination prevented during food preparation, storage & display	P/Pf(C		2			waste water pro		PIPE	1	-		
Personal cleanliness	Pf/C	19	9				structed, supplied, & clean isposed; facilities maintained	Pf/O		0		
41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables	P/Pf/C	8	읡				naintained, and clean	P/Pf(C		00		
42 Vashing truits and vegetables	PIPIIC	191	=				hting; designated areas used			0		
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is av	ailable					not used per CGS §19a-36f			1		
111 1111 01		1-	. 1		ons docume		Date corrections due		#			
Person in Charge (Signature) Well-With Date 9/	24/	2	4		Item Violatio							
Halana Roven			-			tem Violations	, 0125		L			
Person in Charge (Printed)				Core Ite	em Violations	3	US 190da	5				
Risk Factor/Public Health Intervention Violations									10			
Inspector (Signature) Date	10	11	-				tervention Violations	-	-,			
Inanactor (Printed) / 2/1/1/1/1/ SILLINGIA PA	1		1			es Violations	v if you intend to reinenest	-	7	)—		
Inspector (Printed)	hip and	orto	00***				x if you intend to reinspect	o hold	deet	rov		
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 upsafe 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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Mach pater 170. eff Adlad 39. Aclad 38.



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INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEET

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

				T							
	STABLISHMENT	TOWN		DATE OF INSPECTION							
-	ndys	Delby		9/20/24							
INSPECTION FORM #	TION REMARKS										
luft	unclean 1	nterior of 1	a mad	une (ws)							
TTC'	C unclean caling harts-dust.										
TTC	unclean L	valls, lesp	berind	equepment							
136	MISSING	covered to	ish fleer	tacle is buthnon							
391	box of F	otapes sour.	da fla	-(cos)							
Yal	Unilean a	lusty was	wate fan	in order							
		) '									
	* Sun st	are port of	rd alles	en poster to							
	CFR	И	0								
	У										
		2									
	-										
INITIAL (IN	SPECTOR)		INITIAL (PERSON IN	CHARGE)							
				V							