

## **Connecticut Department of Public Health**

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2											
Establishment type: Permanent Temporary Mobile Other					-111/25						
				D	Pate: 114 00						
Establishment Wendy 15			Conne	T T	ime In 1:20 AN/PM Time Out 11:40 AN/PM						
Address 709 New Haven Ave			D	H)	LHD NVHD						
Town/City Dex by				P	urpose of Inspection: Routine Pre-op						
Permit Holder Inspired by Opportunity U(			ut De	partment	Reinspection Other						
FOODBORNE II I NESS RISK E	D 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  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											
	V	cos									
IN OUT N/A N/O Supervision	V	COS	14		NIA NIO						
Person/Alternate Person in charge present,	Pf	0		15 0							
demonstrates knowledge and performs duties	-		-	10	Food-contact surfaces: cleaned & sanitized P/Pf/C Proper disposition of returned, previously						
Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17 🗸 🔾	served, reconditioned, and unsafe food						
Employee Health				/	Time/Temperature Control for Safety						
Management, food employee and conditional employee;	P/Pf			18	Proper cooking time and temperatures     P/Pf/C						
knowledge, responsibilities and reporting	P/PI	0	$\neg$	19 0 0	Proper reheating procedures for hot holding POO						
4 Proper use of restriction and exclusion	P	0	0	20 🔾 🗩	Proper cooling time and temperatures						
Written procedures for responding to vomiting and	Pf			21	Proper hot holding temperatures						
diarrheal events	Pi			22	Proper cold holding temperatures						
/ Good Hygienic Practices				23 🔾 🔾	Proper date marking and disposition P/Pf O						
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0	24 0 0	ime as a public health control: procedures						
7 No discharge from eyes, nose, and mouth	С	0	0	24 0	and records						
Preventing Contamination by Hands					Consumer Advisory						
8 O O Hands clean and properly washed	P/Pf	0	0	25 🗢 🔾	Consumer advisory provided: raw/undercooked food Pf O						
No bare hand contact with RTE food or a	P/Pf/C				/ Highly Susceptible Population						
pre-approved alternative procedure properly followed	F/FI/C			26 0 0	Pasteurized foods used; prohibited foods not offered P/C O						
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0			Pood/Color Additives and Toxic Substances						
Approved Source				27 0 0	Food additives: approved and properly used P O						
11 O cood obtained from approved source	P/Pf/C	0	0	28	Toxic substances properly identified, P/Pf/C						
12 C Food received at proper temperature	P/Pf	0	$\bigcirc$	20	stored & used						
13 Some Food in good condition, safe, and unadulterated	P/Pf	0	0		Conformance with Approved Procedures						
Required records available: molluscan shellfish	P/Pf/C	0		29 0 0	Compliance with variance/specialized P/Pf/C						
identification, parasite destruction					process/ROP criteria/HACCP Plan						
			-	ACTICES							
Good Retail Practices are preventative measures to											
Mark OUT if numbered item is not in compliance V=violation type Mark i	n approp	priate	box 1	for COS and/o							
OUT N/A N/O Safe Food and Water	V	cos	R	OUT	Proper Use of Utensils V COS R						
30 Pasteurized eggs used where required	P	0	0	-	se utensils: properly stored C O						
31 Water and ice from approved source	P/Pf/C		0		nsils/equipment/linens: properly stored, dried, & handled Pf/C O						
32 Variance obtained for specialized processing methods	Pf	0			le-use/single-service articles: properly stored & used P/C O						
Food Temperature Control	-			46 Gloves used properly C C							
Proper cooling methods used; adequate equipment for	PG	0		Utensils and Equipment							
tomporatare control				47 O FOO	d and non-food contact surfaces cleanable,						
34 O Plant food properly cooked for hot holding	Pf	-	0	prop	perly designed, constructed, and used						
35 O Approved thawing methods used	Pf/C		0	48 War	rewashing facilities: installed, maintained and used; Pf/C						
Thermometers provided and accurate	Pf/C	0	0	clea	ining agents, sanitizers, and test strips available						
Food Identification				49 O Non	-food contact surfaces clean C O						
37 Food properly labeled; original container	Pf/C	0			Physical Facilities						
Prevention of Food Contamination	-			The second secon	and cold water available; adequate pressure Pf O						
38 Insects, rodents, and animals not present	Pf/C	-	-		mbing installed; proper backflow devices P/Pf/C O						
39 Contamination prevented during food preparation, storage & display	P/Pf/C		0		vage and waste water properly disposed P/Pf/C O						
40 Personal cleanliness	Pf/C	_	_		et facilities: properly constructed, supplied, & clean Pf/C O						
41 Wiping cloths: properly used and stored	C	-	0		page and refuse properly disposed; facilities maintained C O						
42 Washing fruits and vegetables	P/Pf/C	0	0		sical facilities installed, maintained, and clean P/Pf/C O O quate ventilation and lighting; designated areas used C O O						
Permit Holder shall notify customers that a copy of the most recent inspection repo		equate ventilation and lighting; designated areas used   C   C   C   C   C   C   C   C   C									
1 1	Violations of	documented Date corrections due #									
Person in Charge (Signature) Courses Reacty Date			_	Priority Item	n Violations Ondation Item Violations						
Person in Charge (Printed) Comren Ready				Core Item V							
reson in onarge (Finited)					/Public Health Intervention Violations						
Inspector (Signature) Surguela Ryohm Date 7/14/25				Repeat Risk Factor/Public Health Intervention Violations							
	Good Retail Practices Violations										
Inspector (Printed) Amanda Ruchin 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, and inspector of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, and inspector of the food inspector of the food inspector or to hold, destroy, and inspector of the food inspector or to hold, destroy, and inspector of the food inspector or to hold, destroy, and inspector of the food inspector or to hold, destroy, and inspector of the food inspector or to hold, destroy, and inspector of the food inspector or to hold, destroy, and inspector of the food inspector or to hold, destroy, and inspector of the food inspector or to hold, destroy, and inspector or hold, destroy, and inspector or hold, and											

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	LHD_NVHD	Date 7/14/25										
	Establishment Wordy 'S	stablishment_Wendy'S Town_Derby										
		TEMPERATURE OBSERVA										
BM	ranch Dressing 39°F	HH-Chili Burger patty-grill Chix Nuggeto-14H French Fres-HH	Temp 169°F 203°F 144°I 189°F	Item/Location		Zo P						
	Violations cited in this report must b	BSERVATIONS AND CORRECT e corrected within the time frames below			& 8-406.11 of the fo	ood code.						
	Number Routine 5/14/25, Re-inspections 5/15, 6/16, 5/19											
	Check Theymometers (1)	Dits I Drobe them	1 gloves	frod S	fety la	1						
	Check Thermometers units, probe therm, gloves, food Safety log i ce machine, Allergen poster, VID plan											
			1									
	1 FOH unit by regis	ster Still not repaired	d/or in $0$	)se								
(			,		=)./							
(	C 33 Thermometer in working BM/Veach in (40°F)											
	OV SIGNE VERDICE	od before next routing	). OKG OY	tion 101	114/25							
	or orac replace	O. DETOTE THAT TOUTH	u mjac	11011 107	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	3/13/20	3/13/30	ulial	29	0/24	127						
	CFPM Alyssa Rodriguez	3/13/30 , Kaila Davis, Me	etany Arc	gudo, K	ishaun G	raham						
		2 1		453.								
	Person in Charge (Signature)	Leady			ate . 1/(u//	25						
	Inspector (Signature)			D	ate 119/							