

454

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																																																																																		
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <u>4/22/25</u>																																																																																																																																																																																																																																																																																																																																																																																			
Establishment <u>Volanda's Bakery</u>			Time In <u>10:48</u> AM/PM Time Out <u>11:25</u> AM/PM																																																																																																																																																																																																																																																																																																																																																																																			
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Town/City <u>Derby</u>			Purpose of Inspection: <u>Routine</u> Pre-op																																																																																																																																																																																																																																																																																																																																																																																			
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																																																																																																																																																																																																																																																																																																						
<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																																																																																																																																																																																																																																																																																																																																																																																						
<table border="1"><thead><tr><th></th><th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th></th><th>V</th><th>COS</th><th>R</th></tr></thead><tbody><tr><td colspan="9">Supervision</td></tr><tr><td>1</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, & 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Employee Health</td></tr><tr><td>3</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Good Hygienic Practices</td></tr><tr><td>6</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Preventing Contamination by Hands</td></tr><tr><td>8</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>9</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Approved Source</td></tr><tr><td>11</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>12</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>13</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>14</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Protection from Contamination</td></tr><tr><td>15</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>16</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned & sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>17</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Time/Temperature Control for Safety</td></tr><tr><td>18</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>19</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>20</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>21</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper hot holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>22</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cold holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>23</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper date marking and disposition</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>24</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Time as a public health control: procedures and records</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Consumer Advisory</td></tr><tr><td>25</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Highly Susceptible Population</td></tr><tr><td>26</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Food/Color Additives and Toxic Substances</td></tr><tr><td>27</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>28</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Toxic substances properly identified, stored & used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="9">Conformance with Approved Procedures</td></tr><tr><td>29</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>							IN	OUT	N/A	N/O		V	COS	R	Supervision									1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health									3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Good Hygienic Practices									6	<input checked="" type="checkbox"/>	<input 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7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
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18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
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25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
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26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
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27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
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29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																																														
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<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																																																																																																																																																																																																																																																																																																																																																																																						
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original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="8">Prevention of Food Contamination</td></tr><tr><td>38</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>39</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage & display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>40</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>41</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>42</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>							OUT	N/A	N/O		V	COS	R	Safe Food and Water								30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control								33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; 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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 4/22/25

Establishment Volanda's Bakery Town Derry

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Natures Best unit		Showcase	38°F	Dessert showcase	
- milk, Sax cream	34°F	- mozz	42°F	- flat bread pizza	38°F
- cottage cheese/Ricotta	34°F	- Ham	41°F	- Cannoli	34°F
		- Salami	41°F	2dr	
HH - meatballs	135°F			- Block Cheese	39°F
- Sauce	133°F-135°F			- Feta	39°F
↳ turned up warmer					

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.

CFM - Driton Sulejmani 5/19/29 ✓
 Handsink - stocked ✓, signage ✓, 100°F ✓, good handwashing ✓
 Sanitizer - Chlorine, spray bottle 100ppm (stay btwn 50-100ppm) ✓, strips ✓
 Allergen Statement ✓, Chest freezer, microwave ✓
 Food covered in showcase ✓, 2 dr BOT freezer ✓

38 Door open @ start of inspection
 39 bread stored on wire shelving (unclean) - cos, moved to rack cooling ✓
 15 Eggs stored over cheese/other items 2dr cooler BOT - cos ✓
 23 1 forms not being date marked in 2 dr unit cos, used tape/sticky notes
 4 TR 2 Bay sink not NSF Approved
 55 RV Floor behind service counter disrepair (exposed wood)

Person in Charge (Signature) 

Date 4/22/2025

Inspector (Signature) Amanda Ruch

Date 4/22/25