


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		Date: 11/21/24		Time In 11:30 AM/PM Time Out 12:15 AM/PM																									
Establishment <u>Volanda's</u>				LHD <u>NVHO</u>																									
Address <u>17 Hawthorne Ave</u>				Purpose of Inspection: Routine Pre-op																									
Town/City <u>Derby</u>				Reinspection Other																									
Permit Holder <u>Driton Sulejmani</u>																													
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS <i>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.</i>																													
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	V COS R																								
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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>																								
Employee Health																													
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"/> <input type="checkbox"/> <input type="checkbox"/>																								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>																								
Good Hygienic Practices																													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>																								
Preventing Contamination by Hands																													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>																								
Approved Source																													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>																								
GOOD RETAIL PRACTICES																													
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i> 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	V COS R																									
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
Food Temperature Control																													
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
Food Identification																													
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
Prevention of Food Contamination																													
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
Permit Holder shall notify customers that a copy of the most recent inspection report is available. Person in Charge (Signature) <u>[Signature]</u> Date <u>11-21-2024</u> Person in Charge (Printed) _____ Inspector (Signature) <u>Amanda Ruchi</u> Date <u>11/21/24</u> Inspector (Printed) <u>Amanda Ruchi</u>																													
Violations documented <table border="1"> <thead> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td><u>COS</u></td> <td><u>1</u></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Core Item Violations</td> <td><u>2/21/25</u></td> <td><u>5</u></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td></td> </tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td></td> </tr> </tbody> </table>						Violations documented	Date corrections due	#	Priority Item Violations	<u>COS</u>	<u>1</u>	Priority Foundation Item Violations			Core Item Violations	<u>2/21/25</u>	<u>5</u>	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		
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Physical Facilities 50 <input checked="" type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 52 <input checked="" type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 53 <input checked="" type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 54 <input checked="" type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 56 <input checked="" type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 57 <input checked="" type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f																													
Utensils and Equipment 43 <input checked="" type="checkbox"/> In-use utensils: properly stored C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 44 <input checked="" type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 45 <input checked="" type="checkbox"/> Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 46 <input checked="" type="checkbox"/> Gloves used properly C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 47 <input checked="" type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 48 <input checked="" type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 49 <input checked="" type="checkbox"/> Non-food contact surfaces clean C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																													
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

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LHD NVHD

Inspection Report Continuation Sheet

Date 11/21/24

Establishment Volanda's Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sliding unit FOH		Deli Showcase	40.6°F	2 dr brown cooler	40.5°F
- milk, Butter, whip cream	38°F	- mozz cheese	35°F	- mozz (whole)	40°F
Sauce	136°F	- Tomato	38°F	- Butter	45°F
meatball	136°F	- Turkey (sliced)	40°F	- Sauce	44°F
Register Showcase	38°F	- provalone (whole)	40°F	2 dr freezer	19°F
- Dairy spread/cream	38°F	- Turkey (whole)	40°F		
- pastries	38°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.

Mon-site

CFPM- Driton Sulejmani 6/18/24

- Handsink - Signage ✓, Hot H2O 89°F ✓, Stocked ✓
- Sanitizer - Chlorine ✓, TS ✓, Bottle 50-100ppm ✓
- Freezer ✓, microwave ✓, Deli Slicer - OK, Dry goods ✓
- Allergen Statement ✓, Allergen Poster ✓
- ✓ Both coolers have thermometers (digital), installed + PIC says been working good + been monitoring ✓
- ✓ No water @ btm of 2 dr brown unit ✓, All items within dates ✓
- ✓ No garb bags used, for storage of food, wall behind slicer - clean ✓
- ✓ Showcase gaskets ✓, Dessert Showcase thermometer ✓

- C 39a Some food items uncovered in deli showcase (mozz, lettuce, tomato)
- P 15 ✓ Eggs on top shelf - COS, moved to btm ✓
- C 39a Boxes of drinks stored on floor - just got delivery ✓
- C 47a 2 Bay not NSF approved
- C 49a Exterior / interior 2 dr ~~brown~~ freezer unclean / debris @ btm
- C 55a Floor behind service counter in dis-repair (exposed wood)

Person in Charge (Signature) 

Date 11-21-2024

Inspector (Signature) Amanda Ruchi

Date 11/21/24