


5786

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>6/12/25</u>		Time In <u>11:25</u> AM/PM Time Out <u>11:50</u> AM/PM	
Establishment <u>Moe's Southwest Grill</u>				LHD <u>NVHD</u>	
Address <u>44 Pershing Dr</u>				Purpose of Inspection: <u>Routine</u> Pre-op	
Town/City <u>Derby</u>				Reinspection Other	
Permit Holder <u>Savin Brands, LLC</u>					
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<small>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.</small>					
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
<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"/>
<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					
<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"/>
<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"/>
<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					
<input checked="" type="checkbox"/>	<input 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 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"/>
Preventing Contamination by Hands					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="checkbox"/> <input type="checkbox"/>
Approved Source					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
GOOD RETAIL PRACTICES					
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>					
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	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/> <input type="checkbox"/>	
Food Temperature Control					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
Food Identification					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
Prevention of Food Contamination					
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <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>Ashley B</u>		Date <u>5/12/25</u>			
Person in Charge (Printed)					
Inspector (Signature) <u>Amanda Kuchin</u>		Date <u>6/12/25</u>			
Inspector (Printed) <u>Amanda Kuchin</u>					
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.					

Violations documented		Date corrections due	#
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			

Food Establishment Inspection Report

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LHD NVHD

Inspection Report Continuation Sheet

Date 5/12/25

Establishment Moe's Southwest Grill Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Self serve Salsas	41-42°F	HH - ground beef	155°F	WIC	36°F
Salsa (pico)	41°F	- Corn	158°F	- ranch	40°F
Cheese	41°F	- Queso	165°F	- pico	38°F
Guac	41°F	- Black beans	157°F	- Lettuce/Cheese	38°F
		- White rice	186°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.

CFPM - Kyra Jones, Rashana Reid, Ashley Gonzalez, Michael Bennett, ~~Erin Kieuits~~
Ninoska Diaz 4/17/29

Handsink - stocked ✓, Signage ✓, Hot H₂O ✓

Sanitizer - Quat 3 Bay 300ppm ✓, TS ✓

inverted to go ✓, Hoods ✓, mop hung ✓, ice machine ✓

Allergen poster ✓, V/D Kit ✓, Allergen Statement ✓

Datemarking ✓, Labels ✓, Defrosting ✓

Vinyl gloves ✓ + good glove use ✓

Temps ✓ (HH + cold H)

very good 😊

Person in Charge (Signature) Ashley Gonzalez

Date 5/12/25

Inspector (Signature) Amanda Kuchini

Date 5/12/25