

5778

## Connecticut Department of Public Health

EHS-108 Rev 2/16/23

|  |  |   |  |                    |  |
|--|--|---|--|--------------------|--|
| Risk Category: <b>4</b>  |  | <b>Food Establishment Inspection Report</b> |  | Page 1 of <b>2</b> |  |
| Establishment type: <b>Permanent</b> Temporary Mobile Other      |  |   | Date: <b>11/12/24</b>                                |                    |  |
| Establishment <b>AFC Sushi @ Big Y #117</b>                      |  |   | Time In <b>8:35 AM/PM</b> Time Out <b>2:40 AM/PM</b> |                    |  |
| Address <b>656 New Haven Rd</b>                                  |  |   | LHD <b>NVHD</b>                                      |                    |  |
| Town/City <b>Derby</b>   |  |   | Purpose of Inspection: <b>Routine</b> Pre-op         |                    |  |
| Permit Holder <b>Advanced Fresh Concepts Fran Corp (Jeffery)</b> |  |   | Reinspection Other                                   |                    |  |

  

| FOODBORNE ILLNESS RISK FACTORS AND 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  |                                     |                          |                          |                               |                          |                          |                                     |   |                          |                          |        |                          |                          |  |  |
| Supervision   |                                     |                          |                          | Protection from Contamination |                          |                          |                                     |   |                          |                          |        |                          |                          |  |  |
| IN  | OUT                                 | N/A                      | N/O                      | V                             | COS                      | R                        | IN                                  | OUT   | N/A                      | N/O                      | V      | COS                      | R                        |  |  |
| 1   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pf                            | <input type="checkbox"/> | <input type="checkbox"/> | 15                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P/C    | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Person/Alternate Person in charge present, demonstrates knowledge and performs duties   |                                     |                          |                          |                               |                          |                          |                                     | Food separated and protected  |                          |                          |        |                          |                          |  |  |
| 2   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C                             | <input type="checkbox"/> | <input type="checkbox"/> | 16                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Certified Food Protection Manager for Classes 2, 3, & 4   |                                     |                          |                          |                               |                          |                          |                                     | Food-contact surfaces: cleaned & sanitized  |                          |                          |        |                          |                          |  |  |
|   |                                     |                          |                          |                               |                          |                          |                                     | Proper disposition of returned, previously served, reconditioned, and unsafe food |                          |                          |        |                          |                          |  |  |
| Employee Health   |                                     |                          |                          |                               |                          |                          |                                     | Time/Temperature Control for Safety   |                          |                          |        |                          |                          |  |  |
| 3   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf                          | <input type="checkbox"/> | <input type="checkbox"/> | 18                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting   |                                     |                          |                          |                               |                          |                          |                                     | Proper cooking time and temperatures  |                          |                          |        |                          |                          |  |  |
| 4   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P                             | <input type="checkbox"/> | <input type="checkbox"/> | 19                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P      | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Proper use of restriction and exclusion   |                                     |                          |                          |                               |                          |                          |                                     | Proper reheating procedures for hot holding                                       |                          |                          |        |                          |                          |  |  |
| 5   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pf                            | <input type="checkbox"/> | <input type="checkbox"/> | 20                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P      | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Written procedures for responding to vomiting and diarrheal events  |                                     |                          |                          |                               |                          |                          |                                     | Proper cooling time and temperatures  |                          |                          |        |                          |                          |  |  |
| Good Hygienic Practices   |                                     |                          |                          |                               |                          |                          |                                     | Proper hot holding temperatures   |                          |                          |        |                          |                          |  |  |
| 6   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/C                           | <input type="checkbox"/> | <input type="checkbox"/> | 21                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P      | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Proper eating, tasting, drinking, or tobacco products use   |                                     |                          |                          |                               |                          |                          |                                     | Proper cold holding temperatures  |                          |                          |        |                          |                          |  |  |
| 7   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C                             | <input type="checkbox"/> | <input type="checkbox"/> | 22                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P      | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| No discharge from eyes, nose, and mouth   |                                     |                          |                          |                               |                          |                          |                                     | Proper date marking and disposition   |                          |                          |        |                          |                          |  |  |
| Preventing Contamination by Hands   |                                     |                          |                          |                               |                          |                          |                                     | Time as a public health control: procedures and records                           |                          |                          |        |                          |                          |  |  |
| 8   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf                          | <input type="checkbox"/> | <input type="checkbox"/> | 23                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Hands clean and properly washed   |                                     |                          |                          |                               |                          |                          |                                     | Consumer Advisory   |                          |                          |        |                          |                          |  |  |
| 9   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C                        | <input type="checkbox"/> | <input type="checkbox"/> | 25                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | Pf     | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly followed  |                                     |                          |                          |                               |                          |                          |                                     | Consumer advisory provided: raw/undercooked food                                  |                          |                          |        |                          |                          |  |  |
| 10  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pf/C                          | <input type="checkbox"/> | <input type="checkbox"/> | 26                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P/C    | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Adequate handwashing sinks, properly supplied/accessible  |                                     |                          |                          |                               |                          |                          |                                     | Highly Susceptible Population   |                          |                          |        |                          |                          |  |  |
| Approved Source   |                                     |                          |                          |                               |                          |                          |                                     | Pasteurized foods used; prohibited foods not offered                              |                          |                          |        |                          |                          |  |  |
| 11  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C                        | <input type="checkbox"/> | <input type="checkbox"/> | 27                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P      | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Food obtained from approved source  |                                     |                          |                          |                               |                          |                          |                                     | Food/Color Additives and Toxic Substances   |                          |                          |        |                          |                          |  |  |
| 12  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf                          | <input type="checkbox"/> | <input type="checkbox"/> | 28                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Food received at proper temperature   |                                     |                          |                          |                               |                          |                          |                                     | Food additives: approved and properly used  |                          |                          |        |                          |                          |  |  |
| 13  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf                          | <input type="checkbox"/> | <input type="checkbox"/> | 29                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Food in good condition, safe, and unadulterated   |                                     |                          |                          |                               |                          |                          |                                     | Toxic substances properly identified, stored & used                               |                          |                          |        |                          |                          |  |  |
| 14  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C                        | <input type="checkbox"/> | <input type="checkbox"/> | Compliance with Approved Procedures |   |                          |                          |        |                          |                          |  |  |
| Required records available: molluscan shellfish identification, parasite destruction  |                                     |                          |                          |                               |                          |                          |                                     | Compliance with variance/specialized process/ROP criteria/HACCP Plan              |                          |                          |        |                          |                          |  |  |

  

| GOOD RETAIL PRACTICES  |                          |                          |                          |                          |                          |  |                          |  |                          |                          |  |   |  |  |  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--|--------------------------|--------------------------|--|---|--|--|--|
| Good Retail Practices 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  |                          |                          |                          |                          |                          |  |                          |  |                          |                          |  |   |  |  |  |
| Safe Food and Water  |                          |                          |                          | Proper Use of Utensils   |                          |  |                          |  |                          |                          |  |   |  |  |  |
| OUT  | N/A                      | N/O                      | V                        | COS                      | R                        | OUT  | V                        | COS  | R                        |                          |  |   |  |  |  |
| 30   | <input type="checkbox"/> | <input type="checkbox"/> | P                        | <input type="checkbox"/> | <input type="checkbox"/> | 43   | <input type="checkbox"/> | C  | <input type="checkbox"/> | <input type="checkbox"/> |  |   |  |  |  |
| Pasteurized eggs used where required   |                          |                          |                          |                          |                          |  |                          | In-use utensils: properly stored   |                          |                          |  |   |  |  |  |
| 31   | <input type="checkbox"/> | <input type="checkbox"/> | P/Pf/C                   | <input type="checkbox"/> | <input type="checkbox"/> | 44   | <input type="checkbox"/> | Pf/C   | <input type="checkbox"/> | <input type="checkbox"/> |  |   |  |  |  |
| Water and ice from approved source   |                          |                          |                          |                          |                          |  |                          | Utensils/equipment/linens: properly stored, dried, & handled   |                          |                          |  |   |  |  |  |
| 32   | <input type="checkbox"/> | <input type="checkbox"/> | Pf                       | <input type="checkbox"/> | <input type="checkbox"/> | 45   | <input type="checkbox"/> | P/C  | <input type="checkbox"/> | <input type="checkbox"/> |  |   |  |  |  |
| Variance obtained for specialized processing methods   |                          |                          |                          |                          |                          |  |                          | Single-use/single-service articles: properly stored & used   |                          |                          |  |   |  |  |  |
| Food Temperature Control   |                          |                          |                          |                          |                          |  |                          | Gloves used properly   |                          |                          |  |   |  |  |  |
| 33   | <input type="checkbox"/> | <input type="checkbox"/> | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | Utensils and Equipment                                       |                          |  |                          |                          |  |   |  |  |  |
| Proper cooling methods used; adequate equipment for temperature control  |                          |                          |                          |                          |                          |  |                          | Food and non-food contact surfaces cleanable, properly designed, constructed, and used                         |                          |                          |  |   |  |  |  |
| 34   | <input type="checkbox"/> | <input type="checkbox"/> | Pf                       | <input type="checkbox"/> | <input type="checkbox"/> | 47   | <input type="checkbox"/> | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/> |  |   |  |  |  |
| Plant food properly cooked for hot holding   |                          |                          |                          |                          |                          |  |                          | Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available |                          |                          |  |   |  |  |  |
| 35   | <input type="checkbox"/> | <input type="checkbox"/> | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | 48   | <input type="checkbox"/> | Pf/C   | <input type="checkbox"/> | <input type="checkbox"/> |  |   |  |  |  |
| Approved thawing methods used  |                          |                          |                          |                          |                          |  |                          | Non-food contact surfaces clean  |                          |                          |  |   |  |  |  |
| 36   | <input type="checkbox"/> | <input type="checkbox"/> | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | Physical Facilities  |                          |  |                          |                          |  |   |  |  |  |
| Thermometers provided and accurate   |                          |                          |                          |                          |                          |  |                          | Hot and cold water available; adequate pressure  |                          |                          |  |   |  |  |  |
| Food Identification  |                          |                          |                          |                          |                          |  |                          | Plumbing installed; proper backflow devices  |                          |                          |  |   |  |  |  |
| 37   | <input type="checkbox"/> | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sewage and waste water properly disposed                     |                          |  |                          |                          |  |   |  |  |  |
| Food properly labeled; original container  |                          |                          |                          |                          |                          |  |                          | Toilet facilities: properly constructed, supplied, & clean   |                          |                          |  |   |  |  |  |
| Prevention of Food Contamination   |                          |                          |                          |                          |                          |  |                          | Garbage and refuse properly disposed; facilities maintained  |                          |                          |  |   |  |  |  |
| 38   | <input type="checkbox"/> | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean         |                          |  |                          |                          |  |   |  |  |  |
| Insects, rodents, and animals not present  |                          |                          |                          |                          |                          |  |                          | Adequate ventilation and lighting; designated areas used   |                          |                          |  |   |  |  |  |
| 39   | <input type="checkbox"/> | P/Pf/C                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f        |                          |  |                          |                          |  |   |  |  |  |
| Contamination prevented during food preparation, storage & display   |                          |                          |                          |                          |                          |  |                          | Violations documented  |                          |                          |  |   |  |  |  |
| 40   | <input type="checkbox"/> | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Priority Item Violations                                     |                          |  |                          | Date corrections due     |  | # |  |  |  |
| Personal cleanliness   |                          |                          |                          |                          |                          |  |                          | Priority Foundation Item Violations  |                          |                          |  |   |  |  |  |
| 41   | <input type="checkbox"/> | C                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Core Item Violations   |                          |  |                          |                          |  |   |  |  |  |
| Wiping cloths: properly used and stored  |                          |                          |                          |                          |                          |  |                          | Risk Factor/Public Health Intervention Violations  |                          |                          |  |   |  |  |  |
| 42   | <input type="checkbox"/> | P/Pf/C                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Repeat Risk Factor/Public Health Intervention Violations     |                          |  |                          |                          |  |   |  |  |  |
| Washing fruits and vegetables  |                          |                          |                          |                          |                          |  |                          | Good Retail Practices Violations   |                          |                          |  |   |  |  |  |
| Permit Holder shall notify customers that a copy of the most recent inspection report is available.  |                          |                          |                          |                          |                          |  |                          |  |                          |                          |  |   |  |  |  |
| Person in Charge (Signature) <b>Wu Jiang</b> Date <b>11/12/24</b>  |                          |                          |                          |                          |                          | Violations documented  |                          |  |                          |                          |  |   |  |  |  |
| Person in Charge (Printed)   |                          |                          |                          |                          |                          | Date corrections due   |                          |  |                          |                          |  |   |  |  |  |
| Inspector (Signature) <b>Amanda Buchin</b> Date <b>11/12/24</b>  |                          |                          |                          |                          |                          | Requires Reinspection - check box if you intend to reinspect |                          |  |                          |                          |  |   |  |  |  |
| Inspector (Printed) <b>Amanda Buchin</b>   |                          |                          |                          |                          |                          |  |                          |  |                          |                          |  |   |  |  |  |
| 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. |                          |                          |                          |                          |                          |  |                          |  |                          |                          |  |   |  |  |  |



