

Connecticut Department of Public Health

Risk Category: 5 Food Establishment Inspection Report Page 1 of											
Establishment type: Permanent Temporary Mobile Other						Date: 915	125				
Establishment The Hub	designed Connecticut Health				Time In 115	AMAP	M Time Out		AM	/PM	
Address Chuich Street	DPH			H)	L	HD NUH!	р <u></u>				
Town/city haugatuck					F	Purpose of Inspe	ection:	Routine F	re-op		
Permit Holder Chustal Charpman	C	onnection of Pu	cut De	partment ealth	t F	Reinspection	Ot	her			
FOODBORNE ILLNESS RISK FA	ACTO	RS	ANI	D PU	BLIC	HEALTH INT	ERVENT	IONS			
Risk factors are important practices or procedures identified as the most prevalent cont									lness or in	jury.	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	tem	11	N=in	compli	ance	OUT=not in compl	iance N	N/A=not applicable	N/O=not	observ	ed
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark in	appr	opria	te box	for CO	S and/or R COS=	corrected or	n-site during inspection	R=rep	eat viol	lation
IN OUT N/A N/O Supervision	V	cos	R	1	IN ON.	T N/A N/O PI	rotection fr	om Contamination		v cos	S R
Person/Alternate Person in charge present,	Pf			15	V/9	○ Food sep	parated and	protected	F	P/C O	0
demonstrates knowledge and performs duties	FI			16	3 f	Food-cor	ntact surfac	es: cleaned & sanitize	d P/F	of/C	0
Certified Food Protection Manager for Classes 2,	С	0		17				f returned, previously		PO	0
3, & 4								ed, and unsafe food			
Employee Health				10				Control for Safety	D/F	410	10
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	0	0	18				and temperatures ocedures for hot holding		-	0
4 Proper use of restriction and exclusion	Р	0		19 (and temperatures	ig		00
Written procedures for responding to vomiting and	+-		-	21 5		Proper ho					0
diarrheal events	Pf	0		22	1			temperatures		PO	
Good Hygienic Practices					10			and disposition	P/	Pf O	
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	10	0			T-:		alth control: procedure	20		
7 No discharge from eyes, nose, and mouth	С	0	0	24	7	and reco			P/P	f/C O	0
Preventing Contamination by Hands	1200						Consumer	Advisory			STEE
8 Hands clean and properly washed	P/Pf	0	0	25		Consumer	advisory prov	rided: raw/undercooked for	bc	Pf O	0
No bare hand contact with RTE food or a	DIDUC					High	ly Suscepti	ible Population			
pre-approved alternative procedure properly followed	P/Pf/C	0		26	00	Pasteurized	d foods used;	prohibited foods not offere	ed F	P/C (0
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		/	Food/Color	Additives a	and Toxic Substance	s		
Approved Source				27	59	Food add	ditives: appr	roved and properly us	ed	PO	0
11 Property Food obtained from approved source	P/Pf/C	0	0	28	1	Toxic sub	ostances pr	operly identified,	D/E	f/C O	
12 O O O Ood received at proper temperature	P/Pf	0	0	20		stored &				"0	
13 C C Food in good condition, safe, and unadulterated	P/Pf	0	0			Conforma	nce with A	pproved Procedures			
Required records available: molluscan shellfish	P/Pf/C	0	0	29				riance/specialized	P/F	f/C	0
identification, parasite destruction			-		050	process/	ROP criteria	a/HACCP Plan			
	OD RE					and abomicals and	abusiaal ahia	ata into foodo			
Good Retail Practices are preventative measures to	n appro							te during inspection	D-ror	eat viol	lation
	v v	cos		_	UT UT		per Use of				S R
OUT N/A N/O Safe Food and Water 30 Pasteurized eggs used where required	P	0	0			ise utensils: proper		Oterisiis			0
31 Water and ice from approved source	P/Pf/C		0					stored, dried, & handled			0
32 Variance obtained for specialized processing methods	Pf	0	0					operly stored & used			0
Food Temperature Control	The state of					ves used properly					0
Proper cooling methods used: adequate equipment for	DUO							I Equipment			
233 Cerperature control	Pf/C	0	0	17	Foo	od and non-food co			P/P	510	
34 O Plant food properly cooked for hot holding	Pf	0	0	47	pro	perly designed, cor	nstructed, a	and used	P/P	f/C	0
35 O Approved thawing methods used	Pf/C	0	0	48	Wa	rewashing facilities	s: installed,	maintained and used	. Di	/C O	0
Thermometers provided and accurate	Pf/C	0	0	40	clea	aning agents, sanit	izers, and t	est strips available		0	
Food Identification				49 <	⊃ Nor	n-food contact surfa	aces clean			c O	0
37 C Food properly labeled; original container	Pf/C	0	0				Physical				
Prevention of Food Contamination					_	and cold water av					0
38 Insects, rodents, and animals not present		0				mbing installed; pre			P/P		0
39 Contamination prevented during food preparation, storage & display	P/Pf/C	_	0			wage and waste wa				f/C O	
40 Personal cleanliness	Pf/C							ted, supplied, & clean			0
41 Wiping cloths: properly used and stored	C		00	-		0 1		ed; facilities maintained			0
42 Washing fruits and vegetables	P/Pf/C		\subseteq			ysical facilities insta		; designated areas us			0
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								sed per CGS §19a-36			1
Violations documented								Date corrections du		#	
Person in Charge (Signature)	121	13)			n Violations			/		1
1000/cold2: (CLOO)-P				Prior	ity Fou	ındation Item Viola	tions		/		
Person in Charge (Printed)	U,			Core	Item \	√iolations			/	- 1	
1 (M) -duenod - 011	51	25	<			r/Public Health Inte				/	
Inspector (Signature) Date	4	Uw				k Factor/Public He		muon violations	-		
Inspector (Printed) AM () () () () () () () () () (
Appeal: The owner or operator of a food establishment aggrieved by the	hie ord	er to	COTT							deet	rov
Appeal: The owner or operator of a food establishment aggnered by the										-, 4001	,

Foo	d Esta	blishment Insp	ection R	Report Page	of
LHD NVHD		Inspection Report Continuation		Date_ 9 157	25
Establishment The HU	C	Town NOW	atuck		
		TEMPERATURE OBSE	RVATIONS		
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door lowbox	40 F	handsink	85°F		
					+
2000 lowboy	38.E	parin Cheese	417		
Shredged moiz	42. F	Walk in cooler	411		
cooved chicken	43'F	000,101.1000.0			
	411				
Bluechcesc	201				-
Salad Pridge	301				
g g	0				
		SERVATIONS AND CORR			
Item Violations cited in this	report must be) / - 4 4	n sections 8-405.11 & 8-406.11 of the	food code.
Number (HDM', W	UStal	Charpman &	3179128		
1 they man	PJP NC V	/ CIRCUIT C	1211-		
1 (00 0000)	CTURY.	adr Clarage V	100662	A1/	
Francismic:	STUCK	ed signage v	notne	0	
Minulgion	ts +0	go containers	inverted	()	
abarno 1	OCH	moreing all	eigen Sta	tement	
16e machin	Δ -	dr O	•		
Bay avea		1 (Overtal C+	WILL SO	and aling chear	n
frida Gor	nor a	MY	dry Hor	ocia guns chear	
CMING DIC	redives	observed	andaron	age good	
)WWWITS	Owave	- 1 11-1	O Ch a A // /	
Santtiza	/ 900	It V test Strop	s' alsr	JUUSNEV OKO	
Clean, 9	0001 11	spection :			
0.03,					
	hant.			(1)	1790
Person in Charge (Signature)	111000	m m		Date	01200
Inspector (Signature)	WW	UMA		Date 9/1	5/25