## **Connecticut Department of Public Health**

No.												
Risk Category: 7 Food Establishment Inspection Report Page 1 of 2										- 1		
Establishment type: Permanent Temporary Mobile Other				-				7/14/25				
Establishment Starbacks Coffee #61202			connecticus Health			Max.	Date:	11.56		Time Out_/2	15	AM/PM)
Address (20 Pershing Prive			DPH)				UNHD		7			
Town/City Derby								e of Inspection	: K	outine P	re-op	
Permit Holder Tuch	icks Corporation Howard Schulty	Connecticut Department of Public Health			nt	Reinspection Other						
Permit Holder Jacks Corporation Howard Schultz FOODBORNE ILLNESS RISK FA				ACTORS AND P			IC HEALTH INTERVENTIONS					
Risk factors are imp	portant practices or procedures identified as the most prevalent cont	ributing fa									ness or injury	:
	npliance status (IN, OUT, N/A, N/O) for each numbered it				-	liance	10/00/00 10/00	not in compliance	Va. 1011 107.		N/O=not ob	C-2000/00/00/00
	fority foundation item C=Core item V=violation type	Mark in	cos		te box	1	COLOR DE LA COLOR			Contamination	R=repeat	cos R
IN OUT N/A N/O	Supervision rson/Alternate Person in charge present,	V	COS	K	15		UT N/A N/O	Food separate			P/C	0 0
	monstrates knowledge and performs duties	Pf	0	0	161		10000			leaned & sanitize		00
	rtified Food Protection Manager for Classes 2,				17					urned, previously	Р	
3, 8	§ 4	С	9		17			served, recond	litioned, ar	nd unsafe food	P	00
	Employee Health									trol for Safety		
	nagement, food employee and conditional employee;	P/Pf	0	0	18	0		Proper cooking			P/Pf/C	-
	owledge, responsibilities and reporting	P	0	0	19	_		Proper reneating		ures for hot holdin		00
	oper use of restriction and exclusion itten procedures for responding to vomiting and				21			Proper hot hold				00
5   00000000000000000000000000000000000	rrheal events	Pf	0	0		TO C		Proper cold ho				00
/	Good Hygienic Practices				23	6	500	Proper date ma			P/Pf	00
6 5 9 Pro	oper eating, tasting, drinking, or tobacco products us	e P/C	0	0	24	00		Time as a publ	ic health o	control: procedure	s P/Pf/C	00
7 0 No	discharge from eyes, nose, and mouth	C	0	0	24			and records			1771110	
	Preventing Contamination by Hands	Dine			05		1		umer Adv	the same of the sa	J D6	
	nds clean and properly washed bare hand contact with RTE food or a	P/Pf	0	0	25	010				raw/undercooked for Population	d Pf	00
	-approved alternative procedure properly followed	P/Pf/C	0	Ø	26	00				ibited foods not offere	d P/C	00
O O Ade	equate handwashing sinks, properly supplied/accessible	(P)/C	0	0	20		E			Toxic Substance		
	Approved Source				27	00	515			d and properly use		00
11 O For	od obtained from approved source	P/Pf/C	0	0	28	1		Toxic substant			P/Pf/C	00
	received at proper temperature	P/Pf	-	0	20			stored & used			17/1/0	
	od in good condition, safe, and unadulterated	P/Pf	0	0			./			oved Procedures	10000000	
	quired records available: molluscan shellfish ntification, parasite destruction	P/Pf/C	0	0	29	0		Compliance wi			P/Pf/C	00
ide		OD RE	TAIL	PR	ACT	ICES	3	processine	ontonari ir			
	Good Retail Practices are preventative measures to							nicals, and physica	al objects ir	nto foods.		
Mark OUT if numbered	d item is not in compliance V=violation type Mark i	n approp	oriate	box	for CO	os and	d/or R	COS=corrected	on-site du	ring inspection	R=repeat	tviolation
OUT N/A N/O	Safe Food and Water	v	cos			UT		Proper U		nsils	V	COS R
	zed eggs used where required	Р	0	0				sils: properly sto			C	00
	nd ice from approved source	P/Pf/C Pf	-	0				ipment/linens: pro ingle-service artic		d, dried, & handled	Pf/C P/C	
32 O Variance	e obtained for specialized processing methods Food Temperature Control	FI						d properly	ies. properi	ly stored & daed	C	
Proper of	cooling methods used; adequate equipment for				10		10100 000		s and Equ	uipment		
	ture control	Pf/C	0	0	47	Fo	ood and n	on-food contact			P/Pf/C	00
	od properly cooked for hot holding	Pf	0	0	47	pr		signed, construc				00
No. of Concession, Name of	d thawing methods used	Pf/C	-	0	48					ntained and used;	Pf/C	00
36 Thermor	meters provided and accurate	Pf/C	0	0				gents, sanitizers,		strips available	С	00
27 Egod properly le	Food Identification	Df/C	0		49	ON	on-tood c	ontact surfaces of	sical Faci	litios	C	1010
37 C Food properly la	Prevention of Food Contamination	PI/C	10		50	OH	ot and col	ld water available			Pf	00
38 Insects rodents	, and animals not present	Pf/C	10	0				nstalled; proper b			P/Pf/C	
	evented during food preparation, storage & display	P/Pf/C	-	0				d waste water pr			P/Pf/C	
40 Personal cleanli	ness	Pf/C	0	0						supplied, & clean	Pf/C	00
	roperly used and stored	C	0	0						acilities maintained	C	00
42 Washing fruits a	and vegetables	P/Pf/C	0	0				cilities installed,		d, and clean signated areas use	P/Pf/C	00
Permit Holder shall notif	fy customers that a copy of the most recent inspection rep	ort is ava	ailable	Э.						per CGS §19a-36		
	SI + + and al	1			Section Co.	_	s docum		-	corrections du		#
Person in Charge (Sig	nature) U M Date	14/	25	)			em Violati			_		0
	nted) VAL STANCHECK							Item Violations	(	COS		
Person in Charge (Prin	ntea) VAL O INVOITED	1	14				Violation	is Health Interventi	on Violatio	nns	-	1
Inspector (Signature) Mandukudhi Date 7/14/25												3
						Repeat Risk Factor/Public Health Intervention Violations Good Retail Practices Violations						8
Inspector (Printed), Mounda Kuchin					Requires Reinspection - check box if you intend to reinspect							
Appeal: The owner of	r operator of a food establishment aggrieved by t	his orde	er to	corr	ect a	ny ins	spection	violation identifie	ed by the	food inspector or	to hold, o	destroy,
or disp	ose of unsafe food, may appeal such order to the	Directo	or of	Hea	ith, n	ot late	er than fo	orty-eight hours	after issu	ance of such ord	er.	

Foo	d Esta	ıblishment Inspe	ection R	eport Page	of					
LHD NVHD		Inspection Report Continuation Sh		Date 7/14/2	5					
Establishment Starbocks (	offee # U	01202 Town Derroy								
		TEMPERATURE OBSER	VATIONS							
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp					
Open Showcase,		1 dr reach in / Egg	38°F							
- Bento Box (external)	330F	Idr-Sweet cream	40°F.							
1 dr Unit Both 35°F 2 dr Unit Both 36°F		Idr-Whipping Cream	40°1							
2 dr Unit Both	2008	175.9	17							
- Half + Half	3905				V 7					
- Oat milk	4105									
	-705		-							
2 dr treezer BOH	-408									
1 dr Freezer BOH		SERVATIONS AND CORRE	CTIVE ACTION	NC.						
Violations cited in this		SERVATIONS AND CORRE e corrected within the time frames bel			food code					
item \			ow, or as stated in	1 36000113 0-400.11 0 0-400.11 01 010	, 1000 0000.					
Number HVIII &	91000	1		1:1:00						
CFPM Chris Kow	1 - Nof	currently on-site +	-get anoth	w person certified						
Handsinks-	Hot Ha	0 100°F,+ V, Soap V,	Signager	/						
CFPM Chris Rown - Not currently on - site * got another person certified  Handsinks - Hot Hoo 100°F + V, Soap V, Signage  Sanitreer - Ovat V, Ts. Avail Bucket Quat 200-400 ppm  Allergen Statement Restrooms , Allergen poster ice machine										
Allergen Statement Restrooms, Allergen poster, ice machine										
Hylorid + Viny	Hybrid + Viny 1 gloves/ All temps of units monitored w/ iPAD, Training/logs/									
All temps of	All temps of units monitored w/ IPAD, Training/logs									
			Tr. W.	27						
12 1 10 11 11	(- )			./						
10 BOH Handsin	t has n	no paper towels - co	s, pic repli	aced added paper to	rels /					
Person in Charge (Signature)	(al), -	and the		Date 7/14	125					
Inspector (Signature)	walle !	Klobi		Date 1/14/	25					