

5842

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>2</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <u>7/14/25</u>		
Establishment <u>Starbucks Coffee #61202</u>			Time In <u>11:55</u> AM/PM Time Out <u>12:15</u> AM/PM		
Address <u>60 Pershing Drive</u>			LHD <u>NVHD</u>		
Town/City <u>Derry</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>Starbucks Corporation Howard Schultz</u>			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															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
☒	☐	☐	☐	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	☐	☐	☒	☐	☐	☐	Food separated and protected	P/C	☐	☐
☒	☐	☐	☐	Certified Food Protection Manager for Classes 2, 3, & 4	C	☐	☐	☒	☐	☐	☐	Food-contact surfaces: cleaned & sanitized	P/Pf/C	☐	☐
☒	☐	☐	☐					☒	☐	☐	☐	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	☐	☐
Employee Health															
☒	☐	☐	☐	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	☐	☐	☒	☐	☐	☐	Time/Temperature Control for Safety	P/Pf/C	☐	☐
☒	☐	☐	☐	Proper use of restriction and exclusion	P	☐	☐	☒	☐	☐	☐	Proper cooking time and temperatures	P	☐	☐
☒	☐	☐	☐	Written procedures for responding to vomiting and diarrheal events	Pf	☐	☐	☒	☐	☐	☐	Proper reheating procedures for hot holding	P	☐	☐
☒	☐	☐	☐					☒	☐	☐	☐	Proper cooling time and temperatures	P	☐	☐
☒	☐	☐	☐					☒	☐	☐	☐	Proper hot holding temperatures	P	☐	☐
☒	☐	☐	☐					☒	☐	☐	☐	Proper cold holding temperatures	P	☐	☐
☒	☐	☐	☐					☒	☐	☐	☐	Proper date marking and disposition	P/Pf	☐	☐
☒	☐	☐	☐					☒	☐	☐	☐	Time as a public health control: procedures and records	P/Pf/C	☐	☐
Good Hygienic Practices															
☒	☐	☐	☐	Proper eating, tasting, drinking, or tobacco products use	P/C	☐	☐	☒	☐	☐	☐	Consumer Advisory	Pf	☐	☐
☒	☐	☐	☐	No discharge from eyes, nose, and mouth	C	☐	☐	☒	☐	☐	☐	Highly Susceptible Population	P/C	☐	☐
☒	☐	☐	☐					☒	☐	☐	☐	Food/Color Additives and Toxic Substances	P	☐	☐
☒	☐	☐	☐	Hands clean and properly washed	P/Pf	☐	☐	☒	☐	☐	☐	Food additives: approved and properly used	P	☐	☐
☒	☐	☐	☐	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	☐	☐	☒	☐	☐	☐	Toxic substances properly identified, stored & used	P/Pf/C	☐	☐
☒	☐	☐	☐	Adequate handwashing sinks, properly supplied/accessible	P/C	☐	☐	☒	☐	☐	☐	Conformance with Approved Procedures	P/Pf/C	☐	☐
☒	☐	☐	☐					☒	☐	☐	☐	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	☐	☐
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LHD NVHD

Inspection Report Continuation Sheet

Date 7/14/25

Establishment Starbucks Coffee #61202 Town Denay

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Open Showcase		1 dr reach in / Egg	38°F		
- Bento Box (external)	33°F	1 dr - Sweet cream	40°F		
1 dr Unit BOH	35°F	1 dr - Whipping Cream	40°F		
2 dr Unit BOH	36°F				
- Half + Half	39°F				
- Oat milk	41°F				
2 dr freezer BOH	-7°F				
1 dr freezer BOH	-4°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	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.
	April 24, 2029
CFPM	Chris Rowe - Not currently on-site * get another person certified
	Handsinks - Hot H ₂ O 100°F + ✓, Soap ✓, Signage ✓
	Sanitizer - Quat ✓, TS Avail ✓, Bucket Quat 200-400 ppm ✓
	Allergen Statement ✓, Restrooms ✓, Allergen poster ✓, ice machine ✓
	Hybrid + vinyl gloves ✓
	All temps of units monitored w/ iPad, Training logs ✓
10 ✓	BOTH Handsink has no paper towels - cos, PIC replaced / added paper towels ✓

Person in Charge (Signature)

Date 7/14/25

Inspector (Signature)

Date 7/14/23