## **Connecticut Department of Public Health**

EHS-108 Rev. 2/16/23

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Risk Category: Food Establishment Inspection Report Page 1 of 2							
Establishment type: Permanent Temporary Mobile Other			Date: 10 W 2				
Establishment Cushi WWO		4.eepin	Conne	Time In 235 AM/PM Time Out 07 AM/PM			
Address 37 RVEN Rel			P	PH) LHD WHO			
Town/City Shutan # Try	,			Purpose of Inspection: Routine Pre-op			
Permit Holder	Co			t Department lic Health 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			_	AND			
IN OUT N/A N/O Supervision	V	cos					
Person/Alternate Person in charge present				15 Food separated and protected P/C			
demonstrates knowledge and performs duties	Pf	0	0	16 Food-contact surfaces: cleaned & sanitized P/Pf/C O			
Certified Food Protection Manager for Classes 2				Proper disposition of returned previously			
2 3, & 4	С	0	0	served, reconditioned, and unsafe food			
Employee Health			57	Time/Temperature Control for Safety			
Management, food employee and conditional employee;	DIDE			18 Proper cooking time and temperatures P/Pf/C O			
knowledge, responsibilities and reporting	P/Pf	0		19 O Proper reheating procedures for hot holding PO			
4 Proper use of restriction and exclusion	P	0	0	20 O PAper cooling time and temperatures POO			
Written procedures for responding to vomiting and	Pf			21 Proper hot holding temperatures POO			
diarrheal events	PI	0		22 Proper cold holding temperatures			
Good Hygienic Practices				23 Proper date marking and disposition P/Pf O			
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0	24 Time as a public health control: procedures			
7 No discharge from eyes, nose, and mouth	С	0	0	and records			
Preventing Contamination by Hands				Consumer Advisory			
8 Hands clean and properly washed	P/Pf	0	0	25 Consumer advisory provided: raw/undercooked food Pf Consumer advisory provided food Pf Consumer a			
No bare hand contact with RTE food or a	P/Pf/C			Highly Susceptible Population			
pre-approved alternative procedure properly followed	100	0	9	Pasteurized foods used; prohibited foods not offered P/C O			
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0	Food/Color Additives and Toxic Substances			
Approved Source				27 Food additives: approved and properly used POO			
11 Food obtained from approved source	P/Pf/C	0	0	Toxic substances properly identified,			
12 C Food received at proper temperature	P/Pf	0	0	28 28 P/Pf/C P/Pf/C			
13 C Food in good condition, safe, and unadulterated	P/Pf	0	0	Conformance with Approved Procedures			
14 O Required records available: molluscan shellfish	P/Pf/C			Compliance with variance/specialized P/Pf/C			
identification, parasite destruction	P/PI/C		$\smile$	process/ROP criteria/HACCP Plan			
GO	OD RE	TAIL	. PR	PRACTICES			
Good Retail Practices are preventative measures to	o control	I the a	dditi	ddition of pathogens, chemicals, and physical objects into foods.			
Mark OUT if numbered item is not in compliance V=violation type Mark i	n approp	oriate	box	ox for COS and/or R COS=corrected on-site during inspection R=repeat violation			
OUT N/A N/O Safe Food and Water	٧	cos	R	Proper Use of Utensils V COS R			
30 Pasteurized eggs used where required	Р	0	0	43 In-use utensils: properly stored			
31 Water and ice from approved source	P/Pf/C	0	0	Utensils/equipment/linens: properly stored, dried, & handled Pf/C			
32 O Variance obtained for specialized processing methods	Pf	0	0				
Food Temperature Control				46 Gloves used properly C C			
Proper cooling methods used; adequate equipment for	Pf/C			Utensils and Equipment			
temperature control				Foed and non-food contact surfaces cleanable,			
34 O Plant food properly cooked for hot holding	Pf	0	0	properly designed, constructed, and used			
35 O Approved thawing methods used	Pf/C	_	0				
36 Thermometers provided and accurate	Pf/C	0	0	cleaning agents, sanitizers, and test strips available			
Food Identification				49 Non-food contact surfaces clean			
37  Food properly labeled; original container	Pf/C	0	0	Physical Facilities			
Prevention of Food Contamination				50 Hot and cold water available; adequate pressure			
38 Insects, rodents, and animals not present	Pf/C		0				
39 Contamination prevented during food preparation, storage & display	P/Pf/C		0				
40 Personal cleanliness	Pf/C	_	0				
41 Wiping cloths: properly used and stored	C		9				
42  Washing fruits and vegetables	P/Pf/C	0	0				
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable		56 Adequate ventilation and lighting; designated areas used C C			
Natural rubber latex gloves not used per CGS § 19a-361							
A MILLIAM STATE OF THE STATE OF				Violations documented Date corrections due #			
Person in Charge (Signature)			-	Priority Item Violations			
Person in Charge (Brinted)				Priority Foundation Item Violations Core Item Violations  Output  Outp			
Person in Charge (Printed)			$\dashv$				
Inspector (Signature)	M	111		Risk Factor/Public Health Intervention Violations  Repeat Risk Factor/Public Health Intervention Violations			
mapeotor (alguardie)	0	1	$\dashv$	Good Retail Practices Violations			
Inspector (Printed) Chulh Bullium		12	611	Requires Reinspection - check box if you intend to reinspect			
	his orde	er to	COTT				
	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.						

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INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEET

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT  TOWN  DATE OF INSPECTION  DATE OF INSPECTION						
INSPECTION FORM # REMARKS	$\dashv$					
10ft front hardrink blocked (cos)	$\exists$					
BC/47c Plastic cups/brols being used as scup; buried	4					
if when et (ws)						
UTC Paper forms lining shelling						
490 Unclian, eusty battles hwelneds to be						
professionally cleaned franced						
* Santizer strip avalable- * hundras how sorp, paper tane, cisnage						
* hundras how sorp, paper tane, Cignage						
x allegn postur posted	* alleyn poster- pooled					
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	$\exists$					
	$\neg$					
INITIAL (INSPECTOR)  INITIAL (PERSON IN CHARGE)						