

Vicki L. Dumas
10/24/24

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>10/24/24</u>		
Establishment <u>Residence Inn by Marriott</u>			Time In <u>1115</u> AM/PM Time Out <u>1140</u> AM/PM		
Address <u>1001 Bridgeport Avenue</u>			LHD <u>NV HP</u>		
Town/City <u>Chelton # 1896</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder			Reinspection Other		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<small>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.</small>					
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	V	COS
Supervision					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4					
Employee Health					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Proper use of restriction and exclusion					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events					
Good Hygienic Practices					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Hands clean and properly washed					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible					
Approved Source					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Food obtained from approved source					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Food received at proper temperature					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>
Food in good condition, safe, and unadulterated					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction					
GOOD RETAIL PRACTICES					
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>					
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					
OUT	N/A	N/O	V	COS	R
Safe Food and Water					
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>
Pasteurized eggs used where required					
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Water and ice from approved source					
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Variance obtained for specialized processing methods					
Food Temperature Control					
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control					
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Plant food properly cooked for hot holding					
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Approved thawing methods used					
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Thermometers provided and accurate					
Food Identification					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Food properly labeled; original container					
Prevention of Food Contamination					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Insects, rodents, and animals not present					
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display					
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Personal cleanliness					
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Wiping cloths: properly used and stored					
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Washing fruits and vegetables					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>Vicki L. Dumas</u>			Date <u>10-24-24</u>		
Person in Charge (Printed) <u>Vicki L. Dumas</u>					
Inspector (Signature) <u>[Signature]</u>			Date <u>10/24/24</u>		
Inspector (Printed) <u>Glen Dumas</u>					
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.					
GOOD RETAIL PRACTICES					
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					
OUT	N/A	N/O	V	COS	R
Proper Use of Utensils					
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
In-use utensils: properly stored					
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled					
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
Single-use/single-service articles: properly stored & used					
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Gloves used properly					
Utensils and Equipment					
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Non-food contact surfaces clean					
Physical Facilities					
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Hot and cold water available; adequate pressure					
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Plumbing installed; proper backflow devices					
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Sewage and waste water properly disposed					
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean					
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained					
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Physical facilities installed, maintained, and clean					
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used					
Natural rubber latex gloves not used per CGS §19a-36f					
Violations documented					
Priority Item Violations			Date corrections due		
Priority Foundation Item Violations			#		
Core Item Violations			<u>9/24/25</u>		
Risk Factor/Public Health Intervention Violations			<u>1</u>		
Repeat Risk Factor/Public Health Intervention Violations			<u>1</u>		
Good Retail Practices Violations			<u>1</u>		
Requires Reinspection - check box if you intend to reinspect			<u>NO</u>		



INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT <u>Residence Inn by Marriott</u>		TOWN <u>Quinton</u>	DATE OF INSPECTION <u>10/24/24</u>
INSPECTION FORM #	REMARKS		
<u>2C</u>	<u>CFPH certificate expired 10/7/24. In process of taking class. (CFPH in-state)</u>		
	<u>* handwash station stocked</u>		
	<u>& sanitizing strips avail.</u>		
	<u>& allergen poster posted</u>		
	<u>* no cooking / reheating of ^{cooked (pre-made)} food being conducted here.</u>		
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)		
<u>JB</u>	<u>USD</u>		

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager