

Connecticut Department of Public Health

Risk Category: 3 Food Estab	lishn	nen	t Ir	nspec	ctio	n Re	port	Page 1	of \geq		
Establishment type: Permanent Temporary Mobile Other					ate:	43/	21				
Establishment / Duul # 2912		- Div	ng Conne	ecticut Heat		ime In	450	AM/PM Time Out	25	ΔM/	/PM
Establishment of Oral # 59/2 Address 328 Derby avenue			D			.HD	MIHY	Time out_			1 101
10 0.1-							e of Inspection	: Routine Pr	e-op		_
Town/City Jelley	0	onnecti	cut De	partment					с-ор		
Permit Holder // FOODBORNE ILLNESS RISK FA	ACTO		A NI	contr		Reinspe	1 1000000177	Other			_
Risk factors are important practices or procedures identified as the most prevalent cont									nee or injur	· ·	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it									O=not ob		od.
P=Priority item Pf=Priority foundation item C=Core item V=violation type				complian			not in compliance	ted on-site during inspection	R=repea	the state of the state of	A VIII A
	V	cos	_		-	N/A N/		ion from Contamination	V-Tepes	_	_
IN OUT N/A N/O Supervision Person/Alternate Person in charge present,	- V	000	.,				Food separated		P/C	I horocon	10000
demonstrates knowledge and performs duties	Pf	0	0	16				urfaces: cleaned & sanitized		_	_
Certified Food Protection Manager for Classes 2		0				-	***	ion of returned, previously	F		
3, & 4	С			17 😞				itioned, and unsafe food		10	\square
Employee Health				101-				ture Control for Safety	DIDGU	10	
Management, food employee and conditional employee;	P/Pf	0		18 0				time and temperatures	P/Pf/C		-
knowledge, responsibilities and reporting Proper use of restriction and exclusion	P	0		19				ng procedures for hot holding time and temperatures		0	00
Written procedures for responding to vomiting and			-	21				ling temperatures	F		-
diarrheal events	Pf	0		22		00		ding temperatures		0	0
Good Hygienic Practices	54.5			23	10			arking and disposition	P/Pf	0	-
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0	24			Time as a publi	ic health control: procedures	P/Pf/C		0
7 No discharge from eyes, nose, and mouth	С	0	0	24			and records		P/PI/C		
Preventing Contamination by Hands	Marie Control			200		-	Cons	umer Advisory			
8 Hands clean and properly washed	P/Pf	0	0	25	0			y provided: raw/undercooked food	Pf	0	0
9 No bare hand contact with RTE food or a	P/Pf/C	0						ceptible Population			
pre-approved alternative procedure properly followed	20000 20000	-		26	10			used; prohibited foods not offered		10	0
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0			/	F		ves and Toxic Substances			_
Approved Source	NEWS I			27	0	0	No.	approved and properly used	j F	0	0
11 Food obtained from approved source	P/Pf/C	-	9	28	0	0		es properly identified,	P/Pf/C		0
12 Food received at proper temperature	P/Pf	-	9				stored & used	ith Assuranced Descendings			
Food in good condition, safe, and unadulterated	P/Pf	0	0					ith Approved Procedures th variance/specialized		1	
Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0	0	29 🔾	0			riteria/HACCP Plan	P/Pf/C		0
	OD RE	TAII	PF	RACTIC	FS	100000	process/rear c	interiar in tool in lair			
Good Retail Practices are preventative measures t						ns. cher	nicals, and physica	al objects into foods.			_
				for COS				on-site during inspection	R=repea	at viola	ation
OUT N/A N/O Safe Food and Water	V	cos		OUT	_		Proper Us	se of Utensils	V	cos	R
30 Pasteurized eggs used where required	Р	0	0			se uten	sils: properly stor		С	0	0
31 Water and ice from approved source	P/Pf/C	0	0	44 🔾	Uter	nsils/equ	ipment/linens: prop	perly stored, dried, & handled	Pf/C		0
32 O Variance obtained for specialized processing methods	Pf	0	0					es: properly stored & used	P/C		0
Food Temperature Control				46 🔾	Glo	ves use	d properly		С	0	0
Proper cooling methods used; adequate equipment for	Pf/C	0			_	- V		s and Equipment		-	
temperature control	1 2 2			47 0				surfaces cleanable,	P/Pf/C		0
34 O Plant food properly cooked for hot holding	Pf	0	0	W. 1.55			signed, construct			+	-
35 O Approved thawing methods used	Pf/C		0	48 🔾				alled, maintained and used;	Pf/C	0	0
36 Thermometers provided and accurate	Pf/C	0	0	100			gents, sanitizers, ontact surfaces c	and test strips available	10	0	0
Food Identification	DUO			4910	Nor	-1000 C			9		10
37 Food properly labeled; original container	PI/C	0	9	50	Hot	and co		sical Facilities e; adequate pressure	Pf	10	0
Prevention of Food Contamination 38 Insects, rodents, and animals not present	Df/C	0					nstalled; proper b		P/Pf/C	_	_
39 Contamination prevented during food preparation, storage & display	P/Pf/C	-	_			0	d waste water pro		P/Pf/C	_	-
40 Personal cleanliness	Pf/C	_						structed, supplied, & clean	Pf/C		
41 Wiping cloths: properly used and stored	С	0						lisposed; facilities maintained	С	0	
42 Washing fruits and vegetables	P/Pf/C			55 🔾	Phy	sical fa	cilities installed, r	maintained, and clean	P/Pf/C	0	0
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is av	ailahla		56 🔾	Ade	quate v	entilation and ligi	hting; designated areas used	d C	0	0
A A A A A A A A A A A A A A A A A A A	1	/	-	The second second				not used per CGS §19a-36f		-44	
Person in Charge (Signature)	2	2	(docum Violati		Date corrections due	_	#	
11/2	1	-	,				Item Violations			_	-
Person in Charge (Printed)	, .					/iolation		andi	15		
)	21.	2 -	_				Health Intervention	on Violations		_	
Inspector (Signature) Date	3/0	77		Repeat	at Ris	k Facto	r/Public Health In	tervention Violations	_	_	
	, ,						ces Violations			1	_
Inspector (Printed) & Unda Bullian								x if you intend to reinspect		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								oy,			
or diapose of upgets tood may appeal such order to the	Luroct	OF OF	HOS	urn not	later	man to	TIV-DIGHT HOUSE	AHAL ISSUISHED OF SILEN ORGE	4		

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INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

CONTINUA	TION SHEET			
	STABLISHMENT	TOWN	DATE	OF INSPECTION
The	Drul & Ale	Derby	1 9	19/2
INSPECTION FORM #		REMA		
Mac	Unclean bay	fles of head		
		V		
	& alleno	posted push	red	
	x log puste	posted push		
	> handsinly	(styled		
	& santzin	strips dvales	yn	
				·
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	4 : "			
	-, 1			9
INITIAL (IN	SPECTOR)	INITL	AL (PERSON IN CHARGE	