


5982

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>		
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>7/24/25</u>		Time In <u>2:50</u> AM/PM <u>PM</u> Time Out <u>3:15</u> AM/PM <u>PM</u>		
Establishment <u>Wingstop</u>				LHD <u>NVHD</u>		
Address <u>49 Pershing Drive #11B</u>				Purpose of Inspection: <u>Routine</u> Pre-op		
Town/City <u>Derby</u>				Reinspection Other		
Permit Holder <u>Bima I Thakkar</u>						
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
<i>Risk factors</i> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <i>Interventions</i> 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		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Employee Health		V COS R		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf <input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		V COS R		
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		V COS R		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Approved Source		V COS R		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Protection from Contamination		V COS R		
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C <input type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Time/Temperature Control for Safety		V COS R		
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P <input type="checkbox"/>	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P <input type="checkbox"/>	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P <input type="checkbox"/>	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P <input type="checkbox"/>	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf <input type="checkbox"/>	<input type="checkbox"/>
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Consumer Advisory		V COS R		
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Highly Susceptible Population		V COS R		
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Food/Color Additives and Toxic Substances		V COS R		
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P <input type="checkbox"/>	<input type="checkbox"/>
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Conformance with Approved Procedures		V COS R		
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES						
<i>Good Retail Practices</i> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
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		Safe Food and Water		V COS R		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Food Temperature Control		V COS R		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Food Identification		V COS R		
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/>	<input type="checkbox"/>
IN OUT N/A N/O		Prevention of Food Contamination		V COS R		
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						
Person in Charge (Signature) <u>[Signature]</u>		Date <u>7/24/25</u>				
Person in Charge (Printed)						
Inspector (Signature) <u>Amanda Ruchin</u>		Date <u>7/24/25</u>				
Inspector (Printed) <u>Amanda Ruchin</u>						
Violations documented		Date corrections due		#		
Priority Item Violations						
Priority Foundation Item Violations						
Core Item Violations						
Risk Factor/Public Health Intervention Violations						
Repeat Risk Factor/Public Health Intervention Violations						
Good Retail Practices Violations						
Requires Reinspection - check box if you intend to reinspect						
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.						

Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 7/24/25

Establishment ~~Chickadee~~ Ning Stop Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bm/ready in	37°F	1 dr freezer	-2°F	French Fries	200°F+
- Carrots	33°F	1 dr Chx cooler	31°F	nugget / Boneless wing	206°F
- Corn	35°F			Chx Cutlet	258°F
- pickles	35°F			Wings (bone in)	211°F
WIC	40°F				
- buttermilk	37°F				
- Fries					

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.
CFRM	<p>2/18/29 5/13/27 2/18/29</p> <p>Ravi P, Sheel Shah, Bharaath Kumar Reddy Sandra</p> <p>Handsink - stocked ✓, Signage ✓, Hot H2O ✓</p> <p>Sanitizer - TS ✓, Quat Sani - Buckets 200-400ppm ✓</p> <p>Allergen Statement ✓, Soda machine / to-go lids - inverted ✓</p> <p>Restroom ✓, Hoods ✓, probe thermometer ✓, ice machine ✓</p> <p>gloves ✓, mops hung ✓, Dry Storage ✓, WIF/cooler ✓</p> <p>Tongs/gloves used ✓, HW ✓, Chix stored sep from wing wic/own car ✓</p> <p>Clean floors ✓, good datemarking + labeling ✓</p> <p>Great job 😊</p> <p>* Needs copy of NVHD Permit</p> <p>* Display once rec.</p>

Person in Charge (Signature)

[Signature]

Date 7/24/25

Inspector (Signature)

[Signature]

Date 7/24/25