


## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 4		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other		Date: 3/5/25		Time In 1200 AM/PM Time Out 1235 AM/PM	
Establishment Hashi Inc				LHD NVHD	
Address 656 New Haven Ave				Purpose of Inspection: Routine Pre-op	
Town/City Derby				Reinspection Other	
Permit Holder Wu Zhu					
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
<i>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.</i>					
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		IN OUT N/A N/O	
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"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O	
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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Protection from Contamination		IN OUT N/A N/O	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C <input type="checkbox"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Time/Temperature Control for Safety		IN OUT N/A N/O	
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Consumer Advisory		IN OUT N/A N/O	
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Highly Susceptible Population		IN OUT N/A N/O	
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Food/Color Additives and Toxic Substances		IN OUT N/A N/O	
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P <input type="checkbox"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Conformance with Approved Procedures		IN OUT N/A N/O	
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>					
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>					
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		OUT N/A N/O	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Food Temperature Control		IN OUT N/A N/O	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Food Identification		IN OUT N/A N/O	
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
IN OUT N/A N/O		Prevention of Food Contamination		IN OUT N/A N/O	
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) [Signature]		Date 3/5/25		Violations documented Date corrections due #	
Person in Charge (Printed)				Priority Item Violations 0	
Inspector (Signature) Amanda Ruchin		Date 3/5/25		Priority Foundation Item Violations 3	
Inspector (Printed) Amanda Ruchin				Core Item Violations 1	
				Risk Factor/Public Health Intervention Violations 1	
				Repeat Risk Factor/Public Health Intervention Violations 3	
				Good Retail Practices Violations 3	
				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

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LHD NVHD

Inspection Report Continuation Sheet

Date 3/5/25

Establishment Hashi Inc Town Derby

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sushi reach in	36°F	Soup (clear)	188°F	raw chx in running H <sub>2</sub> O	35°F
Open/slicer	41°F	- miso Soup	179°F	2 der	45°F
- Tuna/Salmon	41°F	Bm/reach	37°F	WIC	36°F
- Cucumber	41°F	- raw chx	38°F	- raw chx	35°F
- rice	109°F	- raw shrimp	37°F	- noodles/rice	38°F
Chicken (cooling) on rack	110-130°F	- cooked shrimp	40°F	WIF	4°F
rice in cooker	181°F	Bm/reach	38°F		
		- egg roll	40°F		

## OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
	5/27/26 11/27/27
CFPM	- Wu Zhu, Yu Ho Chun → on-site
	Handsink - FOH - stocked ✓, signage ✓, Hot H <sub>2</sub> O 90°F ✓ (sushi)
	Sanitizer - Chlorine 50-100 ppm ✓ (Bucket)
	Sushi Area - ok ✓, Rice logs ✓, Chicken defrosting in running cold H <sub>2</sub> O ✓
	Allergen poster ✓, To go inverted ✓
	probe thermometer ✓, Dishmachine 50-100 ppm ✓
	Consumer Advisory + Allergen Statement ✓, Restrooms ✓
C 37 ✓	Flour (white granulated powders) in buckets not labeled - COS, labeled ✓
C 47 ✓	Non food / NSF Buckets used to marinate ribs (Storage bin used) ✓
C 55 ✓	map stored in bucket → hang to dry when not in use - COS, PIC hung map ✓
PF 28	No Sani bucket made @ Start of inspection - COS, PIC made bucket ✓
	make sure this is made @ start of each 50-100 ppm ✓
	day + changed out every 4 hours! should be 50-100 ppm

Person in Charge (Signature) Ch Y

Date 3/5/25

Inspector (Signature) Amanda Pichini

Date 3/5/25