

6003

## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>4</u>		<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <u>11/13/24</u>		
Establishment <u>Hashi Inc</u>			Time In <u>12:25</u> AM/PM Time Out <u>          </u> AM/PM		
Address <u>656 New Haven Ave</u>			LHD <u>NVHD</u>		
Town/City <u>Derby</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>Wu Zhu</u>			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 Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Food separated and protected					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized					
								Proper disposition of returned, previously served, reconditioned, and unsafe food					
Employee Health								Time/Temperature Control for Safety					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting								Proper cooking time and temperatures					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion								Proper reheating procedures for hot holding					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events								Proper cooling time and temperatures					
								Proper hot holding temperatures					
Good Hygienic Practices								Proper cold holding temperatures					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use								Proper date marking and disposition					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth								Time as a public health control: procedures and records					
Preventing Contamination by Hands								Consumer Advisory					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed								Consumer advisory provided: raw/undercooked food					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								Highly Susceptible Population					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessable								Pasteurized foods used; prohibited foods not offered					
Approved Source								Food/Color Additives and Toxic Substances					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source								Food additives: approved and properly used					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature								Toxic substances properly identified, stored & used					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
Food in good condition, safe, and unadulterated								Compliance with variance/specialized process/ROP criteria/HACCP Plan					
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction													

  

GOOD RETAIL PRACTICES															
Good Retail Practices 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															
Safe Food and Water				Proper Use of Utensils				Utensils and Equipment							
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized eggs used where required								In-use utensils: properly stored				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water and ice from approved source								Utensils/equipment/linens: properly stored, dried, & handled				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods								Single-use/single-service articles: properly stored & used				Non-food contact surfaces clean			
Food Temperature Control								Physical Facilities							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control								Hot and cold water available; adequate pressure				Plumbing installed; proper backflow devices			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plant food properly cooked for hot holding								Sewage and waste water properly disposed				Toilet facilities: properly constructed, supplied, & clean			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used								Garbage and refuse properly disposed; facilities maintained				Physical facilities installed, maintained, and clean			
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used				
Thermometers provided and accurate								Natural rubber latex gloves not used per CGS §19a-36f							
Food Identification								Violations documented				Date corrections due			
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations				Priority Foundation Item Violations				
Food properly labeled; original container								Core Item Violations				Risk Factor/Public Health Intervention Violations			
Prevention of Food Contamination								Repeat Risk Factor/Public Health Intervention Violations				Good Retail Practices Violations			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect								
Insects, rodents, and animals not present															
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>									
Personal cleanliness															
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>									
Wiping cloths: properly used and stored															
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<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>[Signature]</u>	Date <u>11/13/24</u>	
Person in Charge (Printed) <u>Chun In Ho</u>		
Inspector (Signature) <u>Amanda Ruchin</u>	Date <u>11/13/24</u>	
Inspector (Printed) <u>Amanda Ruchin</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.		
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# Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 11/13/24

Establishment Hashi

Town Derby

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Showcase (sushi)	39°F	Sushi Reach in	36°F	rice in kitchen	170°F
- Salmon	37°F	W/F	4°F	Soup	176°F
- Crab	37°F	Bm/reach-in	34°F	Wontons	138°F
Sushi rice - cooking	130°F	- Raw chx	38°F	2 dr unit	37°F
WIC	33°F	- Raw beef	38°F		
- Chicken (cooked)	44°F	- Raw Shrimp	37°F		
- Spare ribs	38°F	2 Bm/reach			
- raw Chx	39°F	- Egg rolls + Spare rib	41°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.
CFPM	- WU Zhu 9/21/26, Yo ho Chun 11/27/27 ✓
	Handsink - stocked @ sushi ✓, Signage ✓, Hot H <sub>2</sub> O 98°F ✓
	Sanitizer - Chlorine Dishmachine 50-100ppm ✓, Bucket 50-100ppm ✓
	Allergen Statement ✓, Consumer Advisory ✓
	mop/brooms hung ✓, rice log ✓, Allergen Poster ✓
(Raw)	Chicken/eggs stored correctly ✓, Chest freezer ✓, Bins BOTH labeled ✓
	Dry Storage ✓, Datemarking + labels ✓
	Nitrile gloves ✓

- # 10 ✓ Handsink labeled for HW used for other purposes @ sushi - COS, moved to prep sink
- C 39 ✓ Bins of food on floor WIC - COS, PIC placed bins on shelf
- C 39 ✓ Personal item stored w/ dry storage - COS, PIC moved item from storage
- C 41 Wiping cloths stored on counters
- C 49 Hoods/baffles unclean
- C 43 Tongs hanging off stove

Good job fixing previous violations 😊

Person in Charge (Signature)

Date 11/13/24

Inspector (Signature) Amanda Ruchin

Date 11/13/24