

# Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		<b>Food Establishment Inspection Report</b>		Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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<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>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, &amp; 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned &amp; sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;"><b>Employee Health</b></td> <td colspan="8" style="text-align: center;"><b>Time/Temperature Control for Safety</b></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;"><b>Good Hygienic Practices</b></td> <td colspan="8" style="text-align: center;"><b>Consumer Advisory</b></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Time as a public health control: procedures and records</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;"><b>Preventing Contamination by Hands</b></td> <td colspan="8" style="text-align: center;"><b>Highly Susceptible Population</b></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td colspan="8" style="text-align: center;"><b>Food/Color Additives and Toxic Substances</b></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;"><b>Approved Source</b></td> <td colspan="8" style="text-align: center;"><b>Conformance with Approved Procedures</b></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Toxic substances properly identified, stored &amp; used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td colspan="8" style="text-align: center;"><b>GOOD RETAIL PRACTICES</b></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td colspan="8"><small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small></td> </tr> <tr> <td colspan="16">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</td> </tr> <tr> <td colspan="16"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th> <th>OUT</th><th>Proper Use of Utensils</th><th>V</th><th>COS</th><th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>In-use utensils: properly stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Utensils/equipment/linens: properly stored, dried, &amp; handled</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Single-use/single-service articles: properly stored &amp; used</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>Food Temperature Control</b></td> <td colspan="6" style="text-align: center;"><b>Utensils and Equipment</b></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td colspan="6" style="text-align: center;"><b>Physical Facilities</b></td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>Food Identification</b></td> <td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>Prevention of Food Contamination</b></td> <td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Toilet facilities: properly constructed, supplied, &amp; clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage &amp; display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="16"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="12">                 Person in Charge (Signature) <u>[Signature]</u> Date <u>12-02-2024</u>                  Person in Charge (Printed) _____                  Inspector (Signature) <u>Amanda Ruchin</u> Date <u>12/2/24</u>                  Inspector (Printed) <u>Amanda Ruchin</u> </td> <td colspan="4"> <b>Violations documented</b>                  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 <input type="checkbox"/> </td> </tr> </table> </td> </tr> <tr> <td colspan="16">                 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.             </td> </tr> </tbody></table>						IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Employee Health</b>								<b>Time/Temperature Control for Safety</b>								<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good Hygienic Practices</b>								<b>Consumer Advisory</b>								<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<b>Preventing Contamination by Hands</b>								<b>Highly Susceptible Population</b>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<b>Food/Color Additives and Toxic Substances</b>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Approved Source</b>								<b>Conformance with Approved Procedures</b>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<b>GOOD RETAIL PRACTICES</b>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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																<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th> <th>OUT</th><th>Proper Use of Utensils</th><th>V</th><th>COS</th><th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>In-use utensils: properly stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Utensils/equipment/linens: properly stored, dried, &amp; handled</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Single-use/single-service articles: properly stored &amp; used</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>Food Temperature Control</b></td> <td colspan="6" style="text-align: center;"><b>Utensils and Equipment</b></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td colspan="6" style="text-align: center;"><b>Physical Facilities</b></td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>Food Identification</b></td> <td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>Prevention of Food Contamination</b></td> <td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Toilet facilities: properly constructed, supplied, &amp; clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage &amp; display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table>																OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>						<b>Utensils and Equipment</b>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; 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facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="12">                 Person in Charge (Signature) <u>[Signature]</u> Date <u>12-02-2024</u>                  Person in Charge (Printed) _____                  Inspector (Signature) <u>Amanda Ruchin</u> Date <u>12/2/24</u>                  Inspector (Printed) <u>Amanda Ruchin</u> </td> <td colspan="4"> <b>Violations documented</b>                  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 <input type="checkbox"/> </td> </tr> </table>																Person in Charge (Signature) <u>[Signature]</u> Date <u>12-02-2024</u> Person in Charge (Printed) _____ Inspector (Signature) <u>Amanda Ruchin</u> Date <u>12/2/24</u> Inspector (Printed) <u>Amanda Ruchin</u>												<b>Violations documented</b> 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 <input type="checkbox"/>				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.															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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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 NUHD

Inspection Report Continuation Sheet

Date 12/2/24

Establishment The Sawmill Grille Town Shelton

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Grab+Go	42°F	Salad		HH-Chx Florentine	146°F
- chx Salad	45°F	- Boiled eggs	45°F	- Sauce	144°F
- mixed fruit cup	43°F	- Cut cucumbers	41°F	- meatballs	155°F
- yogurt	43°F	- tomatoes	42°F	- Sausage + peppers	165°F
Drawers	33°F	- mozz cheese	43°F	- grilled chx	140°F
- Sausage patty	40°F	Bm-Tuna	41°F	2dr freezer	-7°F
WIC - Turkey/ambrosia	38°F	- Sliced tom	41°F		
- milk/prov cheese	38°F				

## 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.
CFPM	- Sandra Fabula 10/3/27
	Handsink - Stocked ✓, Signage ✓, 127°F Hot, H2O ✓
	Sanitizer - 3 Bay Chlorine 50 ppm ✓, Buckets ✓
	Allergen Statement ✓, Consumer Advisory ✓, Labels ✓
	probe thermometer ✓, mop/broom hung ✓, ice machine ✓
	Dry Storage ✓, Deli Slicer ✓, Hoods/baffles ✓
	✓/D plan ✓, Allergen poster ✓, datemarking ✓
	* Temps for Grab+go / Salad Station - items just prepped, just watch, had PIC cover to help maintain @ Salad
	Everything looks clean / Good job!
	Glove use ✓

Person in Charge (Signature) Sandra S. Fabula

Date

Inspector (Signature) Amanda Rushin

Date 12/2/24