


3299

# Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>				Page 1 of <b>2</b>							
Establishment type: <b>Permanent</b> Temporary Mobile Other				Date: <b>9/25/24</b>									
Establishment <b>Derby middle school</b>				Time In <b>12:00</b> AM/PM		Time Out <b>12:25</b> AM/PM							
Address <b>75 Chatfield St</b>				LHD <b>NVHD</b>									
Town/City <b>Derby</b>				Purpose of Inspection: <b>Routine</b> Pre-op									
Permit Holder <b>Derby Public Schools - Salvador Ginnetti</b>				Reinspection Other									
<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													
<b>Supervision</b>				<b>Protection from Contamination</b>									
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									
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures									
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>
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"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Time as a public health control: procedures and records									
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>									
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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				Pasteurized foods used; prohibited foods not offered									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>						
Adequate handwashing sinks, properly supplied/accessible				Food additives: approved and properly used									
<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Toxic substances properly identified, stored & 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				Compliance with variance/specialized process/ROP criteria/HACCP Plan									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>						
Food in good condition, safe, and unadulterated				<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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						
Required records available: molluscan shellfish identification, parasite destruction				<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required				In-use utensils: properly stored									
31	<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"/>				
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled									
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used									
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>									
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control				Food and non-food contact surfaces cleanable, properly designed, constructed, and used									
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available									
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used				Non-food contact surfaces clean									
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>							
Thermometers provided and accurate				50 <input type="checkbox"/> Hot and cold water available; adequate pressure									
<b>Food Identification</b>				51 <input type="checkbox"/> Plumbing installed; proper backflow devices									
37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52 <input type="checkbox"/> Sewage and waste water properly disposed							
Food properly labeled; original container				53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean									
<b>Prevention of Food Contamination</b>				54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained									
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 <input type="checkbox"/> Physical facilities installed, maintained, and clean							
Insects, rodents, and animals not present				56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used									
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	57 <input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f							
Contamination prevented during food preparation, storage & display				<b>Violations documented</b>									
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations							
Personal cleanliness				Priority Foundation Item Violations									
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations	<b>12/25/24</b>						
Wiping cloths: properly used and stored				Risk Factor/Public Health Intervention Violations									
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations							
Washing fruits and vegetables				Good Retail Practices Violations									
<b>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</b>				Requires Reinspection - check box if you intend to reinspect									
Person in Charge (Signature) <i>[Signature]</i>		Date		Person in Charge (Printed) <i>[Signature]</i>		Inspector (Signature) <i>Amanda Michaux</i>		Date <b>9/25/24</b>					
Person in Charge (Printed) <i>[Signature]</i>		Date		Inspector (Printed) <i>Amanda Michaux</i>		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

LHD NVHD Inspection Report Continuation Sheet

Date 9/25/24

Establishment Derby Middle School Town Derby

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC	35°F	3dr reach (continental)	35°F	TURBO AIR 1dr	37°F
-milk 33°F, Shells/pasta 33°F		-Cheese	39°F	-Cheese	37°F
-Sour Cream 33°F, Ham 34°F		HH - pasta	140°F	-Cream Cheese	39°F
WIF	9°F			-Sauce	42°F
				Bm self - pickles	39°F
				-Turkey wrap	43°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	Observations and Corrective Actions
CFPM	<p>Lenora Stockmal 4/11/28</p> <p>Handsink - stocked ✓, Hot H2O 86°F, signage ✓</p> <p>Dry storage ✓, WIC/WIF temp logs ✓, vinyl gloves ✓, microwave ✓</p> <p>ice machine - clean ✓</p> <p>Sanitizer - Lactic Acid ✓, Test strips ✓</p> <p>All items inverted ✓, Datemarking ✓, hoods/baffles ✓</p> <p>Probe wipes ✓, provided Allergen poster ✓, probe thermometer ✓</p>
C 47	Ice machine cover missing
	Good Job 😊

Person in Charge (Signature) [Signature] Date \_\_\_\_\_

Inspector (Signature) Amanda [Signature] Date 9/25/24