


Andrea Barahona
061229

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: Permanent <u>Temporary</u> Mobile Other _____		Date: <u>9/19/24</u>		Time In: <u>4:40</u> AM/PM		Time Out: <u>5:50</u> AM/PM	
Establishment: <u>Taco Plus, Tacosa, Taco Loco</u>				LHD: <u>Nutro</u>		Purpose of Inspection: <u>Routine</u> Pre-op	
Address: <u>77 Sodom Lane</u>				Reinspection: _____ Other _____			
Town/City: <u>Deerfield</u>							
Permit Holder: <u>Fachay Tomasso</u>							
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
<p><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></p> <p>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> <p>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</p>							
Supervision				Protection from Contamination			
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" 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"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized			
Employee Health				Time/Temperature Control for Safety			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" 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"/>	<input type="checkbox"/>	19	<input checked="" 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"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures			
Good Hygienic Practices				Consumer Advisory			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population		
No discharge from eyes, nose, and mouth				Pasteurized foods used, prohibited foods not offered			
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Food additives: approved and properly used			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Toxic substances properly identified, stored & used			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures		
Adequate handwashing sinks, properly supplied/accessible				Compliance with variance/specialized process/ROP criteria/HACCP Plan			
Approved Source				GOOD RETAIL PRACTICES			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Food obtained from approved source				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			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water		
Food received at proper temperature				30 <input type="checkbox"/> Pasteurized eggs used where required			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 <input type="checkbox"/> Water and ice from approved source		
Food in good condition, safe, and unadulterated				32 <input type="checkbox"/> Variance obtained for specialized processing methods			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control		
Required records available: molluscan shellfish identification, parasite destruction				33 <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control			
GOOD RETAIL PRACTICES				Proper Use of Utensils			
34 <input type="checkbox"/> Plant food properly cooked for hot holding				43 <input checked="" type="checkbox"/> In-use utensils: properly stored			
35 <input type="checkbox"/> Approved thawing methods used				44 <input checked="" type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled			
36 <input type="checkbox"/> Thermometers provided and accurate				45 <input type="checkbox"/> Single-use/single-service articles: properly stored & used			
Food Identification				46 <input type="checkbox"/> Gloves used properly			
37 <input checked="" type="checkbox"/> Food properly labeled; original container				Utensils and Equipment			
Prevention of Food Contamination				47 <input checked="" type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
38 <input type="checkbox"/> Insects, rodents, and animals not present				48 <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
39 <input type="checkbox"/> Contamination prevented during food preparation, storage & display				49 <input type="checkbox"/> Non-food contact surfaces clean			
40 <input type="checkbox"/> Personal cleanliness				Physical Facilities			
41 <input type="checkbox"/> Wiping cloths: properly used and stored				50 <input type="checkbox"/> Hot and cold water available; adequate pressure			
42 <input type="checkbox"/> Washing fruits and vegetables				51 <input type="checkbox"/> Plumbing installed; proper backflow devices			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				52 <input type="checkbox"/> Sewage and waste water properly disposed			
Person in Charge (Signature): <u>Andrea Barahona</u>		Date: <u>09-19-24</u>		Violations documented		Date corrections due	
Person in Charge (Printed): <u>Andrea Barahona</u>		Inspector (Signature): <u>Blenda Brennan</u>		Date: <u>9/19/24</u>		Priority Item Violations	
Inspector (Printed): <u>Blenda Brennan</u>		Inspector (Signature): _____		Date: _____		Priority Foundation Item Violations	
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.		Appeal: _____		Date: _____		Core Item Violations	
				Risk Factor/Public Health Intervention Violations		4	
				Repeat Risk Factor/Public Health Intervention Violations		4	
				Good Retail Practices Violations		5	
				Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>	

guacamole 38 · pure 36 · yam rice 98 · - discarded ~~reusable~~
 chicken wrap 37 · steau 36 · beans 99 · - discarded ~~reusable~~
 yellow rice 36 · mustard can 40 ·  ~~discarded~~
 shrimp 36 · beans 40 · ~~discarded~~
 chud tom 39 · ~~discarded~~
 onions 39 · STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

NAME OF ESTABLISHMENT Taco Plus / Taco Foco	TOWN Derby	DATE OF INSPECTION 9/11/24
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INSPECTION FORM #	REMARKS
3PT	missing employee illness reporting policy (cos)
5PT	missing written procedures for vomiting and diarrheal events (cos)
19P	improper reheating procedures for hot holding (- yellow rice 98 / beans - 99). Food discarded.
23PT	date marking of RTE LTL foods not being done for all food (cos)
36PT	missing probe type thermometer (cos)
43C	handle of tongs stored in food (cos)
37C	granulated powders out of original container not labeled (cos)
47C	ref. not keeping temp; observed that no food in other ref. - temp readings 49° & 50° (2 diff. thermometers)
49C	hood, buffers dusty - also needs to be serviced - due May 2024
	* CFM posted food allergy awareness poster

INITIAL (INSPECTOR) *jos* INITIAL (PERSON IN CHARGE) *LB.*

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