Connecticut Department of Public Health

5572 Connecticut Department of Public Health									
Risk Category: 3 Food Establishment Inspection Report Page 1 of 2									
Establishment type: Permanent Temporary Mobile Other					Date:	2-5-2	9		
Establishment HOUVILL DONUTS		4eequ.	ng Conne	ecticut Health	Time In_	1155	M/PM Time Out_	AM/PM	
Address 716 Derby Avenue			P	H)	LHD	NHD			
Town/City Self Mour					Purpose	of Inspection:	Routine Pre	-ор	
Permit Holder Apastasias Badas	Co	onnecti of Pu	cut De ublic H	partment ealth	Reinspe	ction	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 it		all days	Marine Comment	compliance		ot in compliance		D=not observed	
P=Priority item Pf=Priority foundation item C=Core item V=violation type				The second second				R=repeat violation	
IN OUT N/A N/O Supervision	V	cos	_		OUT N/A N/C		on from Contamination	V COS R	
Person/Alternate Person in charge present		-		15		Food separated		P/C 0 0	
demonstrates knowledge and performs duties	Pf	0	0	16	90		urfaces: cleaned & sanitized	P/Pf/C O O	
2 Certified Food Protection Manager for Classes 2,	С	0	0	17			on of returned, previously	POO	
3, & 4			3000				tioned, and unsafe food		
Employee Health Management, food employee and conditional employee;				18 🔾			time and temperatures	P/Pf/C O O	
knowledge, responsibilities and reporting	P/Pf	0	0				g procedures for hot holding	P 0 0	
4 Proper use of restriction and exclusion	Р	0	0				time and temperatures	POO	
5 Written procedures for responding to vomiting and	Pf			21 🔾			ing temperatures	POO	
diarrneal events				22			ding temperatures	POO	
Good Hygienic Practices	1			23			rking and disposition	P/Pf O O	
6 Proper eating, tasting, drinking, or tobacco products use 7 No discharge from eyes, nose, and mouth	e P/C	1	00	24 0	0,00		c health control: procedures	P/Pf/C O	
7 No discharge from eyes, nose, and mouth Preventing Contamination by Hands	C	0				and records	umer Advisory		
8 Hands clean and properly washed	P/Pf	0	0	25			y provided: raw/undercooked food	Pf OO	
No hare hand contact with RTF food or a					/		ceptible Population		
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26 🔾		Pasteurized foods	used; prohibited foods not offered	P/C O O	
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		Fo	od/Color Additi	ves and Toxic Substances		
Approved Source					00		approved and properly used	POO	
11 Food obtained from approved source	P/Pf/C	-	0	28			es properly identified,	(P/PF/C &	
12 Food received at proper temperature Food in good condition, safe, and unadulterated	P/Pf P/Pf	-	00			stored & used	th Approved Procedures		
Required records available: molluscan shellfish							h variance/specialized	- In the last of t	
identification, parasite destruction	P/Pf/C	0		29			riteria/HACCP Plan	P/Pf/C O	
GOOD RETAIL PRACTICES									
Good Retail Practices are preventative measures to									
				for COS ar	nd/or R			R=repeat violation	
OUT N/A N/O Safe Food and Water 30 Pasteurized eggs used where required	V P	cos	R	OUT	n uso utono	Proper Us sils: properly stor	e of Utensils	V COS R	
31 Water and ice from approved source	P/Pf/C						perly stored, dried, & handled	Pf/C O O	
31 Water and ice from approved source 32 Variance obtained for specialized processing methods	Pf	0	0				es: properly stored & used	P/C 0 0	
Food Temperature Control					Gloves used			c 00	
Proper cooling methods used; adequate equipment for	Pf/C	0		_	1	Utensils	and Equipment		
temperature control		-		44/10			surfaces cleanable,	P/P/IC O	
34 O Plant food properly cooked for hot holding	Pf	_	0			signed, construct			
35 Approved thawing methods used 36 Thermometers provided and accurate	Pf/C	-	00				lled, maintained and used; and test strips available	Pf/C O	
Food Identification	PI/C		4	-		intact surfaces c		7000	
37 Food properly labeled; original container	Pf/C	0	0	4001	1011 1000 00		ical Facilities	9	
Prevention of Food Contamination	1			50 O F	lot and cold		; adequate pressure	Pf O O	
38 Insects, rodents, and animals not present	Pf/C	0	0	51 O F	Plumbing in	stalled; proper ba	ackflow devices	P/Pf/C O	
39 Contamination prevented during food preparation, storage & display	P/Pf/C					d waste water pro		P/Pf/C O	
40 Personal cleanliness	Pf/C	_	_				structed, supplied, & clean	Pf/C O O	
41 Wiping cloths: properly used and stored	C	-	00				sposed; facilities maintained	C O O	
42 Washing fruits and vegetables	P/Pf/C						naintained, and clean nting; designated areas used	c 0 0	
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable	e.				not used per CGS §19a-36f		
	0		1		ns docume		Date corrections due	, #	
Person in Charge (Signature) Date	15	17	34		em Violatio		(OS	1	
Person in Charge (Brinted)	0	(- /			Item Violations	2/6/22	9	
Person in Charge (Printed)	1				m Violations	S Health Intervention	on Violations	2	
Inspector (Signature) Date	2/2	14	1				ervention Violations	-	
1 mil Divana	-			Good Re	tail Practic	es Violations		2	
Inspector (Printed) 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.									

Inspection Report Continuation Sheet	-
Date 1772	
Establishment teaviny Donuts Town Seymour	
TEMPERATURE OBSERVATIONS Item/Location/Process Temp Item/Location/Process	
Tabelling + datemaking restrooms stocked tyicide organization good test strips i.e machine good basement + dry storage avea good Santiter bleach	
47C HOOO) are auty above grills. 47C Syrup to the near drivethry window inclean 28p Sanitizer backet Fort reading & ppm cos. Employee remade 50ppm	
Person in Charge (Signature) 34413 Date 1715124 Inspector (Signature) Date 1715124	1