

5946

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 1/15/26

Establishment Adriatic Marchigian Club Time In 2:50 AM/PM PM Time Out _____ AM/PM

Address 30 Hawthorne Ave LHD NVHD

Town/City Derby Purpose of Inspection: Routine Pre-op

Permit Holder _____ 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					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
Supervision															
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Certified Food Protection Manager for Classes 2, 3, & 4				C			Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Health															
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			Proper disposition of returned, previously served, reconditioned, and unsafe food				P	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper use of restriction and exclusion				P			Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Written procedures for responding to vomiting and diarrheal events				Pf			Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>		
Good Hygienic Practices															
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper eating, tasting, drinking, or tobacco products use				P/C			Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
No discharge from eyes, nose, and mouth				C			Proper hot holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>		
Preventing Contamination by Hands															
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Hands clean and properly washed				P/Pf			Proper cold holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>		
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				23	<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			Proper date marking and disposition				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Adequate handwashing sinks, properly supplied/accessible				Pf			Time as a public health control: procedures and records				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Source															
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Consumer Advisory								
Food obtained from approved source				P/Pf/C			Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Highly Susceptible Population								
Food received at proper temperature				P/Pf			Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>	<input type="checkbox"/>		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food/Color Additives and Toxic Substances								
Food in good condition, safe, and unadulterated				P/Pf			Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>		
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			Conformance with Approved Procedures								
							Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		

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		
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R						
Safe Food and Water															
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Pasteurized eggs used where required				P		In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Water and ice from approved source				P/Pf/C		Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Variance obtained for specialized processing methods				Pf		Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Food Temperature Control															
33	<input type="checkbox"/>	<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				Pf/C		Gloves used properly				C	<input type="checkbox"/>	<input type="checkbox"/>			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Utensils and Equipment									
Plant food properly cooked for hot holding				Pf		Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Approved thawing methods used				Pf/C		Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Thermometers provided and accurate				Pf/C		Non-food contact surfaces clean				C	<input type="checkbox"/>	<input type="checkbox"/>			
Food Identification															
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Physical Facilities									
Food properly labeled; original container				Pf/C		Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>			
Prevention of Food Contamination															
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Insects, rodents, and animals not present				Pf/C		Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Contamination prevented during food preparation, storage & display				P/Pf/C		Sewage and waste water properly disposed				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Personal cleanliness				Pf/C		Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Wiping cloths: properly used and stored				C		Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Washing fruits and vegetables				P/Pf/C		Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															

Person in Charge (Signature) [Signature] Date 1/15/26

Person in Charge (Printed) _____

Inspector (Signature) [Signature] Date 1/15/26

Inspector (Printed) Amanda Rubin

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>1/25/26</u>	3
Core Item Violations	<u>4/15/26</u>	1
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		2
Good Retail Practices Violations		2
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.

Food Establishment Inspection Report

LHD NUHD

Inspection Report Continuation Sheet

Date 1/15/26

Establishment Adriatic Marchigian Club Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 dr	-0.7°F	2 dr	39°F	1 dr in Storage	36°F
2 dr Sauce	-0.7°F	-Cheese	39°F		
		-meats			
3 dr low	36°F				
-Eggs	38°F				
other side	40°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>Michael Rizzio 1/31/29</p> <p>Handsink - Hot H₂O ✓, Stocked ✓</p> <p>Sanitizer - Hydrogen Peroxide ✓, Chlorine ✓, TS ✓</p> <p>Sauce - datemarked ✓, datemarking/labels ✓</p> <p>3 Bay ✓</p> <p>NPCA - was inspected / approved grease trap ✓</p> <p>Dry Storage ✓</p>
pt 48	Dishmachine in Disrepair → using 3 Bay + parts on order, email when fixed
C 10	No Signage @ HW Sink - COS ✓
PF 51	HS has pt hose connected - remove
PF 5	No bodily Fluid Kit
	NO food prep during insp
	→ Send corrections via text or email by 1/25/26 ARUCHIN@NUHD.ORG

Person in Charge (Signature)	Date <u>1/15/26</u>
Inspector (Signature)	Date <u>1/15/26</u>