


6946

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3		Food Establishment Inspection Report			Page 1 of 2										
Establishment type: Permanent Temporary Mobile Other _____				Date: 12/4/24											
Establishment Adriatic Marchigian Club				Time In 3:00 AM/PM PM Time Out 3:25 AM/PM PM											
Address 30 Hawthorne Ave				LHD NVHD											
Town/City Derby				Purpose of Inspection: Routine Pre-op											
Permit Holder Adriatic Marchigian Club mc				Reinspection Other _____											
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
<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															
Supervision			Protection from Contamination												
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"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Person/Alternate Person in charge present, demonstrates knowledge and performs duties			Food separated and protected						P/C	<input type="checkbox"/>	<input type="checkbox"/>				
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Certified Food Protection Manager for Classes 2, 3, & 4			Food-contact surfaces: cleaned & sanitized						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Employee Health			Time/Temperature Control for Safety												
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Management, food employee and conditional employee; knowledge, responsibilities and reporting			Proper cooking time and temperatures						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper use of restriction and exclusion			Proper reheating procedures for hot holding						P	<input type="checkbox"/>	<input type="checkbox"/>				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Written procedures for responding to vomiting and diarrheal events			Proper cooling time and temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>				
Good Hygienic Practices			Consumer Advisory												
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper eating, tasting, drinking, or tobacco products use			Consumer advisory provided: raw/undercooked food						Pf	<input type="checkbox"/>	<input type="checkbox"/>				
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
No discharge from eyes, nose, and mouth			Highly Susceptible Population						P/C	<input type="checkbox"/>	<input type="checkbox"/>				
Preventing Contamination by Hands			Food/Color Additives and Toxic Substances												
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hands clean and properly washed			Food additives: approved and properly used						P	<input type="checkbox"/>	<input type="checkbox"/>				
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	24	<input type="checkbox"/>	<input 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			Toxic substances properly identified, stored & used						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Conformance with Approved Procedures									
Adequate handwashing sinks, properly supplied/accessible			Compliance with variance/specialized process/ROP criteria/HACCP Plan						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Approved Source			GOOD RETAIL PRACTICES												
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>									
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"/>	P/Pf	<input type="checkbox"/>	Safe Food and Water		OUT		Proper Use of Utensils					
Food received at proper temperature			V		COS		R		V		COS				
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, and unadulterated			P		C		R		C		C		<input type="checkbox"/>		
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C		P/Pf/C		P/Pf/C		P/Pf/C		P/C		<input type="checkbox"/>		
GOOD RETAIL PRACTICES			Food Temperature Control				Food Identification		Physical Facilities		Violations documented		Date corrections due		
Proper cooling methods used; adequate equipment for temperature control			Pf/C		Pf/C		Pf/C		Pf		Priority Item Violations		_____		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Priority Foundation Item Violations	_____		
Plant food properly cooked for hot holding			Pf		P/Pf/C		P/Pf/C		P/Pf/C		Core Item Violations		3/4/24		
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations	1		
Approved thawing methods used			Pf/C		P/Pf/C		P/Pf/C		P/Pf/C		Repeat Risk Factor/Public Health Intervention Violations		2		
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Good Retail Practices Violations	2		
Thermometers provided and accurate			Pf/C		P/Pf/C		P/Pf/C		P/Pf/C		Requires Reinspection - check box if you intend to reinspect		1		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>				
Food properly labeled; original container			Pf/C		P/Pf/C		P/Pf/C		P/Pf/C		Natural rubber latex gloves not used per CGS §19a-36f		C		
Prevention of Food Contamination			Physical Facilities				Personnel		Personnel		Personnel		Personnel		
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>				
Insects, rodents, and animals not present			Pf/C		P/Pf/C		P/Pf/C		P/Pf/C		P/Pf/C				
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display			P/Pf/C		P/Pf/C		P/Pf/C		P/Pf/C		P/Pf/C				
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>				
Personal cleanliness			Pf/C		P/Pf/C		P/Pf/C		P/Pf/C		P/Pf/C				
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>				
Wiping cloths: properly used and stored			C		P/Pf/C		P/Pf/C		P/Pf/C		P/Pf/C				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>				
Washing fruits and vegetables			P/Pf/C		P/Pf/C		P/Pf/C		P/Pf/C		P/Pf/C				
Personnel			Personnel				Personnel		Personnel		Personnel		Personnel		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			Person in Charge (Signature) <i>[Signature]</i> Date 12/4/24				Person in Charge (Printed) _____				Inspector (Signature) <i>[Signature]</i> Date 12/4/24				
Person in Charge (Printed) _____			Inspector (Printed) <i>[Signature]</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 12/4/24

Establishment Adriatic Marchigian Club Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 dr unit - hot dogs	-5°F -1°F	2dr Yukon unit - Am Cheese	40°F 37°F		
1 Dr Arctic Air - hot dogs - Butter	34°F 36°F 37°F	- mayo - Lettuce	40°F 38°F		
3dr reach-in (across 3 Bay)	38°F	3dr reach in (across stove/oven)	36°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
	1/31/29 1/31/29
C 10	Bob J Rzepko, Joseph Sabatini Jr hot H2O ✓
	Handsink - Hot H2O 108°F ✓, Bar HS Stocked/signage ✓
	Sanitizer - Chlorine
	microwave ✓, ice machine ✓, Dry Storage - OK ✓
	hoods ✓, probe thermometer ✓ All food stored off floor - good ✓
	Nitrile gloves ✓, Dish machine 180°F ✓
	Bar Area ✓

Cleansed
Vest. F

- C 10 No signage @ Kitchen Handsink - COS, Sign hung ✓
- C 55 Floors around equipment unclean
- C 55 vent/duct disrepair by handsink

Person in Charge (Signature) [Signature]
Inspector (Signature) Amanda Ruchin

Date 12/4/24
Date 12/4/24