

6116

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3		Food Establishment Inspection Report				Page 1 of <u>2</u>																										
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>2/18/25</u>																												
Establishment <u>Dixie Kitchen</u>				Time In <u>12:00</u> AM/PM Time Out <u>12:55</u> AM/PM																												
Address <u>49 Pershing Drive</u>				LHD <u>NVHD</u>																												
Town/City <u>Derby</u>				Purpose of Inspection: <u>Routine</u> Pre-op																												
Permit Holder <u>Eatway Eatery LLC</u>				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"/>	<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																												
Employee Health				Proper disposition of returned, previously served, reconditioned, and unsafe food																												
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety																									
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures				18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding						19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>													
Proper use of restriction and exclusion				Proper cooling time and temperatures				20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures						21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures						22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition						23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Time as a public health control: procedures and records				24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory																	
Good Hygienic Practices				Consumer advisory provided: raw/undercooked food				25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population																	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered						26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances												
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used						27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used						28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Compliance with variance/specialized process/ROP criteria/HACCP Plan				29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES																	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																									
9	<input checked="" 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																									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils				Utensils and Equipment																	
Hands clean and properly washed				In-use utensils: properly stored				Food and non-food contact surfaces cleanable, properly designed, constructed, and used																								
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Utensils/equipment/linens: properly stored, dried, & handled				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available																								
Adequate handwashing sinks, properly supplied/accessible				Single-use/single-service articles: properly stored & used				Non-food contact surfaces clean																								
Approved Source				Food Temperature Control				Physical Facilities																								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				Hot and cold water available; adequate pressure																					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				Plumbing installed; proper backflow devices																					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				Sewage and waste water properly disposed																					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction				Toilet facilities: properly constructed, supplied, & clean																					
GOOD RETAIL PRACTICES				Thermometers provided and accurate				Garbage and refuse properly disposed; facilities maintained																								
Food obtained from approved source				Food properly labeled; original container				Physical facilities installed, maintained, and clean																								
Food received at proper temperature				Prevention of Food Contamination				Adequate ventilation and lighting; designated areas used																								
Food in good condition, safe, and unadulterated				Insects, rodents, and animals not present				Natural rubber latex gloves not used per CGS §19a-36f																								
Required records available: molluscan shellfish identification, parasite destruction				Contamination prevented during food preparation, storage & display				Violations documented																								
GOOD RETAIL PRACTICES				Personal cleanliness				Date corrections due																								
Required records available: molluscan shellfish identification, parasite destruction				Wiping cloths: properly used and stored				#																								
GOOD RETAIL PRACTICES				Washing fruits and vegetables				Priority Item Violations																								
Required records available: molluscan shellfish identification, parasite destruction				Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Priority Foundation Item Violations																								
GOOD RETAIL PRACTICES				Person in Charge (Signature) <u>[Signature]</u> Date <u>2/18/25</u>				Core Item Violations																								
GOOD RETAIL PRACTICES				Person in Charge (Printed) _____				Risk Factor/Public Health Intervention Violations																								
GOOD RETAIL PRACTICES				Inspector (Signature) <u>Amanda Ruchin</u> Date <u>2/18/25</u>				Repeat Risk Factor/Public Health Intervention Violations																								
GOOD RETAIL PRACTICES				Inspector (Printed) <u>Amanda Ruchin</u>				Good Retail Practices Violations																								
GOOD RETAIL PRACTICES				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.				Requires Reinspection - check box if you intend to reinspect																								

Food Establishment Inspection Report

LHD NVHD Inspection Report Continuation Sheet Date 2/18/25
 Establishment Dibe Kitchen Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
FOH Cooler	37°F	WIC	36°F	beef brisket	40°F
Bm/reach-in	33°F	-peppers	37°F	chicken	40°F
- carrots	38°F	-Eggs	37°F	↳ Bm/reach-in	37°F
- Cucumbers	40°F				
- pork	41°F				
- chx wings	38°F				
2 dr freezer	10°F				
WIF	3°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.
 RV = Repeat violation

CFPM - Minh Hang Nguyen 10/6/23
 Handsink - Stocked ✓, signage ✓, hot H₂O ✓, ~~OOD~~
 Sanitizer - Chlorine sani 50-100ppm ✓, Chlorine test strips ✓
 Allergen statement ✓, microwave ✓, deli slicer ✓
 Good food storage organization, good datemarking ✓
 * Hoods sch. for next month

- pf 10 ✓ Handsink in both kitchen blocked + handsanitizer stored in sink - COS, ^{must handwash + use soap} COS, running cold
- pf 35 ✓ Raw chicken defrosting in standing H₂O in prep sink - H₂O ✓
- C 39 Top of ice machine has some build up
- C 47 Bottom of 2 door freezer very unclean/meat juices
- C 49 exterior of Bm/reach-in and 2 dr freezer unclean/buildup
- C 39 ✓ Boxes of food + bins on floor WIF - COS, PIC placed all boxes on shelves ✓
- C 39 ✓ Bag of carrots stored on floor in main kitchen area - COS, moved ✓
- C 41* Wiping cloths stored on counters throughout → store in sanitizer buckets +
- pt 28 ✓ No sanitizer bucket made in kitchen area + COS, made Chlorine Sani bucket w/ PIC 50-100ppm (had Steramine tabs but no sani test strips for testing solution)
- pt 48 No test strips for testing Steramine tab solution - if going to use this you must purchase correct TS but if using Chlorine Sani solution you are all set + test solution to 50-100ppm *

Person in Charge (Signature) [Signature] Date 2/18/25
 Inspector (Signature) [Signature] Date 2/18/25