


6116

Risk Category: 3		Food Establishment Inspection Report				Page 1 of 2						
Establishment type: Permanent Temporary Mobile Other _____				Date: 10/1/24								
Establishment Dibe Kitchen				Time In 11:40 AM/PM		Time Out 12:15 AM/PM						
Address 49 Pershing Dr				LHD UVHD								
Town/City Derby				Purpose of Inspection: Routine Pre-op								
Permit Holder Edway Eatery, Inc				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												
Supervision				Protection from Contamination								
IN	OUT	N/A	N/O	V	COS	R	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"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				P/C		<input type="checkbox"/>		
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"/>		
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				P/Pf/C		<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"/>	<input type="checkbox"/>	18	<input 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"/>		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion				Proper reheating procedures for hot holding				P		<input type="checkbox"/>		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input 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"/>		
Good Hygienic Practices				Consumer Advisory								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food				P/Pf		<input type="checkbox"/>		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No discharge from eyes, nose, and mouth				Time as a public health control: procedures and records				P/Pf/C		<input type="checkbox"/>		
Preventing Contamination by Hands				Highly Susceptible Population								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered				P/C		<input type="checkbox"/>		
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Food/Color Additives and Toxic Substances								
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate handwashing sinks, properly supplied/accessible				Food additives: approved and properly used				P		<input type="checkbox"/>		
Approved Source				Conformance with Approved Procedures								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source				Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C		<input type="checkbox"/>		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food received at proper temperature				GOOD RETAIL PRACTICES								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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 in good condition, safe, and unadulterated				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								
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O	V	COS	R
Required records available: molluscan shellfish identification, parasite destruction				Safe Food and Water				Proper Use of Utensils				
GOOD RETAIL PRACTICES				Food Temperature Control				Utensils and Equipment				
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				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				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				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required				Proper cooling methods used; adequate equipment for temperature control				Food and non-food contact surfaces cleanable, properly designed, constructed, and used				
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source				Plant food properly cooked for hot holding				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods				Approved thawing methods used				Non-food contact surfaces clean				
Food Identification				Prevention of Food Contamination				Physical Facilities				
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container				Insects, rodents, and animals not present				Hot and cold water available; adequate pressure				
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding				Contamination prevented during food preparation, storage & display				Plumbing installed; proper backflow devices				
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used				Personal cleanliness				Sewage and waste water properly disposed				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate				Wiping cloths: properly used and stored				Toilet facilities: properly constructed, supplied, & clean				
Food Identification				Prevention of Food Contamination				Physical Facilities				
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container				Washing fruits and vegetables				Garbage and refuse properly disposed; facilities maintained				
Prevention of Food Contamination				Physical Facilities				Violations documented				
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present				Adequate ventilation and lighting; designated areas used				Priority Item Violations				
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display				Natural rubber latex gloves not used per CGS §19a-36f				Priority Foundation Item Violations				
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness				Violations documented				Core Item Violations				
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored				Violations documented				Risk Factor/Public Health Intervention Violations				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables				Violations documented				Repeat Risk Factor/Public Health Intervention Violations				
Violations documented				Date corrections due				#				
Person in Charge (Signature) Uthell Date 10/1/24				Person in Charge (Printed)				COS 10/19/24				
Person in Charge (Signature) Amanda Michaud Date 10/1/24				Inspector (Signature) Amanda Michaud Date 10/1/24				11/1/25				
Inspector (Signature) Amanda Michaud Date 10/1/24				Inspector (Printed) Amanda Michaud				1				
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				4				

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 10/1/24

Establishment Dibe Kitchen

Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
FOH Unit	34°F	Bm/reach-in	50's °F	Bm/reach	35°F
WIC	44°F	- Chicken	56°F	- raw beef	40°F
- Beef	38°F	- Cucumbers	55°F	- cooked chx	39°F
- Sauces	36°F			WIF	7°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.

CFPM - Minh Hangy Nguyen 10/1/24

Handsink - FOH signage ✓, Stocked ✓, Hot H₂O 106°F ✓

Allergen Statement posted ✓, ^{Nitrite} vinyl gloves ✓, Probe thermometer ✓

ice machine ✓, Hood cleaning 9/5/24 ✓, Chlorine

Eggs on btm ✓, mops/brooms - hung ✓, Dry storage ✓

* Some datemarking - please datemark anything removed from

→ Steramine Tabs ✓ orig. packaging

Sanitizer - Quat based spray bottle ✓ (premade), good glove use ✓

Test strips ✓, V/D cleanup plan ✓, Form 1-B ✓

C 47 ✓ microwave interior unclean - COS, PIC cleaned ✓

PF 33 Bm/reach-in not working properly + new one coming today

P 22 ✓ Chicken in reach-in 56°F - COS, PIC removed + discarded, no other items inside

all other items removed (cucumbers) + being discarded

C 43 ✓ Tongs hanging from oven door - COS, removed ✓

C 49 ✓ Exterior of refrigeration units unclean/build up/splatter - COS, PIC

Cleaned ✓

* PIC fixed/COS all other violations w/ a (✓) next to the #

* Do NOT use Bm/reach-in until repaired or replaced - PIC was in process of discarding items upon inspection due to noticing unit out of temp this morning. She said should be repaired/replaced today. → Email invoice for repair to AMICHAUD@NVHD.ORG

Person in Charge (Signature)

Inspector (Signature)

Date 10/1/24
Date 10/1/24