

Diego Delgado 11/24/25

Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>		Page 1 of <b>2</b>	
Establishment type: <b>Permanent</b> Temporary Mobile Other			Date: <b>7/24/25</b>		
Establishment: <b>Fuego Wine Bar</b>			Time In: <b>5:00</b> AM/PM Time Out: <b>6:00</b> AM/PM		
Address: <b>770 S. Main St. # 552</b>			LHD: <b>WTR</b>		
Town/City: <b>Deerfield</b>			Purpose of Inspection: <b>Routine</b> Pre-op		
Permit Holder:			Reinspection Other		
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
<small>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.</small>					
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					
<b>Supervision</b>			<b>Protection from Contamination</b>		
1	<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			15 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food separated and protected P/C <input type="checkbox"/>		
2	<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			16 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/>		
<b>Employee Health</b>			<b>Time/Temperature Control for Safety</b>		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting			18 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooking time and temperatures P/Pf/C <input type="checkbox"/>		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion			19 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper reheating procedures for hot holding P <input type="checkbox"/>		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events			20 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling time and temperatures P <input type="checkbox"/>		
<b>Good Hygienic Practices</b>			<b>Consumer Advisory</b>		
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use			23 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper date marking and disposition P/Pf <input type="checkbox"/>		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth			24 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/>		
<b>Preventing Contamination by Hands</b>			<b>Highly Susceptible Population</b>		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed			25 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>		
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			26 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/>		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible			<b>Food/Color Additives and Toxic Substances</b>		
<b>Approved Source</b>			27 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food additives: approved and properly used P <input type="checkbox"/>		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source			28 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/>		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature			<b>Conformance with Approved Procedures</b>		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated			29 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/>		
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction					
<b>GOOD RETAIL PRACTICES</b>					
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>					
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					
<b>Safe Food and Water</b>			<b>Proper Use of Utensils</b>		
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			43 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In-use utensils: properly stored C <input type="checkbox"/>		
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source			44 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled P/C <input type="checkbox"/>		
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods			45 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/>		
<b>Food Temperature Control</b>			46 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gloves used properly C <input type="checkbox"/>		
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control			<b>Utensils and Equipment</b>		
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding			47 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/>		
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used			48 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/>		
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate			49 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean C <input type="checkbox"/>		
<b>Food Identification</b>			<b>Physical Facilities</b>		
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			50 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/>		
<b>Prevention of Food Contamination</b>			51 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>		
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present			52 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/>		
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display			53 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>		
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness			54 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>		
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored			55 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>		
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables			56 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <i>[Signature]</i> Date <b>7/24/25</b>			Violations documented		
Person in Charge (Printed) <b>DIEGO DELGADO</b>			Date corrections due		
Inspector (Signature) <i>[Signature]</i> Date <b>7/24/25</b>			#		
Inspector (Printed) <b>Barbara Brennan</b>			Priority Item Violations		
			Priority Foundation Item Violations		
			Core Item Violations		
			Risk Factor/Public Health Intervention Violations		
			Repeat Risk Factor/Public Health Intervention Violations		
			Good Retail Practices Violations		
			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.

