

Diego Delgado
4/26/24

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: 9/26/24

Establishment: Fuego Wine Bar Time In: 4:30 AM/PM Time Out: 5:15 AM/PM

Address: 87 Elizabeth St. #4100 LHD: W HD

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

Permit Holder: Diego Delgado 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"/>										
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Certified Food Protection Manager for Classes 2, 3, & 4													
Employee Health													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Written procedures for responding to vomiting and diarrheal events													
Good Hygienic Practices													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Proper eating, tasting, drinking, or tobacco products use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Hands clean and properly washed													
9	<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													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Adequate handwashing sinks, properly supplied/accessible													
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Food in good condition, safe, and unadulterated													
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Required records available: molluscan shellfish identification, parasite destruction													

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	COS	R	OUT	COS	R
Safe Food and Water											
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Pasteurized eggs used where required											
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Water and ice from approved source											
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Variance obtained for specialized processing methods											
Food Temperature Control											
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Proper cooling methods used; adequate equipment for temperature control											
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Plant food properly cooked for hot holding											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Approved thawing methods used											
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Thermometers provided and accurate											
Food Identification											
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Food properly labeled; original container											
Prevention of Food Contamination											
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Insects, rodents, and animals not present											
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Contamination prevented during food preparation, storage & display											
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Personal cleanliness											
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Wiping cloths: properly used and stored											
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Washing fruits and vegetables											
Permit Holder shall notify customers that a copy of the most recent inspection report is available.											
Proper Use of Utensils											
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
In-use utensils: properly stored											
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Utensils/equipment/linens: properly stored, dried, & handled											
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Single-use/single-service articles: properly stored & used											
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Gloves used properly											
Utensils and Equipment											
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Food and non-food contact surfaces cleanable, properly designed, constructed, and used											
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available											
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Non-food contact surfaces clean											
Physical Facilities											
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Hot and cold water available; adequate pressure											
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Plumbing installed; proper backflow devices											
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Sewage and waste water properly disposed											
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Toilet facilities: properly constructed, supplied, & clean											
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Garbage and refuse properly disposed; facilities maintained											
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Physical facilities installed, maintained, and clean											
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Adequate ventilation and lighting; designated areas used											
Natural rubber latex gloves not used per CGS §19a-36f											

Person in Charge (Signature): <u>[Signature]</u>	Date: <u>9/26/24</u>	Violations documented	Date corrections due	#
Person in Charge (Printed): <u>DIEGO DELGADO</u>		Priority Item Violations		
Inspector (Signature): <u>[Signature]</u>	Date: <u>9/26/24</u>	Priority Foundation Item Violations		
Inspector (Printed): <u>Shendia Bussan</u>		Core Item Violations		
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.		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		

Salmon 38. Pulled chicken 39.
 hammy 38. Nuts 38.
 ranch 39. rice 39.
 clams 39. enpanadas (but) 38.
 ↓
 chila 37.
 pin 38.



STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH

INSPECTION REPORT
 FOOD SERVICE ESTABLISHMENTS
 CONTINUATION SHEET

NAME OF ESTABLISHMENT #10106	TOWN	DATE OF INSPECTION
Fuego Wine Bar	Derby	9/26/24
INSPECTION FORM #	REMARKS	
10C	missing signage at handtrike (cos)	
10PF	missing soap/paper towels at hand sink at bar (cos)	
37C	if food not up to date cert number not labeled	
39C	unclean food in freezer	
55C	missing closed trash receptacle in bathroom	
* from state DPH all you post to ams/cfu		
INITIAL (INSPECTOR)	INITIAL (PERSON IN CHARGE)	
[Signature]	D.D.	

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager