

*all ns then tun  
11/8/24*

Connecticut Department of Public Health

| Risk Category: <b>4</b>   |                                     | <b>Food Establishment Inspection Report</b> |  |  |                          | Page 1 of _____          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| Establishment type: <b>Permanent</b> Temporary Mobile Other _____   |                                     |   |  | Date: <b>10/16/24</b>  |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| Establishment <b>Hissbu Sushii # 6046</b>   |                                     |   |  | Time In <b>11:30</b> AM/PM Time Out <b>1:50</b> AM/PM  |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| Address <b>Flat Bridgeman</b>   |                                     |   |  | LHD <b>WHR</b>   |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| Town/City <b>Shelton</b>  |                                     |   |  | Purpose of Inspection: <b>Routine</b> Pre-op   |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| Permit Holder _____   |                                     |   |  | Reinspection Other _____   |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>   |                                     |   |  |  |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| 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  |                                     |   |  |  |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <table border="1"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Supervision</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certified Food Protection Manager for Classes 2, 3, &amp; 4</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>  |                                     |   |  | IN   | OUT                      | N/A                      | N/O                      | Supervision                       | V   | COS | R                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | Person/Alternate Person in charge present, demonstrates knowledge and performs duties         | Pf                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certified Food Protection Manager for Classes 2, 3, & 4                                      | C                        | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Protection from Contamination</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food separated and protected</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food-contact surfaces: cleaned &amp; sanitized</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                          |                          | IN  | OUT                      | N/A                      | N/O                      | Protection from Contamination  | V                                   | COS                      | R                        | <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food separated and protected  | P/C                      | <input type="checkbox"/>         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized           | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, and unsafe food      | P      | <input type="checkbox"/> | <input type="checkbox"/> |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| IN  | OUT                                 | N/A   | N/O  | Supervision  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Person/Alternate Person in charge present, demonstrates knowledge and performs duties                          | Pf                       | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| IN  | OUT                                 | N/A   | N/O  | Protection from Contamination  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Food separated and protected   | P/C                      | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Proper disposition of returned, previously served, reconditioned, and unsafe food                              | P                        | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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holding temperatures                         | P | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper date marking and disposition                   | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Time as a public health control: procedures and records | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |
| IN  | OUT                                 | N/A   | N/O  | Employee Health  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Management, food employee and conditional employee; knowledge, responsibilities and reporting                  | P/Pf                     | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Proper use of restriction and exclusion  | P                        | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| IN  | OUT                                 | N/A   | N/O  | Time/Temperature Control for Safety  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Proper cooking time and temperatures   | P/Pf/C                   | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Proper reheating procedures for hot holding  | P                        | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Proper cooling time and temperatures   | P                        | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Proper hot holding temperatures  | P                        | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Proper cold holding temperatures   | P                        | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Time as a public health control: procedures and records  | P/Pf/C                   | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| IN  | OUT                                 | N/A   | N/O  | Good Hygienic Practices  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| IN  | OUT                                 | N/A   | N/O  | Consumer Advisory  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Consumer advisory provided: raw/undercooked food   | Pf                       | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <table border="1"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Preventing Contamination by Hands</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hands clean and properly washed</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adequate handwashing sinks, properly supplied/accessible</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>   |                                     |   |  | IN   | OUT                      | N/A                      | N/O                      | Preventing Contamination by Hands | V   | COS | R                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/> | Hands clean and properly washed   | P/Pf                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 | P/Pf/C                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible  | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Highly Susceptible Population</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized foods used; prohibited foods not offered</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>  |                                     |                          |                          | IN   | OUT                                 | N/A                      | N/O                      | Highly Susceptible Population   | V                        | COS                              | R                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pasteurized foods used; prohibited foods not offered | P/C  | <input type="checkbox"/> | <input type="checkbox"/> |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| IN  | OUT                                 | N/A   | N/O  | Preventing Contamination by Hands  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Hands clean and properly washed  | P/Pf                     | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Adequate handwashing sinks, properly supplied/accessible   | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| IN  | OUT                                 | N/A   | N/O  | Highly Susceptible Population  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Pasteurized foods used; prohibited foods not offered   | P/C                      | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| IN  | OUT                                 | N/A   | N/O  | Approved Source  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| IN  | OUT                                 | N/A   | N/O  | Food/Color Additives and Toxic Substances  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Toxic substances properly identified, stored & used  | P/Pf/C                   | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <b>GOOD RETAIL PRACTICES</b>  |                                     |   |  |  |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| 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   |                                     |   |  |  |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| OUT   | N/A                                 | N/O   | Safe Food and Water  | V  | COS                      | R                        |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | Pasteurized eggs used where required                         | P  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | Water and ice from approved source                           | P/Pf/C   | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | Variance obtained for specialized processing methods         | Pf   | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| OUT   | N/A                                 | N/O   | Proper Use of Utensils                                       | V  | COS                      | R                        |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | In-use utensils: properly stored                             | C  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | Utensils/equipment/linens: properly stored, dried, & handled | Pf/C   | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | Gloves used properly   | C  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
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adequate equipment for temperature control                       | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Plant food properly cooked for hot holding   | Pf                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used   | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate   | Pf/C                                | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Utensils and Equipment</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Warewashing facilities: installed, maintained and used; 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cleaning agents, sanitizers, and test strips available | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean                      | C      | <input type="checkbox"/> | <input type="checkbox"/> |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| IN  | OUT                                 | N/A   | N/O  | Food Temperature Control   | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Proper cooling methods used; adequate equipment for temperature control  | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Plant food properly cooked for hot holding   | Pf                       | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Approved thawing methods used  | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Thermometers provided and accurate   | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| IN  | OUT                                 | N/A   | N/O  | Utensils and Equipment   | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <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"/> | <input 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"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Non-food contact surfaces clean  | C                        | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <table border="1"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Food Identification</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food properly labeled; original container</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>   |                                     |   |  | IN   | OUT                      | N/A                      | N/O                      | Food Identification               | V   | COS | R                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>             | <input type="checkbox"/> | Food properly labeled; original container   | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Physical Facilities</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hot and cold water available; adequate pressure</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Plumbing installed; proper backflow devices</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sewage and waste water properly disposed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toilet facilities: properly constructed, supplied, &amp; clean</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Garbage and refuse properly disposed; facilities maintained</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Physical facilities installed, maintained, and clean</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adequate ventilation and lighting; designated areas used</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Natural rubber latex gloves not used per CGS §19a-36f</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                     |                          |                          | IN   | OUT                      | N/A                      | N/O                      | Physical Facilities   | V                                   | COS                      | R                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure  | Pf                                  | <input type="checkbox"/> | <input 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"/>         | <input 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"/> | <input 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"/> | <input 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"/> | <input 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"/> | <input 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"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Natural rubber latex gloves not used per CGS §19a-36f |      | <input type="checkbox"/> | <input type="checkbox"/> |                                     |                                     |                          |                          |   |        |                          |                          |
| IN  | OUT                                 | N/A   | N/O  | Food Identification  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Food properly labeled; original container  | Pf/C                     | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| IN  | OUT                                 | N/A   | N/O  | Physical Facilities  | V                        | COS                      | R                        |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Hot and cold water available; adequate pressure  | Pf                       | <input type="checkbox"/> | <input 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"/> | <input 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"/> | <input 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"/> | <input 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"/> | <input 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"/> | <input 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"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>                    | <input type="checkbox"/>                                     | Natural rubber latex gloves not used per CGS §19a-36f  |                          | <input type="checkbox"/> | <input type="checkbox"/> |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| Permit Holder shall notify customers that a copy of the most recent inspection report is available.   |                                     |   |  |  |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| Person in Charge (Signature) _____ Date <b>10/16/24</b>   |                                     |   |  | Violations documented  |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| Person in Charge (Printed) <b>KING THEIN TUN</b>  |                                     |   |  | Date corrections due   |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| Inspector (Signature) _____ Date <b>10/16/24</b>  |                                     |   |  | #  |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| Inspector (Printed) <b>Blinda Blucher</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 <input checked="" type="checkbox"/>               |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |
| 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.  |                                     |   |  |  |                          |                          |                          |                                   |     |     |                          |                                     |                                     |                                      |                          |   |                          |                          |                          |   |                                     |                          |                          |  |                          |                          |                          |   |                                     |                          |                          |   |                          |                          |                          |  |                                     |                          |                          |  |                                     |                          |                          |   |                          |                                  |                          |                                     |                                     |                          |                          |  |  |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |                          |                          |                          |                                     |                                     |                          |                          |  |        |                          |                          |                                     |                                     |                          |                          |  |   |                          |                          |                                     |                                     |                          |                          |   |      |                          |                          |                                     |                                     |                          |                          |   |        |                          |                          |

