

109

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

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|---|--|-----------------------------|
| Risk Category: 3 | Food Establishment Inspection Report | Page 1 of 3 |
| Establishment type: Permanent Temporary Mobile Other | Date: 2/24/25 | |
| Establishment: Southern Chicken + Waffle | Time In: 11:35 AM/PM | Time Out: 1:25 AM/PM |
| Address: 64 Division St. | LHD: NVHD | |
| Town/City: Derby | Purpose of Inspection: Routine Pre-op | |
| Permit Holder: A. Akhter | Reinspection Other | |



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed

| P=Priority item | Pf=Priority foundation item | C=Core item | V=violation type | Mark in appropriate box for COS and/or R | COS=corrected on-site during inspection | R=repeat violation |
|--|-------------------------------------|--------------------------|--------------------------|--|---|--------------------------|
| Supervision | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventing Contamination by Hands | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Approved Source | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

| OUT/N/A/N/O | V | COS | R |
|---|--------------------------|--------------------------|--------------------------|
| Safe Food and Water | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | | | |
| 31 | | | |
| 32 | | | |
| Food Temperature Control | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | | | |
| 34 | | | |
| 35 | | | |
| 36 | | | |
| Food Identification | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 | | | |
| Prevention of Food Contamination | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 | | | |
| 39 | | | |
| 40 | | | |
| 41 | | | |
| 42 | | | |

| OUT | V | COS | R |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Proper Use of Utensils | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | | | |
| 44 | | | |
| 45 | | | |
| 46 | | | |
| Utensils and Equipment | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 | | | |
| 48 | | | |
| 49 | | | |
| Physical Facilities | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 | | | |
| 51 | | | |
| 52 | | | |
| 53 | | | |
| 54 | | | |
| 55 | | | |
| 56 | | | |

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) _____ Date **2-24-25**

Person in Charge (Printed) **Wendy**

Inspector (Signature) **Amanda Ruchin** Date **2/24/25**

Inspector (Printed) **Amanda Ruchin**

| Violations documented | Date corrections due | # |
|--|----------------------|-------------------------------------|
| Priority Item Violations | | 2 |
| Priority Foundation Item Violations | 3/6/25 | 10 |
| Core Item Violations | 3/24/25 | 10 |
| Risk Factor/Public Health Intervention Violations | | 8 |
| Repeat Risk Factor/Public Health Intervention Violations | | |
| Good Retail Practices Violations | | 20 |
| 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.

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 2/24/25

Establishment Southern Fried Chx + Waffle Town Derby

TEMPERATURE OBSERVATIONS

| Item/Location/Process | Temp | Item/Location/Process | Temp | Item/Location/Process | Temp |
|-----------------------|-------|---------------------------|-------|-----------------------|---------|
| 3dr BOH cooler | 34°F | 1dr raw chx cooler | 40°F | mac+ cheese (oven) | 199°F |
| - mac+ cheese | 39°F | - Raw chx wings | 39°F | Bm | |
| - Shredded Cheese | 39°F | - Raw breaded chx | 40°F | Cheese/Chop tom | 40°F |
| WIC | 39°F | 2nd WIC | 35°F | cooked chx out fryer | 300+ °F |
| - milk | 38°F | - Raw chx | 40°F | | |
| - Onions | 36°F | - Fish | 39°F | | |
| - Raw chicken | 37°F | mashed pot in hot holding | 30°F | | |
| rice in cooler | 209°F | chicken drumstick/wing | 180°F | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

- Item Number: CFPM - Zabihullah Akhter 4/8/28
- Item Number: 39 - not on-site during inspection ~~CFPM~~
- Item Number: 39 - Handsink - FOH blocked*, BOH missing Soap*, Signage^{BOH} ✓
- Item Number: 39 - Lemonade + Soda self serve - ok ✓, Poly gloves ✓, eggs/meats sep in WIC ✓
- Item Number: 39 - Sanitizer - Chlorine Bucket + 100ppm[✓] ok ✓, Test Strips ✓
- Item Number: 39 - Boxes waffle mix on floor BOH closet → is it oil/water? Repair Leak
- Item Number: 39 - Wet carpet BOH dry storage - oil tank leaking (unplugged)* Clean floor still wet
- Item Number: 39 - Buckets of flour/breading BOH storage uncovered
- Item Number: 10 - BOH handsink missing soap
- Item Number: 39 - Breading on ~~BOH~~ wire shelf uncovered + other seasonings throughout uncovered + stored in offices/closets
- Item Number: 10 - FOH handwashing sink blocked
- Item Number: 55 - BOH floors very unclean/chx juices on floor
- Item Number: 49 - Exterior of equipment unclean + gaskets (3dr, chx cooler, WIC, etc)
- Item Number: 47 - Interior of 3dr cooler unclean
- Item Number: 38 ✓ - Fly/Insect spray on-site - COS, PIC discarded ✓ + Strips hanging from ceiling - unsure license company
- Item Number: 55 - Floor in disrepair by 3 bay sink
- Item Number: 39 - Buckets of mayo stored on floor + boxes of breading by back door
- Item Number: 47 - Cardboard used to line shelving + WIC floor * remove *
- Item Number: 55 - Food splatter on ceiling WIC
- Item Number: 39 - Food uncovered in WIC
- Item Number: 56 - Personal items stored throughout establishment in storage areas * remove + designate area for staff
- Item Number: 44 - Drying food bins on cardboard boxes BOH on floor → dry on racks
- Item Number: 49 - Cover on drink cooler missing + very dusty, dessert cooler cover^{pan} dusty

Person in Charge (Signature) Wahneel Date 2-24-25
 Inspector (Signature) Amanda Archer Date 2/24/25

Food Establishment Inspection Report

LHD NVHD Inspection Report Continuation Sheet

Date 2/24/25

Establishment Southern chicken + waffles Town Derry

TEMPERATURE OBSERVATIONS

| Item/Location/Process | Temp | Item/Location/Process | Temp | Item/Location/Process | Temp |
|--|------|--|------|-----------------------|------|
| 2 nd reheated mashed pot to 165°F | ↙ | reheated mash pot 1 st x to 128°F | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

- ~~Item~~ # Hoods/~~missing~~ baffles missing? PIC said cleaning, but no ones here?
 - C 55 Floors throughout unclean + broken tiles + missing ceiling tiles
 - P 21 Hot holding mashed pot + gravy 80°F - COS, instructed HH brown 135 - 165°F + discarded
 - PF 53 Bathroom unclean, soap build up on wall / floor
 - P 19 Improper heating/reheating procedures of mash potatoes - COS instruct to 165°F
 - PF 1 PIC did not know answers to questions regarding hot holding/reheating temps, + lots of priority + Priority Foundation violations observed during inspection + CFPM ~~on-site~~ NOT on-site
 - PF 5 No Allergen Statement - COS, provided signage + Add to menu → hammy
 - PF 23 No v/p clean up plan - COS, provided plan, *put together kit outside
 - PF 36 No probe thermometer on-site
 - PF 3 Form I-B not completed for employees
- Priority Violations - "P" - must fix on-site or 2 days
 Priority Foundation violations "pf" - 10 days
~~Violations~~
- ? Drain to HH into HW sink?
 - * CFPM should be on-site during all peak hours, Certify another staff member → provided course list
 - * have receipt for pest company
 - * Provided Allergen poster (hang for employee's), CFPM courses, datemarking instructions, Allergen statement, Form I-B for employees to complete.
- * * *** Re-inspection on/around 3/6/25 *** * ***

Person in Charge (Signature) Wheeler Date 2-24-25
 Inspector (Signature) Amanda Fuchin Date 2/24/25