

Risk Category: 2 Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 6/27/25

Establishment Valley Regional Lodge #151 Time In 10:25 AM/PM Time Out 10:55 AM/PM

Address 73 High Street LHD NVHD

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

Permit Holder _____ Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item				IN=in compliance	OUT=not in compliance	N/A=not applicable	N/O=not observed	
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection	R=repeat violation
IN	OUT	N/A	N/O	V	COS	R		
Supervision								
1	<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"/>		
2	<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"/>		
Employee Health								
3	<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"/>		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Written procedures for responding to vomiting and diarrheal events - provided				Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Good Hygienic Practices								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="checkbox"/>	<input type="checkbox"/>		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
No discharge from eyes, nose, and mouth				C	<input type="checkbox"/>	<input type="checkbox"/>		
Preventing Contamination by Hands								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Hands clean and properly washed				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Source								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		

IN	OUT	N/A	N/O	V	COS	R
Protection from Contamination						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
17	<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"/>
Time/Temperature Control for Safety						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper hot holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cold holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper date marking and disposition				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
24	<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"/>
Consumer Advisory						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Population						
26	<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"/>
Food/Color Additives and Toxic Substances						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>
28	<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"/>
Conformance with Approved Procedures						
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C	<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									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Pasteurized eggs used where required				P	<input type="checkbox"/>	<input type="checkbox"/>			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Water and ice from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Variance obtained for specialized processing methods				Pf	<input type="checkbox"/>	<input type="checkbox"/>			
Food Temperature Control									
33	<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"/>			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Plant food properly cooked for hot holding				Pf	<input type="checkbox"/>	<input type="checkbox"/>			
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Approved thawing methods used				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Thermometers provided and accurate				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Food Identification									
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Food properly labeled; original container				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Prevention of Food Contamination									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Insects, rodents, and animals not present				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Personal cleanliness				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Wiping cloths: properly used and stored				C	<input type="checkbox"/>	<input type="checkbox"/>			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Washing fruits and vegetables				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			

OUT	N/A	N/O	V	COS	R
Proper Use of Utensils					
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
In-use utensils: properly stored				P	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gloves used properly				C	<input type="checkbox"/>
Utensils and Equipment					
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>
48	<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"/>
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non-food contact surfaces clean				C	<input type="checkbox"/>
Physical Facilities					
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate ventilation and lighting; designated areas used				C	<input type="checkbox"/>
Natural rubber latex gloves not used per CGS §19a-36f					

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

Person in Charge (Signature) Diana Calan Date 6/17/25

Person in Charge (Printed) _____

Inspector (Signature) Amanda Ruchin Date 6/27/25

Inspector (Printed) Amanda Ruchin

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>7/4/25</u>	4
Core Item Violations	<u>9/27/25</u>	2
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		3
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		<u>1</u>

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 6/27/25

Establishment Valley Regional Lodge Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 dr Summit - mayo - cheese	40°F 36°F 36°F	2 dr Sliding unit	33°F		
Freezer	17°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	Observations and Corrective Actions
CFPM	<p>Handsink - Stocked ✓, Hot H₂O 100°F + Sanitizer - Quat / Tabs ✓, Test strips ✓ NO Pest issue noticed ✓ Deli slicer - clean ✓ 3-Bay ✓, prep sink ✓, hoods ✓, microwave ✓, mop sink ✓</p> <p>* Removing Bain Marie * NO Food prep during Insp</p>
C 36	NO probe thermometer on-site
C 10	NO handwashing signage - COS, provided ✓ + Bar - provided ✓
pt 37	NO Allergen Statement posted → provided NVHD instructions
C 47	Ice machine unclean @ bar
C 2	NO CFPM, Person just left who was certified
	* Provided Allergen Poster, Form 1-B, CFPM courses, datemarking, + ✓/D Plan

Person in Charge (Signature) Daye Paulau
 Inspector (Signature) Shawna Kuchin

Date 6/27/25
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