


5829

Connecticut Department of Public Health

Risk Category: <u>2</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>12/12/24</u>			
Establishment <u>A.M. Bagel</u>				Time In <u>11:20</u> AM/PM Time Out <u>12:00</u> AM/PM			
Address <u>111 New Haven Ave</u>				LHD <u>NVHD</u>			
Town/City <u>Derby</u>				Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder <u>Myron Seniw + Alexis Pollina</u>				Reinspection _____ Other _____			



Connecticut Department of Public Health

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				Protection from Contamination				Time/Temperature Control for Safety									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected				18 Proper cooking time and temperatures									
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized				19 Proper reheating procedures for hot holding									
				17 Proper disposition of returned, previously served, reconditioned, and unsafe food				20 Proper cooling time and temperatures									
Employee Health				Consumer Advisory				Highly Susceptible Population									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				25 Consumer advisory provided: raw/undercooked food				26 Pasteurized foods used; prohibited foods not offered									
4 Proper use of restriction and exclusion				27 Food additives: approved and properly used				28 Toxic substances properly identified, stored & used									
5 Written procedures for responding to vomiting and diarrheal events				28 Toxic substances properly identified, stored & used				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan									
Good Hygienic Practices				Food/Color Additives and Toxic Substances				Conformance with Approved Procedures									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>				
6 Proper eating, tasting, drinking, or tobacco products use				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan													
7 No discharge from eyes, nose, and mouth																	
Preventing Contamination by Hands				GOOD RETAIL PRACTICES				Safe Food and Water									
IN	OUT	N/A	N/O	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
8 Hands clean and properly washed				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				30 Pasteurized eggs used where required				31 Water and ice from approved source				32 Variance obtained for specialized processing methods					
10 Adequate handwashing sinks, properly supplied/accessible				33 Proper cooling methods used; adequate equipment for temperature control				34 Plant food properly cooked for hot holding				35 Approved thawing methods used					
Approved Source				Food Temperature Control				Food Identification				Prevention of Food Contamination					
IN	OUT	N/A	N/O	IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source				36 Thermometers provided and accurate				37 Food properly labeled; original container				38 Insects, rodents, and animals not present					
12 Food received at proper temperature				37 Food properly labeled; original container				39 Contamination prevented during food preparation, storage & display				40 Personal cleanliness					
13 Food in good condition, safe, and unadulterated				38 Insects, rodents, and animals not present				40 Personal cleanliness				41 Wiping cloths: properly used and stored					
14 Required records available: molluscan shellfish identification, parasite destruction				39 Contamination prevented during food preparation, storage & display				41 Wiping cloths: properly used and stored				42 Washing fruits and vegetables					
Preventing Contamination by Hands				Food Identification				Physical Facilities				Violations documented					
IN	OUT	N/A	N/O	IN	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
8 Hands clean and properly washed				41 Wiping cloths: properly used and stored				50 Hot and cold water available; adequate pressure				Priority Item Violations					
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				42 Washing fruits and vegetables				51 Plumbing installed; proper backflow devices				Priority Foundation Item Violations					
10 Adequate handwashing sinks, properly supplied/accessible								52 Sewage and waste water properly disposed				Core Item Violations					
Approved Source				Prevention of Food Contamination				Violations documented				Date corrections due					
IN	OUT	N/A	N/O	IN	OUT	N/A	N/O	OUT	N/A	N/O	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source				43 In-use utensils: properly stored				53 Toilet facilities: properly constructed, supplied, & clean				3/12/24					
12 Food received at proper temperature				44 Utensils/equipment/linens: properly stored, dried, & handled				54 Garbage and refuse properly disposed; facilities maintained									
13 Food in good condition, safe, and unadulterated				45 Single-use/single-service articles: properly stored & used				55 Physical facilities installed, maintained, and clean									
14 Required records available: molluscan shellfish identification, parasite destruction				46 Gloves used properly				56 Adequate ventilation and lighting; designated areas used									
Preventing Contamination by Hands				Physical Facilities				Appeal									
IN	OUT	N/A	N/O	IN	OUT	N/A	N/O	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.									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
8 Hands clean and properly washed				50 Hot and cold water available; adequate pressure													
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				51 Plumbing installed; proper backflow devices													
10 Adequate handwashing sinks, properly supplied/accessible				52 Sewage and waste water properly disposed													

Person in Charge (Signature) _____ Date _____	
Person in Charge (Printed) <u>Myron Seniw</u>	
Inspector (Signature) <u>Amanda Ruchin</u> Date <u>12/12/24</u>	
Inspector (Printed) <u>Amanda Ruchin</u>	

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 12/12/24

Establishment A.M. Bagel Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Coffee cooler	36°F	#5 unit	35°F	W/C	35°F
		- Shredded cheese	37°F	- Cream cheeses	39-41°F
Cream cheese	39°F	2 dr	34°F	- Choc milk	34°F
2 dr freezer	-7°F	- Egg yolk	36°F	- BF eye-choice RW	36°F
		- mayo	35°F		
Bm - Roast beef	41°F	- Am cheese	35°F		
- Sausage patty	37°F				
- Am cheese	36°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	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.
CFPM	- Miron Seniw 7/6/25 Handsink - Stocked ✓, Signage ✓, Hot H ₂ O 111°F ✓ Sanitizer - Quat Bucket 400 ppm ✓, Test Strips ✓ ice machine ✓, Nitrile gloves ✓ * hoods due Jan 2025 Good glove use ✓, Quat ✓
C 41	Wiping cloths on counter tops
C 37	Big white containers on wheels needs label for seasoning
C 47	cutting board on reach in/bm next to flat top has deep grooves - * Sand, Flip, or replace
C 37	cream cheeses in W/C need labels + dates
C 55	map stored in bucket → hang to dry

Person in Charge (Signature) 

Inspector (Signature) Amanda K...

Date _____
Date 12/12/24