


5454

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 1		Food Establishment Inspection Report				Page 1 of 2					
Establishment type: Permanent Temporary Mobile Other				Date: 9/15/25							
Establishment Edible Arrangements				Time In 12:00 AM/PM		Time Out 12:25 AM/PM					
Address 676 New Haven Ave											
Town/City Derry											
Permit Holder Basharath LLC - Sajida Khan				LHD NVHD		Purpose of Inspection: Routine Pre-op					
				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				Protection from Contamination							
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				Time/Temperature Control for Safety							
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	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected		P/C	<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"/>				
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"/>				
Good Hygienic Practices				Consumer Advisory							
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>				
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"/>				
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food		Pf	<input type="checkbox"/>				
Preventing Contamination by Hands				Highly Susceptible Population							
11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered		P/C	<input type="checkbox"/>				
Approved Source				Food/Color Additives and Toxic Substances							
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used		P	<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"/>				
GOOD RETAIL PRACTICES				Conformance with Approved Procedures							
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											
Safe Food and Water				Proper Use of Utensils							
30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required		P	<input type="checkbox"/>				
31	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source		P/Pf/C	<input type="checkbox"/>				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods		Pf	<input type="checkbox"/>				
43	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored		C	<input type="checkbox"/>				
44	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled		Pf/C	<input type="checkbox"/>				
45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used		P/C	<input type="checkbox"/>				
46	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves used properly		C	<input type="checkbox"/>				
Food Temperature Control				Utensils and Equipment							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control		Pf/C	<input type="checkbox"/>				
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding		Pf	<input type="checkbox"/>				
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used		Pf/C	<input type="checkbox"/>				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate		Pf/C	<input type="checkbox"/>				
47	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Non-food contact surfaces clean		C	<input type="checkbox"/>				
Food Identification				Physical Facilities							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container		Pf/C	<input type="checkbox"/>				
50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		Pf	<input type="checkbox"/>				
Prevention of Food Contamination				51	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		P/Pf/C	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present		Pf/C	<input type="checkbox"/>				
39	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display		P/Pf/C	<input type="checkbox"/>				
40	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness		Pf/C	<input type="checkbox"/>				
41	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored		C	<input type="checkbox"/>				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits and vegetables		P/Pf/C	<input type="checkbox"/>				
52	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and waste water properly disposed		P/Pf/C	<input type="checkbox"/>				
53	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean		Pf/C	<input type="checkbox"/>				
54	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained		C	<input type="checkbox"/>				
55	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		P/Pf/C	<input type="checkbox"/>				
56	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used		C	<input type="checkbox"/>				
				<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f							
Person in Charge (Signature) <i>[Signature]</i> Date 9/15/25				Violations documented		Date corrections due		#			
Person in Charge (Printed) Mohamad Perouf				Priority Item Violations							
Inspector (Signature) <i>[Signature]</i> Date 9/15/25				Priority Foundation Item Violations							
Inspector (Printed) Amanda Rubin				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							
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.											

