

#3225

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 1/22/2025

Establishment Subway #48051 Time In 11:15 AM/PM Time Out 1:50 AM/PM

Address 94 N. Main St LHD NVHD

Town/City Beacon Falls Purpose of Inspection: Routine Pre-op

Permit Holder Lorely & Rukeya Chaudhary 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 | Supervision | V | COS | R | IN | OUT | N/A | N/O | Protection from Contamination | V | COS | R |
| <input checked="" type="checkbox"/> | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Certified Food Protection Manager for Classes 2, 3, & 4 | C | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food-contact surfaces: cleaned & sanitized | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Health | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper use of restriction and exclusion | P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written procedures for responding to vomiting and diarrheal events | Pf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cooling time and temperatures | P | <input type="checkbox"/> | <input type="checkbox"/> |
| Good Hygienic Practices | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper eating, tasting, drinking, or tobacco products use | P/C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper hot holding temperatures | P | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No discharge from eyes, nose, and mouth | C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper cold holding temperatures | P | <input type="checkbox"/> | <input type="checkbox"/> |
| Preventing Contamination by Hands | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hands clean and properly washed | P/Pf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 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 type="checkbox"/> | <input 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"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adequate handwashing sinks, properly supplied/accessible | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consumer Advisory | | | |
| 25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Highly Susceptible Population | | | | | | | | | | | | | | | |
| 26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Food/Color Additives and Toxic Substances | | | | | | | | | | | | | | | |
| 27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food additives: approved and properly used P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 28 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Conformance with Approved Procedures | | | | | | | | | | | | | | | |
| 29 <input type="checkbox"/> <input 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"/> <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 | Safe Food and Water | V | COS | R | OUT | Proper Use of Utensils | 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"/> | In-use utensils: properly stored | C | <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"/> | Utensils/equipment/linens: properly stored, dried, & handled | 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"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored & used | P/C | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Temperature Control | | | | | | | | | | | |
| <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"/> | Gloves used properly | C | <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"/> | Utensils and Equipment | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used (refrigeration) | Pf/C | <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"/> | Thermometers provided and accurate | Pf/C | <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"/> |
| Food Identification | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-food contact surfaces clean | C | <input type="checkbox"/> | <input type="checkbox"/> |
| Prevention of Food Contamination | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | Physical Facilities | | | | |
| <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"/> | <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"/> | Personal cleanliness | Pf/C | <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"/> | Wiping cloths: properly used and stored | C | <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"/> | Washing fruits and vegetables | P/Pf/C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, & clean | Pf/C | <input type="checkbox"/> | <input type="checkbox"/> |
| Permit Holder shall notify customers that a copy of the most recent inspection report is available. | | | | | | | | | | | |
| 54 <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"/> | | | | | | | | | | | |
| 55 <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"/> | | | | | | | | | | | |
| 56 <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"/> | | | | | | | | | | | |
| Natural rubber latex gloves not used per CGS §19a-36f | | | | | | | | | | | |

| | | | | |
|--|---------------------|--|----------------------|----------|
| Person in Charge (Signature) _____ | Date <u>1-22-25</u> | Violations documented | Date corrections due | # |
| Person in Charge (Printed) <u>Munish Chaudhary</u> | | Priority Item Violations | <u>None observed</u> | <u>0</u> |
| Inspector (Signature) <u>Laurel A. Shaw</u> | Date <u>1/22/25</u> | Priority Foundation Item Violations | | <u>0</u> |
| Inspector (Printed) <u>Laurel A. Shaw</u> | | Core Item Violations | | <u>0</u> |
| | | 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.

Food Establishment Inspection Report

LHD NVHD

Inspection Report Continuation Sheet

Date 1/22/2025

Establishment Subway #48051

Town Beacon Falls

TEMPERATURE OBSERVATIONS

| Item/Location/Process | Temp | Item/Location/Process | Temp | Item/Location/Process | Temp |
|-----------------------|------|-----------------------|---------------|-----------------------|------|
| walk in: (lunch meat) | | Hot hold | | | |
| Sliced turkey | 41°F | Sauce / MB | 155°F | | |
| Shaved steak | 39°F | Reheat micro | 165°F / 189°F | | |
| poached chicken | 39°F | Prep line | | | |
| | | Shaved steak | 41°F | | |
| | | Sliced tom | 40°F | | |
| | | Green pepper | 41°F | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| 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 MUM IH Chowdhury NRFSO - exp 1/31/28 |
| | DIV Procedures ✓ 7 reviewed Form 1B ✓ |
| | Allergen notification - front display case. |
| | - Soda ice bin air break maintained |
| | - Product labeled / dated in storage ✓ good |
| | - walk in units clean, good repair, product covered ✓ |
| | - Food preparation areas / SS tables clean, maintained |
| | - Cutting boards, utensils used clean, good repair |
| | - Sanitizer Super San Quat 3bay @ 400ppm |
| | - test strips available |
| | → Thermometer NVHD 32°F yours 32°F (ice water bath) |
| | Restroom clean, properly stocked HW 100°F |
| | HW @ least 85°F Kitchen/Prep HW sinks properly stocked |

Person in Charge (Signature) Mumith Chowdhury

Date 1-22-25

Inspector (Signature) Samuel Ashaw

Date 1/22/25