


5969

# Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>1</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>12/30/24</u>
Establishment <u>Valley Pharmacy</u>	 <p>Connecticut Department of Public Health</p>	Time In <u>1:10</u> AM/PM <u>PM</u> Time Out <u>1:20</u> AM/PM <u>PM</u>
Address <u>74 Pershing Drive</u>		LHD <u>NVHD</u>
Town/City <u>Derby</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Joni Zaleha / Will Zaleha</u>		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									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected									
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized									
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper reheating procedures for hot holding									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures									
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food									
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				<b>Highly Susceptible Population</b>									
<b>Preventing Contamination by Hands</b>				<b>Food/Color Additives and Toxic Substances</b>									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered									
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				<b>Conformance with Approved Procedures</b>									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Food additives: approved and properly used									
<b>Approved Source</b>				<b>Compliance with variance/specialized process/ROP criteria/HACCP Plan</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Toxic substances properly identified, stored & used									
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Compliance with variance/specialized process/ROP criteria/HACCP Plan									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>						
Food in good condition, safe, and unadulterated				<i>Good Retail Practices</i> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Mark <b>OUT</b> if numbered item is not in compliance V=violation type Mark in appropriate box for <b>COS</b> and/or <b>R</b> COS=corrected on-site during inspection R=repeat violation						
Required records available: molluscan shellfish identification, parasite destruction				<b>Safe Food and Water</b>									

Safe Food and Water				Proper Use of Utensils							
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R		
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized eggs used where required				In-use utensils: properly stored							
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled							
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used							
<b>Food Temperature Control</b>				Gloves used properly							
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>					
Proper cooling methods used; adequate equipment for temperature control				Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Plant food properly cooked for hot holding				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used				Non-food contact surfaces clean							
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>					
Thermometers provided and accurate				50 <input type="checkbox"/> Hot and cold water available; adequate pressure							
<b>Food Identification</b>				51 <input type="checkbox"/> Plumbing installed; proper backflow devices							
37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52 <input type="checkbox"/> Sewage and waste water properly disposed					
Food properly labeled; original container				53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean							
<b>Prevention of Food Contamination</b>				54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained							
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 <input type="checkbox"/> Physical facilities installed, maintained, and clean					
Insects, rodents, and animals not present				56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used							
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f					
Contamination prevented during food preparation, storage & display				<b>Violations documented</b>							
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	<b>Date corrections due</b>			<b>#</b>	
Personal cleanliness				Priority Foundation Item Violations							
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations					
Wiping cloths: properly used and stored				Risk Factor/Public Health Intervention Violations							
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations					
Washing fruits and vegetables				Good Retail Practices Violations							

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

Person in Charge (Signature) <u>[Signature]</u>	Date <u>12/30/24</u>
Person in Charge (Printed) <u>Mike P-27 N/A</u>	
Inspector (Signature) <u>Amanda Kuchin</u>	Date <u>12/30/24</u>
Inspector (Printed) <u>Amanda Kuchin</u>	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
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.

