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Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 2

Food Establishment Inspection Report

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Establishment type: Permanent Temporary Mobile Other _____

Date: 12/4/24

Establishment Catholic War Vets #1562

Address 112 Derby Ave

Town/City Derby

Permit Holder Catholic war vets Tom Woytek - commander

Time In 1:50 AM/PM **Time Out** 2:15 AM/PM

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

	IN	OUT	N/A	N/O	Supervision	V	COS	R
1	✓				Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf		
2		✓			Certified Food Protection Manager for Classes 2, 3, & 4	C		

	IN	OUT	N/A	N/O	Employee Health	V	COS	R
3	✓				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf		
4	✓				Proper use of restriction and exclusion	P		
5	✓				Written procedures for responding to vomiting and diarrheal events	Pf		

	IN	OUT	N/A	N/O	Good Hygienic Practices	V	COS	R
6	✓				Proper eating, tasting, drinking, or tobacco products use	P/C		
7	✓				No discharge from eyes, nose, and mouth	C		

	IN	OUT	N/A	N/O	Preventing Contamination by Hands	V	COS	R
8				✓	Hands clean and properly washed	P/Pf		
9				✓	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C		
10		✓			Adequate handwashing sinks, properly supplied/accessible	Pf		

	IN	OUT	N/A	N/O	Approved Source	V	COS	R
11	✓				Food obtained from approved source	P/Pf/C		
12		✓			Food received at proper temperature	P/Pf		
13	✓				Food in good condition, safe, and unadulterated	P/Pf		
14					Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C		

	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
15	✓				Food separated and protected	P/C		
16	✓				Food-contact surfaces: cleaned & sanitized	P/Pf/C		
17	✓				Proper disposition of returned, previously served, reconditioned, and unsafe food	P		

	IN	OUT	N/A	N/O	Time/Temperature Control for Safety	V	COS	R
18				✓	Proper cooking time and temperatures	P/Pf/C		
19				✓	Proper reheating procedures for hot holding	P		
20				✓	Proper cooling time and temperatures	P		
21				✓	Proper hot holding temperatures	P		
22	✓				Proper cold holding temperatures	P		
23			✓		Proper date marking and disposition	P/Pf		
24			✓		Time as a public health control: procedures and records	P/Pf/C		

	IN	OUT	N/A	N/O	Consumer Advisory	V	COS	R
25			✓		Consumer advisory provided: raw/undercooked food	Pf		

	IN	OUT	N/A	N/O	Highly Susceptible Population	V	COS	R
26			✓		Pasteurized foods used; prohibited foods not offered	P/C		

	IN	OUT	N/A	N/O	Food/Color Additives and Toxic Substances	V	COS	R
27			✓		Food additives: approved and properly used	P		
28	✓				Toxic substances properly identified, stored & used	P/Pf/C		

	IN	OUT	N/A	N/O	Conformance with Approved Procedures	V	COS	R
29			✓		Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C		

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
30				Pasteurized eggs used where required	P		
31				Water and ice from approved source	P/Pf/C		
32				Variance obtained for specialized processing methods	Pf		

	OUT	N/A	N/O	Food Temperature Control	V	COS	R
33				Proper cooling methods used; adequate equipment for temperature control	Pf/C		
34			✓	Plant food properly cooked for hot holding	Pf		
35			✓	Approved thawing methods used	Pf/C		
36				Thermometers provided and accurate	Pf/C		

	OUT	Food Identification	V	COS	R
37		Food properly labeled; original container	Pf/C		

	OUT	Prevention of Food Contamination	V	COS	R
38	✓	Insects, rodents, and animals not present	Pf/C		
39		Contamination prevented during food preparation, storage & display	P/Pf/C		
40		Personal cleanliness	Pf/C		
41		Wiping cloths: properly used and stored	C		
42		Washing fruits and vegetables	P/Pf/C		

	OUT	Proper Use of Utensils	V	COS	R
43		In-use utensils: properly stored	C		
44		Utensils/equipment/linens: properly stored, dried, & handled	Pf/C		
45		Single-use/single-service articles: properly stored & used	P/C		
46		Gloves used properly	C		

	OUT	Utensils and Equipment	V	COS	R
47	✓	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C		
48		Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C		
49		Non-food contact surfaces clean	C		

	OUT	Physical Facilities	V	COS	R
50		Hot and cold water available; adequate pressure	Pf		
51		Plumbing installed; proper backflow devices	P/Pf/C		
52		Sewage and waste water properly disposed	P/Pf/C		
53		Toilet facilities: properly constructed, supplied, & clean	Pf/C		
54		Garbage and refuse properly disposed; facilities maintained	C		
55		Physical facilities installed, maintained, and clean	P/Pf/C		
56		Adequate ventilation and lighting; designated areas used	C		
		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) _____ **Date**

Person in Charge (Printed)

Inspector (Signature) Amanda Ruchin **Date** 12/4/24

Inspector (Printed) Amanda Ruchin

Violations documented	Date corrections due	#
Priority Item Violations	-	0
Priority Foundation Item Violations		0
Core Item Violations	3/4/25	6
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		4
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 12/4/24

Establishment Catholic War Vets # 1562 Town Derby

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Drink WIC	40°F				
Fridge	30°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.
	Handsink - Hot H2O ✓, stocked ✓, BOH Kitchen sink signage ✓
	Sanitizer - NuFoam ✓
	Bar ✓, Allergen Poster ✓, hoods ✓
*	No food prep during inspection *
	Dry goods - OK ✓, Nitrile, vinyl + poly gloves ✓, microwave ✓
C 47	ice machine interior unclean
C 38	Gnats in bar area
C 10	No signage @ bar HW sink - COS
C 55 Rv	unclean floor under equipment BOH kitchen
C 55	mop stored in bucket - hang to dry when not in use
C 2	No CFPM certificate or staff on-site during inspection → you are a class 2 Establishment + required to have a CFPM. Please send a copy of certification to ARUCHIN@NVHD.ORG ASAP

Person in Charge (Signature) _____ Date

Inspector (Signature) Amanda Ruchin Date 12/4/24