1802

# Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

## Food Establishment Inspection Report

Page 1 of 2

Risk Category: 3

Establishment type: Permanent Temporary Mobile Other _____

Establishment: Hillside Church

Address: 100 Hillside Avenue

Town/City: Naugatuck

Permit Holder: Maria Kloc-Nolan

Date: 3/3/26

Time In: 1030 AM/PM Time Out _____ 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 | | |
| | | | | | **Employee Health** | | | |
| 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 | | |
| | | | | | **Good Hygienic Practices** | | | |
| 6 | ✓ | | | | Proper eating, tasting, drinking, or tobacco products use | P/C | | |
| 7 | ✓ | | | | No discharge from eyes, nose, and mouth | C | | |
| | | | | | **Preventing Contamination by Hands** | | | |
| 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/C | | |
| | | | | | **Approved Source** | | | |
| 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 | | |
| | | | | | **Time/Temperature Control for Safety** | | | |
| 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 | | |
| | | | | | **Consumer Advisory** | | | |
| 25 | ✓ | | | | Consumer advisory provided: raw/undercooked food | Pf | | |
| | | | | | **Highly Susceptible Population** | | | |
| 26 | ✓ | | | | Pasteurized foods used; prohibited foods not offered | P/C | | |
| | | | | | **Food/Color Additives and Toxic Substances** | | | |
| 27 | ✓ | | | | Food additives: approved and properly used | P | | |
| 28 | ✓ | | | | Toxic substances properly identified, stored & used | P/Pf/C | | |
| | | | | | **Conformance with Approved Procedures** | | | |
| 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 | | |
| | | | | **Food Temperature Control** | | | |
| 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 | | |
| | | | | **Food Identification** | | | |
| 37 | | | | Food properly labeled; original container | Pf/C | | |
| | | | | **Prevention of Food Contamination** | | | |
| 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 | | |
| | | **Utensils and Equipment** | | | |
| 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 | | |
| | | **Physical Facilities** | | | |
| 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.**

| 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 | | |

Person in Charge (Signature): Elizabeth J Barnhart Date 3.3.26

Person in Charge (Printed): BARNHART

Inspector (Signature): Amy Durand Date 3/3/26

Inspector (Printed): Amy Durand

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.

INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

**STATE OF CONNECTICUT**
**DEPARTMENT OF PUBLIC HEALTH**

| NAME OF ESTABLISHMENT | TOWN | DATE OF INSPECTION |
|---|---|---|
| Hillside church | naugatuck | 3/3/20 |

| INSPECTION FORM # | REMARKS |
|---|---|
| | |
| | Handsink 105°F |
| | Stocked ✓ signage ✓ hot h2o |
| | |
| | |
| * | no food onsite, condiments, juice only |
| * | no hot holding, no food prep, no cooking |
| | |
| | |
| | vinyl glove ✓ bleach sanitizer ✓ test strips |
| | thermometers ✓ |
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INITIAL (INSPECTOR) Amy Durand | INITIAL (PERSON IN CHARGE) Elizabeth J Barnhart

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Manager

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