



Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment:	Date of Inspection:
Artisinal Burger Co	4-30-24
130PM	IG notified D. Payne fire dpt active @ ABC. DP on site w/ Jim Roy, Bldg + Wayne O. Fire Marshal
Managers Joel Brown 860 798 9746 and 2 owners on site	Welder outside wall/bar wall → smoke in BAR/Rest. All single use items discard. napkins, glass, plates were to be washed. Tables with ketchup squeeze bottles without covers, discard + clean. All floors, walls, ceiling, lighting to be cleaned. Alcohol without covers - discard. Open food and ice in ice bins etc. discard.
230	Mngr requested Reinspection 3:30-4pm to Re-open tonight
May 19	* Add details of cleaning ceiling, TV, etc. * Discussed open alcohol bottles to be discarded - remove salt + pepper shakers, condiments - glassware + dishware in process. When complete, ok to open tonight
Initial (Inspector)	Initial (Person in Charge)
DPayne	JB

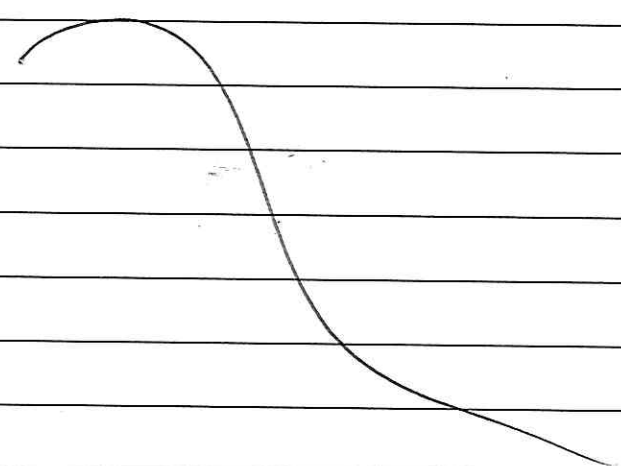


Manchester Health Department

479 Main Street

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*complaint

Establishment: Burger class	Date of Inspection: 5/16/2024
McGuei Manager present	
- dead cockroaches observed in front counter area	
- A+A pest control to treat Burger class due to cockroaches observed	
- walk in cooler ^{Freezer} - emptied at 73°F - follow up regarding time frame	
- charley's using burger class mop sink temporarily	
- okay to remain open - pest control to treat this day	
	
Initial (Inspector) L.G.	Initial (Person in Charge) M.R.



Manchester Health Department
 479 Main Street
 Manchester, CT 06040

*complaint

Manager on site: Kerin

Establishment: Charley's Subs	Date of Inspection: 5/16/2024
<ul style="list-style-type: none"> - Mail management called regarding cockroach infestation due to plumbing/mop sink being removed for repair - live and dead cockroaches observed by mop sink and walk in cooler gaskets - uncovered food observed in walk in cooler - Floors under equipment in back of house ↳ by grease trap, under 3 bay sink, under ice machine, soda box system - Bread shelving, wire racks above 3 bay, shelving next to grease trap, dry storage shelving not clean - walls by hand sink, behind box system, 3 bay not clean - ceiling tiles not clean - pest control (A+A) to be out this afternoon for treatment - Leaking plumbing in walk in cooler - no food under leak - catching water in bucket temporarily ↳ to be repaired 5/17/24 per miguel - gaskets damaged on wic/wif - discussed ordering new gaskets - Charley's voluntarily closed due to cleanliness + cockroaches observed - reach out to health dept for re-opening inspection 860-647-3173 once pest control/cleanliness is completed 	
Initial (Inspector) L.G.	Initial (Person in Charge)

Lgrandy@manchesterct.gov



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* re-opening

Establishment: Charley's Subs	Date of Inspection: 5/16/2024
<ul style="list-style-type: none"> - A+A pest control out to treat pest (cockroaches) ↳ Health Dept to reach out to get pest control report - continue to clean wall of handsink, behind grease trap + under soda system. - bread shelving clean - gaskets to be ordered - email invoice of repair for walk in cooler to Lgrandy@manchesterct.gov (plumbing) - okay to re-open this day per health dept - discussed with manager regarding following up with staff about any observations of pest - must be reported - contact pest control for treatment. 	
Initial (Inspector) L.G.	Initial (Person in Charge) M.R.



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Fire call

Establishment:	Date of Inspection:
Taco Bell -pleasant valley	4/20/24
Fire Marshal called health dept, ansul system went off last night -ansul system to be fixed/repared at 11AM this day. once fixed/repared Fire Marshal to give okay to re-open	
All boxes, salt shakers /opened containers to be discarded that were under ansul system. All equipment to be wash, rinse + sanitized prior to use.	
Fryer oil to be drained, Fryer to be washed, rinsed, sanitized and new oil to be placed in Fryers	
Floors, walls, ceilings to be wash, rinse sanitized prior to use/re-opening.	
All boxes vnder ansul to be thrown out with grease/wet/damaged that are visibly seen to be damaged.	
Dave, Fire Marshall to be out after 11-11:30 AM to check Ansul system repaired properly. once verified, okay ^{and} above completed okay to open per health dept.	
Manager - Jenny Rivera (959-226-6789)	
Initial (Inspector)	Initial (Person in Charge)
L.G.	JR -manager



INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT <i>Sonic</i>	TOWN <i>Manchester</i>	DATE OF INSPECTION <i>4/2/24</i>
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INSPECTION FORM #	REMARKS
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KD on site in response to a complaint from fire marshals office. An electrical outlet at drive thru caught fire on Sunday 9pm 3/31/24. Electrical fire soot was present on walls and horizontal surfaces surrounding the electrical outlet. Chad Gatewood, GM was instructed to break down shako/ice cream topping unit and wash, rinse and sanitize all insert pans after discarding product. Entire exterior must be cleaned + sanitized.

Soda dispenser requires cleaning and sanitizing all single service items - cups/lids must be discarded.

Top/sides of soft serve machine needs to be clean and sanitized as well.

* Paper towels not mounted in dispenser / dispensers on order
Chad Gatewood, GM on site

INITIAL (INSPECTOR) <i>KD</i>	INITIAL (PERSON IN CHARGE) <i>Chad Gatewood</i>
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Manchester Health Department

479 Main Street

Manchester, CT 06040

Initial Construction

Establishment:	Date of Inspection:
Salsafreeca	3-25-23
✓	Beverage station - Rear wall Epoxy paint Requires caulk at counter
✓	Napkin / cup holder not in yet
✓	Hand sink at prep sink leaking
	Hot water @ hand sink 108F / Prep sink 120F
✓	* Coolers not on. Must be on w/ thermometer on next trip
✓	Fly = Wall Mounted ^{Trap} not in place
✓	3 bay sink - Have clean + filled on next inspection
✓	Counter top equipment still packaged - Clean + have leak on Soda boxes - BFPV ^{Test strips on sink} in place.
✓	* Label White PVC as Air Vent (Not a drain)
✓	Back door - gap at bottom, sweep to be installed
	* Mop hanger needed
✓	Employee restroom, not finished - signage required
	Self locking closing door required, soap + Paper towel dispenser needed
✓	Holes in FRP to be filled / covered
✓	Restroom trash cans not present
	Reviewed Allergens (9)
* finished	- Front line floors (EPOXY laid flooring)
	- Ceiling at WIC, sides to wall not covered. option?
	- Bot ceiling * DP to discuss with Chief San.
Initial (Inspector)	Initial (Person in Charge)
D Payne	GR

Denise Payne

From: Gina Venezia <gina@salsafrescagrill.com>
Sent: Wednesday, March 27, 2024 9:22 AM
To: Denise Payne
Subject: Salsa Fresca Manchester
Attachments: fastdrawpro_technicalmanual.pdf

EXTERNAL MESSAGE - Don't just click it, put in a ticket!

Good Morning Denise,

Our contractor will install a grid ceiling from the wall over to the water heaters above the ice machine, soda bib rack and Wire shelving for chemicals. this will come out 48" and the deepest area is the ice machine at 38 inches. This will be kitchen grade washable ceiling tiles. *Ceiling over ice machine/soda station ✓*

The flooring contractor and plumber will be on site tomorrow to take care of your concerns with the pitch to the floor drains. *David → 860-655-7351 American Poly "Floors" DP spok w/ 3/27/24*

Salsa Fresca will not be installing an Electric fly trap

The Betco Fast draw pro is installed please see attached compliance for backflow prevention item number 12 on the cutsheet, *ASSE Std 10SSB Compliant ✓*

The area behind the soda machine and mop sink area have semi gloss finish washable paint installed.

I have gotten with the operations team and made them aware of the nine allergens that will be in effect in Jan 2025, We are removing tofu from our menu so we need to update anyway and should have this completed in 30 days.

I will have the sides of the ^{wic} cooler covered ✓ *Allergens ✓*
Top of wic to be open w/ No storage

Thank you,

Gina Venezia
475-289-0289

Semi-glass is NOT Epoxy.



Final Construction
INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT Salsa Fresca	TOWN Manchester	DATE OF INSPECTION 4-1-24
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INSPECTION FORM #	REMARKS
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2 clean outs on cookline - slightly raised
 ↳ if water is an issue in these areas, a floor repair will be Required there as well.
 Floor drain has been lowered, filled + epoxy flooring being installed presently

remove plastic on cookline hood trim @ hand sink
 Relocate Cooler/freezer thermometers so visible *BA
 "Washable Paint" @ soda station, if issues in future - then.
 Sanitizer Quat > 500 ppm → Procedure States 150-400
 ice machine - clean exterior prior to opening

Back door lock - gap

Address Above, Tentative opening 4/5/24
 Management to provide conf. by 4/4/24

Hdpt OK - get all other dept approvals prior to training

*Hdpt to Resend FDA memo. Sarah@salsafrescagrill.com

INITIAL (INSPECTOR) D Payne	INITIAL (PERSON IN CHARGE) Mona Venayak
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Denise Payne

From: Denise Payne
Sent: Monday, April 1, 2024 3:56 PM
To: gina@salsafrescagrill.com; sarah@salsafrescagrill.com
Subject: Final Construction Inspection
Attachments: FDA Checklist with Handouts 5.8.23.pdf

Ladies,

Please see the attached documents as discussed. In addition, today's final inspection identified a couple minor corrections.

Items identified that may need changes after opening would be the two (2) floor cleanouts that appear to be slightly elevated and the "washable" paint. If it is not cleanable, a wall cover will be required.

If you have any questions, please let me know

Denise Payne, R.S.

Environmental Health Inspector
Manchester Health Department
479 Main Street, P.O. Box 191
Manchester, CT 06040

Ph: 860-647-3180

Fax: 860-647-3188

dpayne@manchesterct.gov

From: Denise Payne
Sent: Monday, March 25, 2024 4:21 PM
To: gina@salsafrescagrill.com
Subject: Initial Construction Inspection

Thank you for taking time to go over the items requiring a response or repair during the initial construction inspection. As we discussed, please see the following requirements for response to today's inspection:

The Betco Fast Draw Pro is available with an air gap or action gap. Please identify which unit you have and if it is the action gap, please provide an explanation of its compliance to the backflow prevention requirement for chemical dispensers— ASSE 1055B

Please advise if you will be installing the Electric Fly trap. If so, it can not be above a food area.

Areas such as the front beverage station and the mop sink station will have washable paint (epoxy) to protect from moisture and splashing. Should these areas be an issue for cleaning after opening, FRP or equivalent for ease of cleaning will be required.

The State of Connecticut has adopted 9 allergens of risk. I have attached a warning advisory that those allergens – spelling out the 9 allergens that may apply to your menu. Additionally, I have attached a summary letter of the new Food Code.

The walk in cooler was required during the plan review approval to be sealed above and to the sides. If the sides are covered and sealed so smooth and easily cleanable, the top portion can remain open as long as storage and cleanliness doesn't become an issue. This will be evaluated during routine inspections.

The plan review approval included the back of house (BOH) where the ice machine, soda syrup station and a rack (listed on the plan as dry storage) requires a ceiling to protect the food storage area. Please develop a plan and submit for approval.

The cookline floor is not level and grading will create areas of ponding/pooling. The 2022 Food Code states floors grading shall allow for prevention of pooling. Please reach out to the flooring contractor as soon as possible so that they can evaluate a repair for the raised floor cleanouts that will become an issue of pooling water on your cookline.

Chapter 6. Physical Facilities

Indoor areas

6-101.11 Surface Characteristics.

Floors, walls, and ceilings that are constructed of smooth and durable surface materials are more easily cleaned.

Floor surfaces that are graded to drain and consist of effectively treated materials will prevent contamination of foods from dust and organisms from pooled moisture.

Cleanability

6-201.11 Floors, Walls, and Ceilings.

6-201.12 Floors, Walls, and Ceilings, Utility Lines.

Floors that are of smooth, durable construction and that are nonabsorbent are more easily cleaned. Requirements and restrictions regarding floor coverings, utility lines, and floor/wall junctures are intended to ensure that regular and effective cleaning is possible and that insect and rodent harborage is minimized.

6-201.13 Floor and Wall Junctures, Coved, and Enclosed or Sealed.

FDA Food Code 2022 Annex 3. Public Health Reasons/Administrative Guidelines
Annex 3 - 196

When cleaning is accomplished by spraying or flushing, coving and sealing of the floor/wall junctures is required to provide a surface that is conducive to water flushing. Grading of the floor to drain allows liquid wastes to be quickly carried away, thereby preventing pooling which could attract pests such as insects and rodents or contribute to problems with certain pathogens such as *Listeria monocytogenes*.

"Smooth" means:

- (1) A FOOD-CONTACT SURFACE having a surface free of pits and inclusions with a cleanability equal to or exceeding that of (100 grit) number 3 stainless
- (2) A nonFOOD-CONTACT SURFACE of EQUIPMENT having a surface equal to that of commercial grade hot-rolled steel free of visible scale; and
- (3) A floor, wall, or ceiling having an even or level surface with no roughness or projections that render it difficult to clean.

Additional inspections can be scheduled – please allow 24 hours' notice. If you have any questions, please let me know.

Denise Payne, R.S.

Environmental Health Inspector
Manchester Health Department
479 Main Street, P.O. Box 191
Manchester, CT 06040

Ph: 860-647-3180

Fax: 860-647-3188

dpayne@manchesterct.gov

*construction
walk-thru

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/18/2024
 Establishment Audacity Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door Arosa	38F	3 bay H.W.	111F	hot water (handsink)	105F
True 2 door sliding cooler	38F			hot water women	95F
				hot water men	96F

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.
	Looking to open May 4, 2024
	Seal/caulk behind 3 bay - (COS)
	Fill hole in FRP by dish machine (COS)
	exterior of Arosa by warewash not clean
	remove wraps from all equipment (dish machine)
	Wash, rinse, sanitize all equipment prior to use
	no water in restroom (employee) at handsink
	toilet sewage in employee restroom - must call plumber / be fixed prior to opening
	Threshold / strip required at back door storage area near brooms
	Floors under cookline not clean
noted	wall by cookline to be installed where door is - to happen soon - owner said Fire Marshall okay
	Freezer interior by cookline not clean (ice cream)
	gaskets of bay Marie across from grill not clean
noted	fest strips available for quat sanitizer
	thermometers required in all cold prep units
	interior / exterior black cabinets not clean
	thin probe thermometers + alcohol wipes required
	hot water at handsink at bar
	paper towels not mounted at bar
	no splash guard on handsink
	fill gaps in basement storage area / holes

Person in Charge (Signature)  Date 2024 04 18
 Inspector (Signature) L. Grindy Date 4/18/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/18/2024

Establishment Audacity

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Observations and Corrective Actions
	reach out to building, Fire, water + sewer for their requirements/approvals
	reach out once above completed, give 24-48 hr prior to pre-operational inspection
	Health dept to follow-up regarding FRP/Finished wall for dry storage in basement in bar side dry storage.
	Lgrandy@manchesterct.gov 860-647-3192

Person in Charge (Signature)

Date 20240418

Inspector (Signature)

Date 4/18/2024

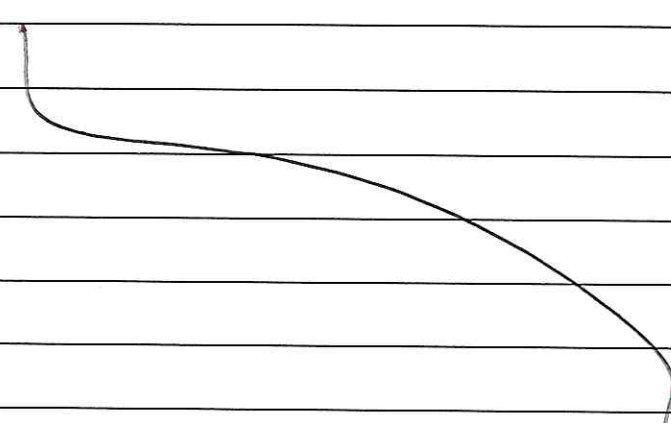
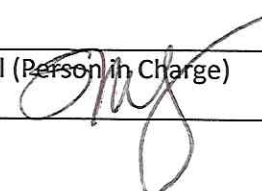


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Manchester, CT 06040

* New owner walk-thru

Establishment:	Date of Inspection:
Courtvard	4/24/2024
cove base by handsink in kitchen damaged	
wall not secured by ice machine	
Follow up with Ecolab for sanitizer	
↳ between 200-400 ppm (quat)	
No changes to kitchen or menu	
↳ reach out to Health Dept for any changes	
New owners to submit Food service application and fee to Manchester Health Dept prior to operating.	
Reach out to building, Fire, water + sewer for any new owner requirements	
	
Initial (Inspector)	Initial (Person in Charge)
L.G.	



Manchester Health Department

479 Main Street

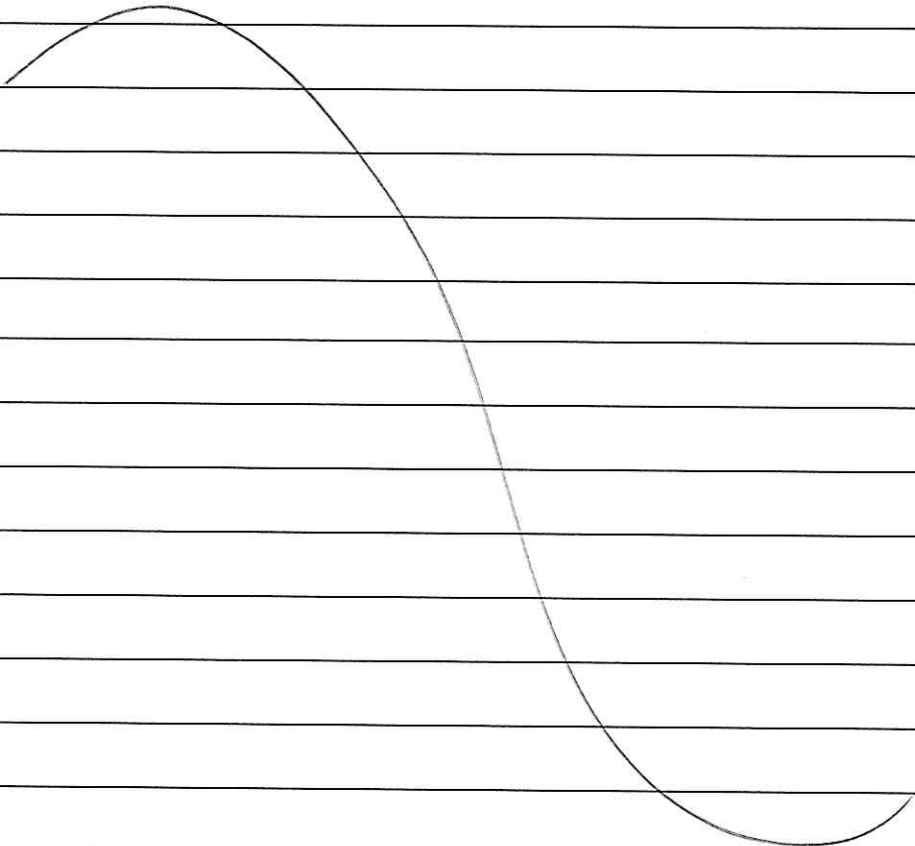
Manchester, CT 06040

* Final -

Establishment:	Date of Inspection:
Artisnal Burger company	5/24/2024
- Lauren Grandy / Kate person on site at 2:00 pm for Final inspection	
- no soap in womens restroom	
↳ faucet (left side) not working	
- all restrooms to be wash, rinse, sanitized prior to opening	
- interior of coffee machine area not clean ✓	
- interior of coffee area has bare wood - must be non-absorbent, non-porous, material	
- undercounter refrigerator not in use at coffee station, not clean + to be removed	
- nozzle holder for soda at bar not clean	
- ice build up in ice glass chiller unit - clean interior ✓	
- no paper towels at handsink ✓	
- ice bin / soda nozzles dusty / not clean	
- dish machine (50-100 ppm chlorine)	
- plateware not protected at front area	
- no deck/patio to be used at this time - reach out to health dept prior to using/opening patio	
- WIF Floor replaced with new floors ✓	
- reach out to Fire/building to fulfill their requirements prior to opening	
restroom hot water 90°F	
Bar hot water 126°F	
Initial (Inspector)	Initial (Person in Charge)
L. Grandy Lauren Grandy	Joel D. [Signature]



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Establishment:	Date of Inspection:
Artishal Burger company	5/24/2024
- okay to open + operate this day per health dept.	
↳ reach out prior to opening/operating the patio area for inspection	
	
Initial (Inspector)	Initial (Person in Charge)
L.B.	Joel D. Brown



Manchester Health Department

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Establishment: Long Got Miss pinny	Date of Inspection: 4/24/2024
<ul style="list-style-type: none">- handsink in kitchen must seal under soap dispenser- bare wood under bar top not fully sealed - discussed another coat of epoxy- discussed hanging maps above mop sink- discussed email/call w/ date for opening - pre-op inspection + drop off food service license with date<ul style="list-style-type: none">↳ owner working on hiring staff- Health Dept okay to order food + hiring staff this day- Health dept to follow-up with FDA Food code on partial cooking for ox-tail for owner- pre-operational - all refrigeration to be plugged in for inspection, all thermometers, test strips to be present at time<ul style="list-style-type: none">↳ call health dept at least 48 hours prior to pre-operational inspection / looking to open	
Initial (Inspector) L.G.	Initial (Person in Charge) R.S.

Risk Category: 3		Food Establishment Inspection Report				Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other _____				Date: 4/15/2024			
Establishment: Hot Table				Time In 11 AM/PM Time Out 12 AM/PM			
Address: 1540 B Pleasant Valley Rd.				LHD: Manchester			
Town/City: Manchester				Purpose of Inspection: Routine Pre-op			
Permit Holder _____				Reinspection Other: Construction Fine			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
<i>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.</i>							
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
<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"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>
				Employee Health	V	COS	R
<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 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 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"/>
				Good Hygienic Practices	V	COS	R
<input type="checkbox"/>	<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>
				Preventing Contamination by Hands	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				Approved Source	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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"/>
GOOD RETAIL PRACTICES							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							
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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
				Food Temperature Control	V	COS	R
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	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"/>	
				Food Identification	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Prevention of Food Contamination	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <i>Ruby Schreff</i> Date 4/15/24				Person in Charge (Printed) Ruby Schreff			
Inspector (Signature) <i>L. Grandy</i> Date 4/15/24				Inspector (Printed) Lauren Grandy			
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.							
				Protection from Contamination	V	COS	R
<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"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
				Time/Temperature Control for Safety	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				Consumer Advisory	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
				Highly Susceptible Population	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
				Food/Color Additives and Toxic Substances	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
				Conformance with Approved Procedures	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
				Utensils and Equipment	V	COS	R
<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
				Physical Facilities	V	COS	R
<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>
				Violations documented	Date corrections due	#	
				Priority Item Violations			
				Priority Foundation Item Violations			
				Core Item Violations	7/15/24		2
				Risk Factor/Public Health Intervention Violations			
				Repeat Risk Factor/Public Health Intervention Violations			
				Good Retail Practices Violations			2
				Requires Reinspection - check box if you intend to reinspect			

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/15/2024

Establishment Hot Table

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Undercounter Freezer	32F			hot water handsink	91F
Undercounter refrigerator	38F			hot water 3 bay	112F
bay Marie	38F				
bay Marie	40F			hot water restroom	90F
undercounter cold prep	36F				

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: Ruby/Katie
note*	Thermometers available - thin probe/in units
47c	wrap must be removed from soup warmer ↳ go thru all equipment to remove
55c	hole in floor of walk in cooler - must be sealed prior to opening
note*	test strips available for dish machine + quat
note*	email person in charge for contact information
note*	metal covers to be made for pipes by 3 bay.
*	Health Dept to follow up regarding sneeze guard near P.O.S. system - will call John D.
	wash, rinse, sanitize all equipment prior to use/opening
	okay to open per Health Dept - Follow up with all other departments prior to opening for approvals
	Health Dept to drop off Food service license tomorrow 4/16/24.
*	per Director of Health, no food prep area - sneeze guard will not be required, due to packaging area only. I called John D. to inform.

Person in Charge (Signature) Ruby Schreff

Date 4/15/2024

Inspector (Signature) L. Stanley

Date 4/15/2024

PIN PAD SECURITY

THE DARCY CO

Distributors of Supermarket Equipment
HVAC Service and Repairs

44 Roberto Clemente Street, Holyoke, Massachusetts 01040

COMMERCIAL REFRIGERATION

HOLYOKE (413) 536-5071

N.E. WATS 1-800-628-9513

CONTRACTOR LICENSES
CT 307192
MA 11863
RI 1972

- REF
- HVAC
- OTHER

CALL NO. 291537 NO. 317716

CUSTOMER Seven-Eleven CUST. P.O. NO. FWKD7220708
CITY Manchester STATE CT
DAY Thursday DATE 4/25/24

MECHANIC	TRAVEL TO	START	FINISH	TRAVEL FROM	HOURLY RATE	EXTENSION
#1 James B.	8:30	9:30	12:00			
#2			1:00			
#3						

SYSTEM <u>V/C cooler</u>	COMP	VOLT <u>115v</u>	ENVIROCHECK	REF. <u>134a</u>	SYS. QTY <u>7.4oz</u>	WAS <u>—</u> NOW
MAKE <u>Turboair</u>	M.	A. N. A.	RECOVERED	YES <u>NO</u>	QTY <u>X</u>	SUCT.
MODEL <u>MST-28-711S</u>	M.	M. N. A.	RECYCLED	YES <u>NO</u>	QTY <u>X</u>	DISCH.
SER. # <u>KMS2962079</u>	S.#	P. N. A.	RECLAIMED	YES <u>NO</u>	QTY <u>X</u>	L.P.C.
		S. N. A.	RETURN TO SYS	YES <u>NO</u>	QTY <u>X</u>	

COMPLAINT Under counter cooler running warm.

DISPOSAL YES NO

DISPOSAL YES NO

WORK AUTHORIZED BY CUSTOMER: (DESCRIBE IN DETAIL) FOLLOW UP REQUIRED YES NO TRIP CHARGE

Arrived on site for under counter cooler running warm. Case reading 37°F. Pulled panel to access evap coil. Found slight ice build up on coil. Thawed all ice. Went through case operations. Pressures are good. Put case back together. Added pan strip to drain pan. Secured drain pan (broken and was previously repaired). Turned on refrigeration and monitored temp. Case is temping at 35°F. All operations are good.

LIST EQUIPMENT USED: TEST EQ. VAC PMP RECL TANKS: 30 LBS 50 LBS 100 LBS OIL REMOVAL RIGGING TOTAL EQUIPMENT

QTY	TSP	PART NO.	PART NAME - REPLACE TO TRUCK	UNIT PRICE	EXTENSION
1			drain pan strip		
1			metal foil tape use		

THE SERVICE INVOICE IS COMPUTED ON A PORTAL TO PORTAL BASIS. MATERIAL USED IS EXTRA. THE HOURLY RATE AFTER 4:30 ON WEEKDAYS. ALL DAY ON SATURDAY. SUNDAYS AND HOLIDAYS WILL BE COMPUTED AT OVERTIME RATES. THE DARCY COMPANY IS NOT RESPONSIBLE FOR ANY FOOD SPOilage OR PRODUCT LOSS FOR ANY REASON.

CUSTOMER'S SIGNATURE [Signature]

TOTAL MATERIAL
SALES TAX
EXCISE TAX
TOTAL

PER MONTH 18% PER ANNUM WILL BE ADDED TO ALL PAST DUE BALANCES. INCLUDING ATTORNEY'S FEES.

Daria Hirst | 7-Eleven, Inc
Area Facilities Manager | Market 2461
781.922.6051 | daria.hirst@7-11.com



BK Construction
285 Phoenix St.
Vernon, CT 06066
Ph: 860-371-5073
Fx: 860-512-0039
Bkc014@aol.com

April 25, 2024

BK INVOICE # 121836

Capital Project: FWKD7278741


Project location: 7-Eleven Store – 15836
253 Main St., Manchester, CT

Project Description: Per the health department, the bathroom door was not automatically closing
took off hinges installed auto closing door hinges

3 at \$60 = \$180.00
Travel = \$60.00
Self Closing Hinges Set = \$74.40

Total Invoice Due: \$314.40

een opened
onnections (

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/24/24
Establishment: 7 - Eleven	 <p>Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM
Address: 253 Main St		LHD: Manchester
Town/City: Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder _____		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	Time/Temperature Control for Safety
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Highly Susceptible Population
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food/Color Additives and Toxic Substances
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Conformance with Approved Procedures
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper Use of Utensils	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils and Equipment
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper Use of Utensils
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Safe Food and Water
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Safe Food and Water	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food Temperature Control
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food Temperature Control	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food Identification
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		
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	47 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	49 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean
33 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	47 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	49 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained
38 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used
40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	57 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f
41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	
42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical Facilities	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>[Signature]</i> Date 4-24-24	Violations documented	
Person in Charge (Printed) UTTAM MOZUMDAR	Date corrections due	
Inspector (Signature) <i>[Signature]</i> Date 4/24/24	Priority Item Violations	#
Inspector (Printed) D Payne	Priority Foundation Item Violations	2
	Core Item Violations	
	Risk Factor/Public Health Intervention Violations	0
	Repeat Risk Factor/Public Health Intervention Violations	0
	Good Retail Practices Violations	0
	Requires Reinspection - check box if you intend to reinspect	

Manager to email corrections by 5/3/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/24/24

Establishment 7-Eleven

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Jamaican Patty</u>	<u>40F</u>	<u>Honey Wings</u>	<u>132F</u>	<u>Hot Water</u>	<u>111F</u>
		<u>Fried Chicken</u>	<u>138F</u>		
		<u>Chicken Taquitos</u>	<u>146F</u>		
		<u>Taco + Cheese</u>	<u>149F</u>		
		<u>Taquitos</u>	<u>147F</u>		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Observations and Corrective Actions
-	<u>Quarter lb Big bites @ 122F start 1 hr prior</u> <u>- Thermometer / wipes present</u>
38PF	<u>Anton R/I cooler</u>
33PF	<u>w/c cooler for milks - items @ 42F * +/- 2 on my therm.</u> <u>make service call for unit. Store in other reach</u> <u>in until corrected</u>
	<u>Much Improved</u>
	<u>Bathroom door self closing door arm damaged</u>
	<u>Date Marking on items in R/I</u> <u>Certification for worker ✓</u>
	<u>Discussed gaskets/maintenance</u>
	<u>dpayne@manchesterct.gov</u>

Person in Charge (Signature)

Date 4-24-24

Inspector (Signature)

D Payne Date 4/24/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 5-7-24

Establishment 9th Hole Shack Time In _____ AM/PM Time Out _____ AM/PM

Address 3 Line St LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder _____ Reinspection Other Preop.



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	V	COS	R
1	<input type="checkbox"/>	<input 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"/>	Food separated and protected		
2	<input type="checkbox"/>	<input 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"/>	Food-contact surfaces: cleaned & sanitized		
Employee Health				Time/Temperature Control for Safety					
3	<input type="checkbox"/>	<input 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"/>	Proper cooking time and temperatures		
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding		
5	<input type="checkbox"/>	<input 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"/>	Proper cooling time and temperatures		
Good Hygienic Practices				Consumer Advisory					
6	<input type="checkbox"/>	<input 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"/>	Consumer advisory provided: raw/undercooked food		
7	<input type="checkbox"/>	<input 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"/>	Highly Susceptible Population		
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances					
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Hands clean and properly washed				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used		
9	<input type="checkbox"/>	<input 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"/>	Toxic substances properly identified, stored & used		
10	<input type="checkbox"/>	<input 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"/>	Conformance with Approved Procedures		
Approved Source				Compliance with variance/specialized process/ROP criteria/HACCP Plan					
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Required records available: molluscan shellfish identification, parasite destruction				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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Pasteurized eggs used where required				P	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
31	<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"/>	Utensils/equipment/linens: properly stored, dried, & handled		
32	<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"/>	Single-use/single-service articles: properly stored & used		
Food Temperature Control				Utensils and Equipment					
33	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
34	<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"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Approved thawing methods used				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean		
36	<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"/>	Physical Facilities		
Food Identification				Hot and cold water available; adequate pressure					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Food properly labeled; original container				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
Prevention of Food Contamination				Sewage and waste water properly disposed					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Insects, rodents, and animals not present				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean		
39	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Garbage and refuse properly disposed; facilities maintained		
40	<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"/>	Physical facilities installed, maintained, and clean		
41	<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"/>	Adequate ventilation and lighting; designated areas used		
42	<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"/>	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) T Stigliano Date 5-7-24

Person in Charge (Printed) Todd Stigliano

Inspector (Signature) Denise Payne Date 5/7/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	<u>today</u>	3
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		1
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 Manchester

Inspection Report Continuation Sheet

Date 5/7/24

Establishment 9th Hole Shack


Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Pre-operational inspection. No food on site.					
				3 Bay Sink	119F
				min Kitchen	110F
				Restrooms	85F-115F


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.
45c	Unprotected single use plates - removed
49c	Microwave shelf unclean
38c	Screen @ service window with a tear
55 FF	Hot water in restroom @ 120F * reduce or mixing valve require
Beer cooler	Not working - NOT for food
	Thermometers present, alcohol wipe
	No public inside - service window only
	No mop sink - disposable swiffer style cleaning system used
	Allergen poster to be posted prior to open.
	Display case - Not to be used, Co. to p/u

Person in Charge (Signature) <u>J. Stephen</u>	Date <u>5-7-24</u>
Inspector (Signature) <u>D. Payne</u>	Date 5/7/24 <u>5/7/24</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 5/13/2024	Time In: 10:45 AM/PM Time Out: 11:15 AM/PM
Establishment: AFC Sushi	 <p>Connecticut Department of Public Health</p>	LHD: Manchester
Address: 234 Tolland Pkwy		Purpose of Inspection: Routine Pre-op
Town/City: Manchester		Reinspection Other _____
Permit Holder: Mai Khun Thein		
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	Time/Temperature Control for Safety
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures
Employee Health		
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records
Good Hygienic Practices		
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	Consumer Advisory	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	Highly Susceptible Population	
Approved Source		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	Food/Color Additives and Toxic Substances	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	
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		
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	47 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	49 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean
Food Temperature Control		
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	Physical Facilities	
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure	
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	52 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed	
Food Identification		
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	
Prevention of Food Contamination		
38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained	
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	
40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used	
41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	57 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f	
42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>[Signature]</i> Date 5/13/24	Violations documented	
Person in Charge (Printed) Mai Khun Thein	Date corrections due	
Inspector (Signature) <i>[Signature]</i> Date 5/13/24	Priority Item Violations	#
Inspector (Printed) Lauren Brandy	Priority Foundation Item Violations	—
	Core Item Violations	—
	Risk Factor/Public Health Intervention Violations	3
	Repeat Risk Factor/Public Health Intervention Violations	—
	Good Retail Practices Violations	2
	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.		

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/19/24
Establishment Al Madina Restaurant		Time In 12:30 AM/PM Time Out 1:40 AM/PM
Address 246 Broad st.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Mohammed Azad		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

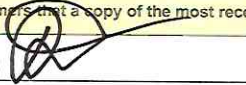
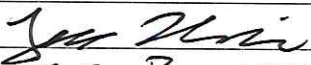
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Item	Supervision				V	COS	R	Protection from Contamination				V	COS	R	
	IN	OUT	N/A	N/O				IN	OUT	N/A	N/O				
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input 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															
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4															
Employee Health								Time/Temperature Control for Safety							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<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															
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion															
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<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															
Good Hygienic Practices								Consumer Advisory							
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use															
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth															
Preventing Contamination by Hands								Highly Susceptible Population							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed															
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed															
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible															
Approved Source								Food/Color Additives and Toxic Substances							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source															
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature															
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated															
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction															

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

Item	Safe Food and Water				V	COS	R	Proper Use of Utensils				V	COS	R	
	OUT	N/A	N/O					OUT							
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required															
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source															
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods															
Food Temperature Control								Utensils and Equipment							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control															
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding															
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used															
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate															
Food Identification								Physical Facilities							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container															
Prevention of Food Contamination								Violations documented							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present															
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display															
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness															
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored															
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables															
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								Repeat Risk Factor/Public Health Intervention Violations							
Person in Charge (Signature) 								Date 4-19-24							
Person in Charge (Printed)								Risk Factor/Public Health Intervention Violations							
Inspector (Signature) 								Repeat Risk Factor/Public Health Intervention Violations							
Inspector (Printed) Jose Ramirez								Good Retail Practices Violations							
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.								Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>							

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/18/24
 Establishment Angry Egg Time In 10:30 AM/PM Time Out 11:30 AM/PM
 Address 1095 Main St. LHD Manchester
 Town/City Manchester Purpose of Inspection: Routine Pre-op
 Permit Holder Steve Hall 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 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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health															
<input checked="" type="checkbox"/>	<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"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>															
Approved Source															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used P <input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<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"/>			
Conformance with Approved Procedures															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" 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"/>			

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	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	P/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 checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	Pf/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.											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature) [Signature] Date 4/18/24
 Person in Charge (Printed) Jose Badi'illo
 Inspector (Signature) [Signature] Date 4/18/24
 Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	4-21-24	2
Priority Foundation Item Violations	4-28-24	2
Core Item Violations	7-18-24	3
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		
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 Manchester

Inspection Report Continuation Sheet

Date 4/18/24

Establishment Angry Egg Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door RIC Front		under counter cooler		Hand Sink Front	100F
Half & Half	41F	keilbasa	40F	Bleach Spray	7200ppm
butter	41F	ham	40F	Employee BR sink	96F
omelette cooked to	156F			Customer BR sink	87F
2 door RIC ham	38F				
pancake batter	41F				
shell egg	41F				
sliced tomatoes	38F				



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
	Jose (CFPM) on site
16PF	Interior of ice machine unclean
41C	Wet rag stored on counter, must be stored in chlorine bucket
16P	Bleach Spray > 200ppm (CoS) remade to 100ppm
37C	Unlabeled squeeze bottles throughout (CoS)
10PF	No paper towels in employee bathroom
56C	lights not shielded in kitchen
51P	3 Bay spray nozzle below flood line
	Note: Send picture of spray nozzle to JRamirez@manchesterct.gov
	Note: 3 Bay faucet leaking, part ordered
	Note: unlabeled squeeze bottles throughout JR
	Note: good glove use & hand washing observed
	Note: provided allergen poster

Person in Charge (Signature)

Inspector (Signature)

Date 4/18/24
Date 4/18/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/10/24

Establishment Aprit Time

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sour Cream	36F			Handsink	122F
Chicken Cooling @ 1 Hr	76F			Kitchen Hot Water	125F
Turkey	40F			Dish Machine	160F

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.
37PF	New bottle of bleach → not labelled. Staff used sharpee to label (COS) discussed unused/new bottles used for any chemical should be labelled (ie: Windex, Fabuloso, etc) shall
	— Arm on slicer abit tacky - OK to use food grade grease but unit should be wiped of excess Slicer/Blade clean.
	— Discussed use of Metro shelf cover (heavy plastic) Above stacked dishes so protected and/or spices - so spices dont land on products below
	— Allergen List of menu present + in process ✓ * Discussed dating kind for TCS food that are ready to eat 7 days MAX
	— Reviewed "Cooling" - provide process to cool incl. products/meals to be cooked and what staff is responsible to monitor.



Person in Charge (Signature) [Signature]

Date 05/10/24

Inspector (Signature) D Payne

Date 5/10/24

Denise Payne

From: April Time <apriltime91@outlook.com>
Sent: Thursday, April 25, 2024 10:32 AM
To: Denise Payne
Subject: RE: New Food Service License
Attachments: OLINDA ServSafe Food Handler Certificate.pdf; SHIRLEY - FOOD HANDLER COURSE.pdf; FRINEY - FOOD HANDLER CERTIFICATE.pdf; PARUL - FOOD HANDLER CERTIFICATE.pdf; MARIA - Food Handler Course 1-28-2024.pdf; SAT - ServSafe Food Handler 2-20-2024.pdf

EXTERNAL MESSAGE - Don't just click it, put in a ticket!

Hi Denise,

Hope your well.
Apologies if I did not send and update you.

44c jumbled utensils have been separated.
16pf top interior of Microwave has been cleaned.
55c base secured to wall
47c some kitchen equipment upgraded to commercial grade and staff-use items are separated.
15p freezer meats separated into correct hierarchy – freezer has labels to assist for future reference.
28p the correct red and green buckets for the cleaner and sanitizer solutions have been bought, and these are used daily
All other actions are on-going and constantly being updated and discussed.

See attached updated food handler’s certification – remaining staff have been issued ServSafe course codes and their certificates are pending as they complete their course.

Kind Regards,


Sat Bhachu

April Time Residential Care Home
91 Chestnut Street,
Manchester CT 06040
Tel: 860-649-4519
Fax: 860-649-0118
Email: apriltime91@outlook.com

From: Denise Payne <dpayne@manchesterct.gov>
Sent: Wednesday, April 24, 2024 12:40 PM
To: April Time <apriltime91@outlook.com>
Subject: RE: New Food Service License

Hello Kiki,

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/30/24
Establishment Arbors of Hop Brook		Time In 11:45 AM Time Out 12:45 AM
Address 403 W. Center St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		Reinspection Other _____



DPH
Connecticut Department of Public Health

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Highly Susceptible Population									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Food/Color Additives and Toxic Substances									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<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

Safe Food and Water				Proper Use of Utensils			
OUT	N/A	N/O	V	OUT	N/A	N/O	V
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C
Food Temperature Control				Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	Physical Facilities			
Food Identification				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
Prevention of Food Contamination				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C


Person in Charge (Signature) <i>[Signature]</i>	Date 4/30/2024	Violations documented	Date corrections due	#
Person in Charge (Printed) DRAWN JARAOS	Date 4/30/2024	Priority Item Violations	5-3-24	2
Inspector (Signature) <i>[Signature]</i>	Date 4/30/24	Priority Foundation Item Violations	7-30-24	6
Inspector (Printed) Jose Ramirez		Core Item Violations		2
		Risk Factor/Public Health Intervention Violations		2
		Repeat Risk Factor/Public Health Intervention Violations		6
		Good Retail Practices Violations		6
		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.

Risk Category: <u>3</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/19/2024</u>
Establishment <u>Audacity</u>		Time In <u>2:30</u> AM/PM <u>AM</u> Time Out <u>3:30</u> AM/PM <u>AM</u>
Address <u>829 Main Street</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Christine Rosinski</u>		Reinspection Other <u>pre-op</u>
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	Time/Temperature Control for Safety
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties V Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected V P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Employee Health		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Good Hygienic Practices		
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Consumer Advisory	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Preventing Contamination by Hands		
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Highly Susceptible Population	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
10 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible P/Pf/C <input checked="" type="checkbox"/> COS <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	Food/Color Additives and Toxic Substances	
Approved Source		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Conformance with Approved Procedures	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <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		
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required V P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored V C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	44 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled P/Pf/C <input checked="" type="checkbox"/> COS <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/>	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	45 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	49 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Food Temperature Control		
33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Physical Facilities	
34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	52 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Food Identification		
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Prevention of Food Contamination		
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
39 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f	
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) _____ Date <u>20240509</u>	Violations documented Date corrections due #	
Person in Charge (Printed) <u>CHRISTINE ROSINSKI</u>	Priority Item Violations _____	_____
Inspector (Signature) <u>L. Grandy</u> Date <u>5/19/2024</u>	Priority Foundation Item Violations <u>5/19/24</u>	<u>1</u> <u>COS</u>
Inspector (Printed) <u>Lauren Grandy</u>	Core Item Violations <u>8/9/24</u>	<u>4</u>
	Risk Factor/Public Health Intervention Violations _____	<u>0</u>
	Repeat Risk Factor/Public Health Intervention Violations _____	<u>0</u>
	Good Retail Practices Violations _____	<u>4</u>
	Requires Reinspection - check box if you intend to reinspect <input type="checkbox"/>	

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.

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/30/24
Establishment Big Sky		Time In 2:00 AM/PM Time Out 3:00 AM/PM
Address 47 Hartford Tpke		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Katrina Godenbrown		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"/>	1 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"/>	15 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"/>	2 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"/>	16 Food-contact surfaces: cleaned & sanitized				P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 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"/>	18 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"/>	4 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"/>	19 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"/>	5 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"/>	20 Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6 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"/>	21 Proper hot holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 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"/>	22 Proper cold holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 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"/>	23 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"/>	9 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"/>	24 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"/>	10 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"/>	25 Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14 Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29 Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C	<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"/>	30 Pasteurized eggs used where required				P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43 In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 Water and ice from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44 Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Variance obtained for specialized processing methods				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46 Gloves used properly				C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 Plant food properly cooked for hot holding				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47 Utensils and Equipment				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 Approved thawing methods used				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36 Thermometers provided and accurate				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49 Non-food contact surfaces clean				C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37 Food properly labeled; original container				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 Physical Facilities				Pf	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38 Insects, rodents, and animals not present				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51 Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39 Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52 Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 Personal cleanliness				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53 Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41 Wiping cloths: properly used and stored				C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54 Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42 Washing fruits and vegetables				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55 Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.												56 Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Person in Charge (Signature) <i>[Signature]</i> Date 5/30/24												56 Adequate ventilation and lighting; designated areas used				C	<input type="checkbox"/>	<input type="checkbox"/>					
Person in Charge (Printed) Katrina Godenbrown												Natural rubber latex gloves not used per CGS §19a-36f				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Inspector (Signature) <i>[Signature]</i> Date 5/30/24												Violations documented				Date corrections due				#			
Inspector (Printed) Jose Ramirez												Priority Item Violations				6-10-24				9			
												Priority Foundation Item Violations								0			
												Core Item Violations								0			
												Risk Factor/Public Health Intervention Violations								1			
												Repeat Risk Factor/Public Health Intervention Violations								0			
												Good Retail Practices Violations								0			
												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.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/2/24
Establishment Big Y Market		Time In 11:00 AM PM Time Out 1:00 AM PM
Address 234 Tolland Tpke		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder _____		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"/>	1 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"/>	15 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"/>	2 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"/>	16 Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 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"/>	17 Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 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"/>	18 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"/>	5 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"/>	19 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"/>	6 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"/>	20 Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 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"/>	21 Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 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"/>	22 Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 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"/>	23 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"/>	10 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"/>	24 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"/>	11 Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 Toxic substances properly identified, stored & used	P/Pf/C	<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"/>	30 Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43 In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44 Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46 Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	47 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"/>	35 Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36 Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	49 Non-food contact surfaces clean	P	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37 Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38 Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	51 Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39 Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52 Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53 Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41 Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54 Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42 Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55 Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <i>[Signature]</i>		Date 5/2/24		Violations documented				Date corrections due		#					
Person in Charge (Printed) Rob Whelan				Priority Item Violations				5-5-24		2					
Inspector (Signature) <i>[Signature]</i>		Date 5/2/24		Core Item Violations				8-2-24		11					
Inspector (Printed) Jose Ramirez				Risk Factor/Public Health Intervention Violations						1					
				Repeat Risk Factor/Public Health Intervention Violations						1					
				Good Retail Practices Violations						12					
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 Manchester

Inspection Report Continuation Sheet

Date 5/2/24

Establishment Big Y Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Dairy Cooler ambient	38F	Seafood display		Hand sink butcher room	96F
WIF FFD ambient	10F	Calamari	39F	Butcher 3 bay Quat	0ppm
Meat WIC Sausage	41F	Fish COD	35F		400ppm
Butcher Display Bacon	38F	Salmon	35F		
ground beef	37F	Seafood WIC Salmon	34F	Hot bar hand sink	105F
steak	36F	Deli display potatoes salad	39F	Sandwich cold prep tomatoes	40F
Chicken	40F	Chicken	36F	Salami	39F
Deli display Salami	38F	Ham	36F	Cheese	39F

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
16P 49C	Butcher Room: 3 bay Quat at 0ppm (COS) remade to 400ppm Ceiling vent covers unclean
49C	Seafood WIF Floor unclean
39C	Ice build up on sealed boxes of Pizza
Note	Shellfish tags available
49C	Deli Area: Floor under display case unclean
Note	Quat bucket 200 ppm
Note	Deli WIC: Block cheese 39F
49C	WIC vent/fan cover unclean
39C	Bakery WIF ice build up on walls & pipe
49C	Bakery WIC gasket unclean
49C	Bakery WIC Fan unit unclean
47C	caulk behind 2 bay sink in Bakery backroom unclean/not cleanable
	Hot bar Area Display case: Fried chicken 136F 3 door RIC: chicken 40F, buffalo chicken 40F, cheese 40F
49C	3 door RIC (Hobart) gasket unclean
47C	3 door RIC (True) gasket damaged
Note	Pizza cold prep table: Sausage 40F, Pepperoni 40F Stromboli Hot Hold 162F Pizza Hot Hold 164F
Person in Charge (Signature)	Date <u>5/2/24</u>
Inspector (Signature)	Date <u>5/2/24</u>

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/2/2024	
Establishment BJ's Wholesale Club	Time In 10:30 (AM/PM) Time Out 11:30 (AM/PM)	
Address 1046 Tolland Tpke	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder _____	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 type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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			
Approved Source															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan			

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"/>	<input checked="" type="checkbox"/>	Utensils and Equipment					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<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"/>	<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 checked="" 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"/>	<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.													
Person in Charge (Signature) <i>[Signature]</i> Date 4/2/2024				Person in Charge (Printed) DOM MARTINS				Inspector (Signature) <i>[Signature]</i> Date 4/2/2024		Inspector (Printed) Lauren Brandy		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.	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	7/2/2024	9
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		9
Requires Reinspection - check box if you intend to reinspect		

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/2/2024

Establishment BJ's Wholesale Club Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
rotisserie chix	162F	wic deli		mt water	117F
		polish ham	40F	hot water 3 bay hand sink	110F
deli		Munster cheese	39F		
salami	40F			quat 3 bay deli	200ppm
roast beef	40F	meat wic			
turkey	39F	beef loin	39F	handsink bakery	100F
American	39F			bakery w/f	18F
		restroom women	94F	bakery w/c	38F

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
	CFPM: Dom
note*	Temp logs for chicken ✓
49c	rack across from Chicken rotisserie not clean
note*	Impact Fire Service Feb/March 2024
47c	holes in ERP wall by Deli station
47c	door handles of shelving in deli prep room damaged/not secured
47c/49c	caulking behind 3 bay sink not clean/damaged
49c	covers on ceiling fans in meat room not clean (cos)
55c	cove base damaged in meat room
49c	bakery cart exterior not clean
note*	dish machine in bakery not operating at time of visit
49c	drawer of bakery cake table not clean
note*	proofer proofer not in use at time of inspection
49c	exterior lids of sprinkles not clean / exterior decoration bins not clean
	overall clean + organized
	new manager Dom - email copy of FDA Food code requirements discussed sampling with third party vendor - Health Dept to follow up
	Dph Food Allergen poster provided

Person in Charge (Signature)	Date <u>4/2/2024</u>
Inspector (Signature)	Date <u>4/2/2024</u>

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/10/2024

Establishment Bobby T's Time In 11 AM/PM Time Out _____ AM/PM

Address Lic# AJ 5612 LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op _____

Permit Holder Robert Turcotte 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											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
1	IN	OUT	N/A	N/O	Supervision	V	COS	R	15	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"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health		<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reheated, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>	Time/Temperature Control for Safety		<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 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"/>	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 reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Hygienic Practices		<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"/>
	<input 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 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands		<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 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"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
	<input 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"/>	Consumer Advisory		<input type="checkbox"/>	<input type="checkbox"/>
	<input 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 provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		<input type="checkbox"/>	<input type="checkbox"/>		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>
	<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"/>	<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"/>	<input type="checkbox"/>	Food Temperature Control		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Prevention of Food Contamination		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Signature) <u>R. Turcotte</u> Date <u>4-10-24</u>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date corrections due		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Printed) <u>Robert Turcotte</u>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Signature) <u>L. Brandy</u> Date <u>4/10/2024</u>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Printed) <u>Lauren Brandy</u>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations		<input type="checkbox"/>	<input type="checkbox"/>

Risk Category: <u>1</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: Permanent <u>0</u> Temporary Mobile Other _____	Date: <u>4/24/24</u>	Time In _____ AM/PM Time Out _____ AM/PM
Establishment <u>Bob's Discount Furniture</u>	 <p>Connecticut Department of Public Health</p>	LHD <u>Manchester</u>
Address <u>428 Tolland Tpk</u>		Purpose of Inspection: Routine <u>0</u> Pre-op _____
Town/City <u>Manchester</u>		Reinspection _____ Other _____
Permit Holder _____	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 type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<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"/>	16	<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				Time/Temperature Control for Safety											
3	<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"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<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"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory											
6	<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"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population							
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances											
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
9	<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"/>	Conformance with Approved Procedures							
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Utensils and Equipment											
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<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

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"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>
Food Temperature Control				Utensils and Equipment							
33	<input checked="" 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"/>	47	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
Food Identification				Prevention of Food Contamination							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Pf	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
39	<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"/>	52	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	C	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Violations documented				Date corrections due							
Person in Charge (Signature) _____ Date <u>4/24/24</u>				Priority Item Violations <u>cos/30day</u>							
Person in Charge (Printed) <u>ISAAC SYKES-JOHAN</u>				Priority Foundation Item Violations <u>10 days</u>							
Inspector (Signature) <u>Denise Payne</u> Date <u>4/24/24</u>				Core Item Violations <u>90 days</u>							
Inspector (Printed) <u>Denise Payne</u>				Risk Factor/Public Health Intervention Violations <u>4</u>							
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.				Repeat Risk Factor/Public Health Intervention Violations <u>0</u>							
				Good Retail Practices Violations <u>6</u>							
				Requires Reinspection - check box if you intend to reinspect <u>0</u>							

Risk Category: <u>1</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																															
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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 use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	Good Hygienic Practices								<input 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"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands								<input 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"/>	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"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned & sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Time/Temperature Control for Safety</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper hot holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cold holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper date marking and disposition</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Time as a public health control: procedures and records</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Consumer Advisory</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Highly Susceptible Population</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Food/Color Additives and Toxic Substances</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Toxic substances properly identified, stored & used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Conformance with Approved Procedures</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table>	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety								<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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<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 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"/>	Consumer Advisory								<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"/>	Highly Susceptible Population								<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"/>	Food/Color Additives and Toxic Substances								<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures								<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"/>
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adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="7" style="text-align: center;">Food Identification</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="7" style="text-align: center;">Prevention of Food Contamination</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage & display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/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"/>	Food Temperature Control							<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	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"/>	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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; 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Person in Charge (Signature) _____ Date <u>4/24/24</u> Person in Charge (Printed) <u>ISAAC SYCES-JOHN</u> Inspector (Signature) <u>Denise Payne</u> Date <u>4/24/24</u> Inspector (Printed) <u>Denise Payne</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> </thead> <tbody> <tr> <td>Priority Item Violations</td> <td><u>COS/30day</u></td> <td><u>1</u></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td><u>10 days</u></td> <td><u>1</u></td> </tr> <tr> <td>Core Item Violations</td> <td><u>90 days</u></td> <td><u>4</u></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td><u>0</u></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td><u>0</u></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td><u>6</u></td> </tr> <tr> <td colspan="3">Requires Reinspection - check box if you intend to reinspect</td> </tr> </tbody> </table>		Violations documented	Date corrections due	#	Priority Item Violations	<u>COS/30day</u>	<u>1</u>	Priority Foundation Item Violations	<u>10 days</u>	<u>1</u>	Core Item Violations	<u>90 days</u>	<u>4</u>	Risk Factor/Public Health Intervention Violations		<u>0</u>	Repeat Risk Factor/Public Health Intervention Violations		<u>0</u>	Good Retail Practices Violations		<u>6</u>	Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																									
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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.																																																																																																																																																																																																																																																																																																																																	

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/1/24
Establishment Boricua Market		Time In 9:30 AM Time Out 10:30 AM
Address 513 Center St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder Jesus Garcia		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						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1				Pf		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				C		
Certified Food Protection Manager for Classes 2, 3, & 4						
Employee Health						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				P/Pf		
Management, food employee and conditional employee; knowledge, responsibilities and reporting						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				P		
Proper use of restriction and exclusion						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				Pf		
Written procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				P/C		
Proper eating, tasting, drinking, or tobacco products use						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				C		
No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				P/Pf		
Hands clean and properly washed						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				P/Pf/C		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				C		
Adequate handwashing sinks, properly supplied/accessible						
Approved Source						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				P/Pf/C		
Food obtained from approved source						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				P/Pf		
Food received at proper temperature						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				P/Pf		
Food in good condition, safe, and unadulterated						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				P/Pf/C		
Required records available: molluscan shellfish identification, parasite destruction						
Protection from Contamination						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15				P/C		
Food separated and protected						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				P/Pf/C		
Food-contact surfaces: cleaned & sanitized						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				P		
Proper disposition of returned, previously served, reconditioned, and unsafe food						
Time/Temperature Control for Safety						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				P/Pf/C		
Proper cooking time and temperatures						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				P		
Proper reheating procedures for hot holding						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				P		
Proper cooling time and temperatures						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				P		
Proper hot holding temperatures						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				P		
Proper cold holding temperatures						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				P/Pf		
Proper date marking and disposition						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				P/Pf/C		
Time as a public health control: procedures and records						
Consumer Advisory						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				Pf		
Consumer advisory provided: raw/undercooked food						
Highly Susceptible Population						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				P/C		
Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				P		
Food additives: approved and properly used						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				P/Pf/C		
Toxic substances properly identified, stored & used						
Conformance with Approved Procedures						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29				P/Pf/C		
Compliance with variance/specialized process/ROP criteria/HACCP Plan						

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	V	COS	R
Safe Food and Water					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30				P	
Pasteurized eggs used where required					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31				P/Pf/C	
Water and ice from approved source					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32				Pf	
Variance obtained for specialized processing methods					
Food Temperature Control					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33				Pf/C	
Proper cooling methods used; adequate equipment for temperature control					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34				Pf	
Plant food properly cooked for hot holding					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35				Pf/C	
Approved thawing methods used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36				Pf/C	
Thermometers provided and accurate					
Food Identification					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37				Pf/C	
Food properly labeled; original container					
Prevention of Food Contamination					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38				Pf/C	
Insects, rodents, and animals not present					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39				P/Pf/C	
Contamination prevented during food preparation, storage & display					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40				Pf/C	
Personal cleanliness					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41				C	
Wiping cloths: properly used and stored					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42				P/Pf/C	
Washing fruits and vegetables					
Proper Use of Utensils					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43				C	
In-use utensils: properly stored					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44				Pf/C	
Utensils/equipment/linens: properly stored, dried, & handled					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45				Pf/C	
Single-use/single-service articles: properly stored & used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46				C	
Gloves used properly					
Utensils and Equipment					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47				P/Pf/C	
Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48				Pf/C	
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49				C	
Non-food contact surfaces clean					
Physical Facilities					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50				Pf	
Hot and cold water available; adequate pressure					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51				P/Pf/C	
Plumbing installed; proper backflow devices					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52				P/Pf/C	
Sewage and waste water properly disposed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53				Pf/C	
Toilet facilities: properly constructed, supplied, & clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54				C	
Garbage and refuse properly disposed; facilities maintained					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55				P/Pf/C	
Physical facilities installed, maintained, and clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56				C	
Adequate ventilation and lighting; designated areas used					
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) [Signature] Date **4-01-24**

Person in Charge (Printed) **NAYMARYS RIVERA**

Inspector (Signature) [Signature] Date **4/1/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	COS	2
Core Item Violations		0
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		0
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.

Risk Category: <u>2</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/30/24</u>
Establishment <u>Brazilian Qula Grill</u>		Time In _____ AM/PM Time Out _____ AM/PM
Address <u>Lic # AB 17328</u>		LHD <u>Manchester</u>
Town/City _____		Purpose of Inspection: <u>Routine</u> Pre-op _____
Permit Holder _____		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	V	COS	R	
Supervision							
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4
Employee Health							
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events
Good Hygienic Practices							
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands							
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible
Approved Source							
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction
GOOD RETAIL PRACTICES							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							
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	V	COS	R		
Safe Food and Water							
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods
Food Temperature Control							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate
Food Identification							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container
Prevention of Food Contamination							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables
Proper Use of Utensils							
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly
Utensils and Equipment							
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean
Physical Facilities							
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	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) [Signature] Date 05/30/24

Person in Charge (Printed) _____

Inspector (Signature) [Signature] Date 5/30/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>10 days</u>	1
Core Item Violations	<u>90 days</u>	3
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		3
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.

Follow-up on 6/2/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 5/30/24

Establishment Brazilian Gula Grill Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Beef	40F	No hot holding		OK to operate	
* Discussed Ambient at 39F → Recommend 37F/38F		No Sanitizers set up *sanit test strips ✓			DP

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | 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. |
|-------------|--|
| * 37c | Hot water not Above 85°F → Adjust; Reinspection 6/2/24 at next event. |
| 45c | Single use cup w/ out handle |
| 37c | Squeeze bottles not labeled *Repeat |
| 49c | Basket for napkins not smooth/easily cleanable
Wood Shelf Not approvable - discussed Plastic Cutting board |
| 5PF | Written procedures not on-truck (Vomit/diarrhea) |
| | Trigidaire-freezer chest (NSF) on backside. |
| | Manager taking CFPM course - send certif. to HDpt.
Owned CFPM ✓ |
| | Discussed dispensing Paper towel Holder
Provide New menu for review
Allergen Poster not on-truck (9 Allergens post present - Needs Notification statement) |

Person in Charge (Signature) [Signature]


Date

Inspector (Signature) D Payne

Date

5/30/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/24/24
Establishment Buckland Hills Cinemas		Time In 1:00 AM PM Time Out 2:30 AM PM
Address 99 Redstone Rd.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Bryan Knoepfel		Reinspection Other _____



Keeping Connecticut Healthy
Connecticut Department of Public Health

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	V	COS	R		IN	OUT	N/A	N/O	V	COS	R			
Supervision				Protection from Contamination													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized													
Employee Health				Time/Temperature Control for Safety													
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 checked="" 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													
Good Hygienic Practices				Consumer Advisory													
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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"/>		22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>			
No discharge from eyes, nose, and mouth				Highly Susceptible Population													
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>			
Hands clean and properly washed				Food additives: approved and properly used													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/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 bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Toxic substances properly identified, stored & used													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		Conformance with Approved Procedures									
Adequate handwashing sinks, properly supplied/accessible				Compliance with variance/specialized process/ROP criteria/HACCP Plan													
Approved Source				GOOD RETAIL PRACTICES													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Food obtained from approved source				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													
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		Safe Food and Water				Proper Use of Utensils					
Food received at proper temperature				30				<input type="checkbox"/>	OUT	33				<input type="checkbox"/>	OUT		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		31				<input type="checkbox"/>	OUT				
Food in good condition, safe, and unadulterated				32				<input type="checkbox"/>	OUT	34				<input type="checkbox"/>	OUT		
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		32				<input type="checkbox"/>	OUT				
Required records available: molluscan shellfish identification, parasite destruction				33				<input type="checkbox"/>	OUT	35				<input type="checkbox"/>	OUT		
GOOD RETAIL PRACTICES				34				<input type="checkbox"/>	OUT	36				<input type="checkbox"/>	OUT		
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				35				<input type="checkbox"/>	OUT	37				<input checked="" type="checkbox"/>	OUT		
Safe Food and Water				36				<input type="checkbox"/>	OUT	38				<input checked="" type="checkbox"/>	OUT		
30				<input type="checkbox"/>	OUT	37				<input checked="" type="checkbox"/>	OUT	39				<input type="checkbox"/>	OUT
Pasteurized eggs used where required				38				<input type="checkbox"/>	OUT	40				<input type="checkbox"/>	OUT		
31				<input type="checkbox"/>	OUT	39				<input type="checkbox"/>	OUT	41				<input type="checkbox"/>	OUT
Water and ice from approved source				40				<input type="checkbox"/>	OUT	42				<input type="checkbox"/>	OUT		
32				<input type="checkbox"/>	OUT	41				<input type="checkbox"/>	OUT	43				<input type="checkbox"/>	OUT
Variance obtained for specialized processing methods				42				<input type="checkbox"/>	OUT	44				<input type="checkbox"/>	OUT		
Food Temperature Control				43				<input type="checkbox"/>	OUT	45				<input type="checkbox"/>	OUT		
33				<input type="checkbox"/>	OUT	44				<input type="checkbox"/>	OUT	46				<input type="checkbox"/>	OUT
Proper cooling methods used; adequate equipment for temperature control				45				<input type="checkbox"/>	OUT	47				<input type="checkbox"/>	OUT		
34				<input type="checkbox"/>	OUT	46				<input type="checkbox"/>	OUT	48				<input checked="" type="checkbox"/>	OUT
Plant food properly cooked for hot holding				47				<input type="checkbox"/>	OUT	49				<input checked="" type="checkbox"/>	OUT		
35				<input type="checkbox"/>	OUT	48				<input checked="" type="checkbox"/>	OUT	50				<input type="checkbox"/>	OUT
Approved thawing methods used				49				<input checked="" type="checkbox"/>	OUT	51				<input type="checkbox"/>	OUT		
36				<input type="checkbox"/>	OUT	50				<input type="checkbox"/>	OUT	52				<input type="checkbox"/>	OUT
Thermometers provided and accurate				51				<input type="checkbox"/>	OUT	53				<input type="checkbox"/>	OUT		
Food Identification				52				<input type="checkbox"/>	OUT	54				<input type="checkbox"/>	OUT		
37				<input checked="" type="checkbox"/>	OUT	53				<input type="checkbox"/>	OUT	55				<input checked="" type="checkbox"/>	OUT
Food properly labeled; original container				54				<input type="checkbox"/>	OUT	56				<input checked="" type="checkbox"/>	OUT		
Prevention of Food Contamination				55				<input checked="" type="checkbox"/>	OUT	57				<input type="checkbox"/>	OUT		
38				<input checked="" type="checkbox"/>	OUT	56				<input checked="" type="checkbox"/>	OUT	58				<input type="checkbox"/>	OUT
Insects, rodents, and animals not present				57				<input type="checkbox"/>	OUT	59				<input type="checkbox"/>	OUT		
39				<input type="checkbox"/>	OUT	58				<input type="checkbox"/>	OUT	60				<input type="checkbox"/>	OUT
Contamination prevented during food preparation, storage & display				59				<input type="checkbox"/>	OUT	61				<input type="checkbox"/>	OUT		
40				<input type="checkbox"/>	OUT	60				<input type="checkbox"/>	OUT	62				<input type="checkbox"/>	OUT
Personal cleanliness				61				<input type="checkbox"/>	OUT	63				<input type="checkbox"/>	OUT		
41				<input type="checkbox"/>	OUT	62				<input type="checkbox"/>	OUT	64				<input type="checkbox"/>	OUT
Wiping cloths: properly used and stored				63				<input type="checkbox"/>	OUT	65				<input type="checkbox"/>	OUT		
42				<input type="checkbox"/>	OUT	64				<input type="checkbox"/>	OUT	66				<input type="checkbox"/>	OUT
Washing fruits and vegetables				65				<input type="checkbox"/>	OUT	67				<input type="checkbox"/>	OUT		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				66				<input type="checkbox"/>	OUT	68				<input type="checkbox"/>	OUT		
Person in Charge (Signature) MJD Date 4/24/2024				67				<input type="checkbox"/>	OUT	69				<input type="checkbox"/>	OUT		
Person in Charge (Printed) Metissa Steller-Davis				68				<input type="checkbox"/>	OUT	70				<input type="checkbox"/>	OUT		
Inspector (Signature) Jose Ramirez Date 4/24/24				69				<input type="checkbox"/>	OUT	71				<input type="checkbox"/>	OUT		
Inspector (Printed) Jose Ramirez				70				<input type="checkbox"/>	OUT	72				<input type="checkbox"/>	OUT		
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.				71				<input type="checkbox"/>	OUT	73				<input type="checkbox"/>	OUT		

Violations documented	Date corrections due	#
Priority Item Violations	4/27/24	3
Priority Foundation Item Violations	5/14/24	7
Core Item Violations	7/24/24	18
Risk Factor/Public Health Intervention Violations		6
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		22
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/24/24

Establishment Buckland Hills Cinema Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Restaurant kitchen				Bathroom Hand sink	95F
under counter cooler					
chicken	40F				
Pepperoni	41F				
WIC					
cheese	40F				
Bacon	38F				

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.	
	111 Restaurant kitchen	Hand sink 112F 3 bay 125F 3 Bay quat 400ppm
49C	green wire shelving unclean (rolling)	
49C	exterior of Dish machine unclean	
16pf	table mounted can opener unclean	
Note	Discussed cleaning cans before opening	
16pf	interior of microwave at cookline unclean	
49C	exterior of cookline equipment unclean	
49C	gaskets unclean throughout	
49C	interior of under counter cooler unclean	
23P	chicken, pepperoni, marinara sauce not date marked	(COS) Discarded
37C	unlabeled container w/ white liquid	
16pf	grill grates unclean	
13P	Squeeze bottles in WIC w/ mold	(COS) Discarded
49C	WIC shelving unclean	
	Pizza Hut area	undercounter cooler pepperoni 38F
49C	metal hanging containers unclean	shredded cheese 37F
49C	Gaskets unclean throughout	Hand sink 112F
49C	interior of hand sink unclean	
49C	Floor unclean throughout	
23P	Date marked chili use by 4/22 (made 4/15)	(COS) Discarded
Person in Charge (Signature)		
		Date <u>4/24/2024</u>
Inspector (Signature)		
		Date <u>4/24/24</u>

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/24/24

Establishment Buckland Hills Cinemas Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

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.

	Pizza Hut area	
55PF	loose trash in cabinets under POS / all cabinets	
	Restaurant Bar	
49C	floor unclean	
	Main Concession	
55PF	loose trash in cabinets	Hot dog 165 F
49C	interior of hand sink unclean	
55C	gaps/holes in lower cabinets	
49C	walls/ceiling behind popcorn machines unclean	
56C	Popcorn machine hood unclean. ^{over} Due 11/23	
48C	interior of 3 bay unclean	
49C	Floor by Syrup Station unclean	
38PF	Drain Flies present throughout	
38PF	Pest droppings present in lower cabinets	
Note	Provided allergen poster today	
Note	Discussed proper date marking	
Note	Discussed overall cleaning needed	
Note	Terminex pest control monthly	

Person in Charge (Signature) Date 4/24/2024

Inspector (Signature) Date 4/24/24

Risk Category: <u>3</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/28/2024</u>
Establishment <u>Buffalo Wild Wings</u>		Time In <u>11:00</u> AM/PM Time Out <u>12:00</u> AM/PM
Address <u>112 Buckland St.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Mike G.</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
IN	OUT	N/A	N/O	V	COS	R		
Supervision								
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								
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"/>	
Good Hygienic Practices								
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"/>	
Preventing Contamination by Hands								
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"/>	
Approved Source								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
Protection from Contamination								
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	
Time/Temperature Control for Safety								
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer Advisory								
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Highly Susceptible Population								
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<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"/>	<input type="checkbox"/>	
Conformance with Approved Procedures								
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<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	V	COS	R			
Safe Food and Water								
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control								
33	<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"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Identification								
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
39	<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"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Proper Use of Utensils								
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
45	<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"/>	
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	
Utensils and Equipment								
47	<input checked="" 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"/>	
48	<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"/>	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Facilities								
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
56	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>	

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>5/28/24</u>
Person in Charge (Printed) <u>Mike Owen</u>	
Inspector (Signature) <u>[Signature]</u>	Date <u>5/28/2024</u>
Inspector (Printed) <u>Lauren Grandy</u>	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<u>8/28/24</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>1</u>
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 Manchester

Inspection Report Continuation Sheet

Date 5/28/2023

Establishment Buffalo Wild Wings Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Front cold prep		walk in cooler (produce)		hot water hand sink	114F
sliced cheese	41F	cheese	41F		
sliced tomato	41F	raw hamburger	30F	sink/surface cleaner	1875 ppm
cold prep tomatoes	41F	raw chicken	37F		
chicken	41F	pico de gallo	37F	hot hold queso	136F
raw chicken (ice)	36F				
w/c hamburger raw	31F	WIF	0F	bar dish washer	100 ppm
w/c chicken wings	33F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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


- 49c exterior cookline prep table not clean next to fryers
- 55c cove base by back hand sink missing/damaged
- 47c wood behind sprayer at dish machine not clean
↳ discussed smooth, easily cleanable, non-absorbent surface to be used
- 49c wall by mop sink not clean



note* ~~at~~ overall very clean + organized
 great active managerial control
 DPH food allergen provided this day
 Food thermometer/alcohol wip is available
 great labeling throughout establishment
 no ill food workers
 CFPM: Mike G.
 no cooking, cooling at time of visit

Person in Charge (Signature) *Mike G.*
 Inspector (Signature) *A. Standy*

Date 5/28/24
 Date 5/28/2024

Risk Category: <u>2</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other				Date: <u>5-7-24</u>			
Establishment <u>Burger King</u>				Time In _____ AM/PM		Time Out _____ AM/PM	
Address <u>467 Center St</u>				LHD <u>Manchester</u>			
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u>		Pre-op	
Permit Holder _____		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	<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"/>
2	<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"/>
Employee Health							
3	<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"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<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"/>
Good Hygienic Practices							
6	<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"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands							
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<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"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source							
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
13	<input 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 type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<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	
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control							
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Identification							
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination							
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) _____		Date <u>5/7/24</u>					
Person in Charge (Printed) <u>Mikhael Gove</u>							
Inspector (Signature) <u>D Payne</u>		Date <u>5-7-24</u>					
Inspector (Printed) <u>Denise Payne</u>							
Violations documented		Date corrections due		#			
Priority Item Violations						0	
Priority Foundation Item Violations		<u>5-17-24 10 days</u>				3	
Core Item Violations		<u>90 days</u>				3	
Risk Factor/Public Health Intervention Violations						1	
Repeat Risk Factor/Public Health Intervention Violations						1	
Good Retail Practices Violations						5	
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 Manchester

Inspection Report Continuation Sheet

Date 5-7-24

Establishment Burger King

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Ranch dressing	41F	Fish Patty	166F	Hot water	191F
Past. Liquid Egg	38F	Chicken Patty	148F	Quat	— 200ppm
		Hamburger	163F		

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.
	* Date Marking + Time/Temp markings ✓
	Regional Manager - Update on Repair 5/2/24 Notify Health Dpt when Repairs to begin and what products to be used on walls Epoxy paint, Heavy stainless (not thin), etc.
51F	Odors from Restrooms - Need to be evaluated <u>prior to issue</u>
16c	Ice machine interior door unclean.
47PF	Walk-in Cooler dripping
36c	Thermometer in WIC broken.
38PF	Back door - gap at floor.
49c	Condiment holders unclean.
	* New soda dispenser not approved by Health Dpt - does not allow 36" walk space - Reg. Mngr to address Notify HDpt of any changes to menu and/or equipment.
	* What is blue pipe in Walk-in freezer? * Clean wall behind "Clean" wares at cove base.
	d.payne@manchesterct.gov

Person in Charge (Signature)

Date 5-7-24

Inspector (Signature)

D Payne

Date 5-7-24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 5/8/24	
Establishment Ca Jun Cafe		Time In 12:00 AM/PM Time Out 1:30 AM/PM	
Address 194 Buckland Hills Dr.		LHD Manchester	
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder Alex		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	Time/Temperature Control for Safety	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties V Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/>	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/>	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/>	
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/>	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/>	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion P <input type="checkbox"/>	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures P <input type="checkbox"/>	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures P <input type="checkbox"/>	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/>	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P/Pf <input type="checkbox"/>	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/>	
Employee Health			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/>	Consumer Advisory		
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/>	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>		
Good Hygienic Practices			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/>	Highly Susceptible Population		
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/>	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/>		
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible Pf/C <input type="checkbox"/>	Food/Color Additives and Toxic Substances		
Approved Source			
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/>	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/>	28 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/>	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature P/Pf <input type="checkbox"/>	Conformance with Approved Procedures		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/>	29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/>		
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <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			
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment	
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required V P <input type="checkbox"/>	43 <input type="checkbox"/> OUT In-use utensils: properly stored C <input type="checkbox"/>	47 <input type="checkbox"/> OUT Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/>	
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source P/Pf/C <input type="checkbox"/>	44 <input type="checkbox"/> OUT Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/>	48 <input type="checkbox"/> OUT Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/>	
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods Pf <input type="checkbox"/>	45 <input type="checkbox"/> OUT Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/>	49 <input checked="" type="checkbox"/> OUT Non-food contact surfaces clean C <input type="checkbox"/>	
Food Temperature Control			
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/>	Physical Facilities		
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding Pf <input type="checkbox"/>	50 <input type="checkbox"/> OUT Hot and cold water available; adequate pressure Pf <input type="checkbox"/>	51 <input type="checkbox"/> OUT Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>	
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used Pf/C <input type="checkbox"/>	52 <input type="checkbox"/> OUT Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/>	53 <input type="checkbox"/> OUT Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>	
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate Pf/C <input type="checkbox"/>	54 <input type="checkbox"/> OUT Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>	55 <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>	
Food Identification			
37 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container P/C <input type="checkbox"/>	56 <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used C <input type="checkbox"/>	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f	
Prevention of Food Contamination			
38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present Pf/C <input type="checkbox"/>	Violations documented		
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/>	Priority Item Violations	Date corrections due	
40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness Pf/C <input type="checkbox"/>	Priority Foundation Item Violations	#	
41 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored C <input type="checkbox"/>	Core Item Violations	5-11-24 4	
42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables P/Pf/C <input type="checkbox"/>	Risk Factor/Public Health Intervention Violations	5-18-24 2	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature) <i>Alex</i> Date 5/8/24		6-8-24 8	
Person in Charge (Printed) Alex		Repeat Risk Factor/Public Health Intervention Violations	
Inspector (Signature) <i>Jose Ramirez</i> Date 5/8/24		Good Retail Practices Violations	
Inspector (Printed) Jose Ramirez		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 Manchester

Inspection Report Continuation Sheet

Date 5/8/24

Establishment Ca Sun Cafe

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold cabinet		W/C Potatoes	38F	Hand sink by mop sink	105F
chicken	135F	chicken	40F	Chlorine bucket	0ppm
rice	139F	chicken	37F	remade	100ppm
Cold prep table		Pork	38F	Hand sink Front line	111F
spare ribs	40F	2 door RIF ambient	-3F		
Spring rolls	41F	Front display rice	142F	Front display chicken	140F
Chicken cooked to	185F	noodles	159F	chicken	136F
rice cooked to	167F	Potatoes	145F		

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.
	shi yu (CFPM) on site
49c	Interior of hand sink by mop sink unclean
49c	Caulk behind 3 bay sink unclean. PIC states that black colored caulk was used. Instructed PIC to replace black caulk w/ white caulk.
16pf	White plastic bins on prep table by mop sink unclean.
37c	unlabeled squeeze bottles throughout
* 49c	exterior of equipment unclean throughout (RIF, grill, wok, Fryer, warmer)
49c	Shelf under grill unclean.
16pf/49c	interior & exterior of rice bin by rear entrance unclean
49c	walls throughout unclean + doors
16p	Chlorine bucket at 0ppm. (COS) remade to 100ppm
28p	Medication (nasal sprays) stored on shelf above prep table. (COS)
28p	Windex spray stored next to to go containers under hot bar (COS)
41c	unclean rags/paper towels stored on prep tables throughout
15p	jumbled meats in reach in freezer (pork, seafood, cheese all in the same bin)
Note	All Core "C" violations must be corrected by 6/8/24
Note	Exterior of equipment must be cleaned within 30 days
Note	Continue to replace ceiling tiles as needed
Note	Discussed how/when to properly prepare sanitizer
Note	Test strips & thermometer available

Person in Charge (Signature)

Date 5/8/24

Inspector (Signature)

Date 5/8/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other		Date: 4/30/24
Establishment Center Perk		Time In 10:00 AM PM Time Out 11:30 AM PM
Address 639 Main St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Christine Bedrossian		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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							16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety									
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							19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion							21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" 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							23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
No discharge from eyes, nose, and mouth							26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands							Food/Color Additives and Toxic Substances						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan						
Adequate handwashing sinks, properly supplied/accessible													
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Required records available: molluscan shellfish identification, parasite destruction													

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

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"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required							44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
Water and ice from approved source							47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
Variance obtained for specialized processing methods							48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control							Non-food contact surfaces clean			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
Plant food properly cooked for hot holding							50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure			
Approved thawing methods used							51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			
Thermometers provided and accurate							52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Sewage and waste water properly disposed						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container							Toilet facilities: properly constructed, supplied, & clean			
Prevention of Food Contamination				Garbage and refuse properly disposed; facilities maintained						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present							Physical facilities installed, maintained, and clean			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display							Adequate ventilation and lighting; designated areas used			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness							Natural rubber latex gloves not used per CGS §19a-36f			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>				
Wiping cloths: properly used and stored										
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Washing fruits and vegetables										

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

Person in Charge (Signature) **Christina Pul** Date **4/30/24**

Person in Charge (Printed) **Christina Bedrossian**

Inspector (Signature) **[Signature]** Date **4/30/24**

Inspector (Printed) **Gose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	5-3-24	1
Priority Foundation Item Violations	5-10-24	1
Core Item Violations		20
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		0
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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.


Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/15/24
Establishment Champa Lao Thai		Time In 12:45 AM/PM Time Out 1:30 AM/PM
Address 341 East Center St		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder _____		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"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<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 checked="" 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"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<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 checked="" 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"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			


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"/>
<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"/>	<input checked="" type="checkbox"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<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"/>	<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Holder shall notify customers that a copy of the most recent inspection report is available.				<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Signature) Hong THONG Date 5-15-24				<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Printed) Hong THONG				<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Signature) Lauren Grandu Date 5/15/2024				<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Printed) Lauren Grandu				<input type="checkbox"/>	Violations documented			
								Date corrections due		#	
								5/18/24		3	
								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	<input checked="" type="checkbox"/>		

Reinspection 5/18/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>4/15/24</u>
Establishment <u>Chili's Grill & Bar</u>		Time In <u>12:45</u> AM/PM Time Out <u>1:45</u> AM/PM
Address <u>250 Buckland St.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Debbie Curtis</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					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4				C			Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			Proper disposition of returned, previously served, reconditioned, and unsafe food				P	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Time/Temperature Control for Safety						
Proper use of restriction and exclusion				P			18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Written procedures for responding to vomiting and diarrheal events				Pf			Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper eating, tasting, drinking, or tobacco products use				P/C			Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
No discharge from eyes, nose, and mouth				C			Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hands clean and properly washed				P/Pf			Proper hot holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				22	<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			Proper cold holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate handwashing sinks, properly supplied/accessible				P/C			Proper date marking and disposition				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food obtained from approved source				P/Pf/C			Time as a public health control: procedures and records				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Consumer Advisory						
Food received at proper temperature				P/Pf			25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				P/Pf			Highly Susceptible Population						
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			Pasteurized foods used; prohibited foods not offered				P/C	<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	V	COS	R	OUT	V	COS	R				
Safe Food and Water													
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required				P			Proper Use of Utensils						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source				P/Pf/C			In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods				Pf			Utensils/equipment/linens: properly stored, dried, & handled				P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control													
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control				Pf/C			Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding				Pf			Gloves used properly				C	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used				Pf/C			Utensils and Equipment						
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Thermometers provided and accurate				Pf/C			Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification													
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food properly labeled; original container				P/C			Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination													
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Insects, rodents, and animals not present				Pf/C			Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display				P/Pf/C			Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Personal cleanliness				Pf/C			Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wiping cloths: properly used and stored				C			Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Washing fruits and vegetables				P/Pf/C			Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities													
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Natural rubber latex gloves not used per CGS §19a-36f													
Violations documented													
Person in Charge (Signature) <u>Debbie Curtis</u> Date <u>4/15/24</u>				Person in Charge (Printed) <u>Debbie Curtis</u>				Inspector (Signature) <u>Jose Ramirez</u> Date <u>4/15/24</u>		Inspector (Printed) <u>Jose Ramirez</u>		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.	
Person in Charge (Signature) _____ Date _____				Person in Charge (Printed) _____				Inspector (Signature) _____ Date _____		Inspector (Printed) _____		Appeal: _____	
Inspector (Signature) _____ Date _____				Inspector (Printed) _____				Appeal: _____		Appeal: _____		Appeal: _____	
Inspector (Printed) _____				Appeal: _____				Appeal: _____		Appeal: _____		Appeal: _____	

Risk Category: <u>3</u>		Food Establishment Inspection Report			Page 1 of <u>2</u>																						
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>5/15/2024</u>																							
Establishment <u>China Wok</u>				Time In <u>11:00</u> AM/PM		Time Out <u>12:30</u> AM/PM																					
Address <u>194 Buckland hills Dr. #2070</u>				LHD <u>Manchester</u>																							
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op		Reinspection Other _____																					
Permit Holder _____		FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																									
<i>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.</i>																											
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		Time/Temperature Control for Safety		Consumer Advisory																					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Proper cooking time and temperatures				Consumer advisory provided: raw/undercooked food															
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Proper reheating procedures for hot holding				Highly Susceptible Population															
Employee Health				Proper disposition of returned, previously served, reconditioned, and unsafe food				Proper cooling time and temperatures				Pasteurized foods used; prohibited foods not offered															
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Good Hygienic Practices				Proper hot holding temperatures				Food/Color Additives and Toxic Substances															
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Preventing Contamination by Hands				Proper cold holding temperatures				Toxic substances properly identified, stored & used															
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Approved Source				Proper date marking and disposition				Conformance with Approved Procedures															
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
No discharge from eyes, nose, and mouth				Food obtained from approved source				Time as a public health control: procedures and records				Good Retail Practices															
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Hands clean and properly washed				Food received at proper temperature				Consumer Advisory				Good Retail Practices															
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Food in good condition, safe, and unadulterated				Highly Susceptible Population				Good Retail Practices															
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Adequate handwashing sinks, properly supplied/accessible				Required records available: molluscan shellfish identification, parasite destruction				Food/Color Additives and Toxic Substances				Good Retail Practices															
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Prevention of Food Contamination				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Safe Food and Water				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Pasteurized eggs used where required				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Water and ice from approved source				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Variance obtained for specialized processing methods				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Food Temperature Control				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Proper cooling methods used; adequate equipment for temperature control				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Plant food properly cooked for hot holding				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Approved thawing methods used				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Thermometers provided and accurate				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Food Identification				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Prevention of Food Contamination				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Wiping cloths: properly used and stored				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Washing fruits and vegetables				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O
Physical Facilities				Good Retail Practices				Food/Color Additives and Toxic Substances				Good Retail Practices															
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/> </																					

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/15/2024

Establishment China Wok

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
boba tea pearls boiling	212F	front: rice	137F	hot water handsink	128F
chicken internal	170F	orange chicken	142F	hot water handsink	91F
		teriyaki chicken	143F	chlorine 3 bay sink	50-100
WIF	0F	bay Marie: noodles	53F	undercounter cold prep	
wic: chicken (cooked)	40F	egg rolls	53F	carrots/peas	40F
noodles	41F	raw chicken	40F	raw shrimp	40F
egg rolls	41F	raw steak/beef	40F		

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.
	CFPMon site
28p	raid stored on ground behind grease trap - discarded (cos)
47c	towels stored under cutting board - removed (cos)
note*	discussed date marking in reach in freezer
note*	test strips available
16pF	interior avantco oven not clean
49c	exterior of wok line in kitchen not clean
15p	sauces not protected on prep table (cos)
55c	hole in floor under wok line in kitchen
22p	egg rolls/noodles at 53F in 2 door bay Marie - voluntarily discarded by person in charge - all other food product TCS moved 42F and under to different unit. person in charge to get work order for bay Marie
43c	tongs stored on oven handles
45c	to go container used as scoop in flour (cos)
note*	good glove use observed/good handwashing observed when changing tasks
15p	broccoli in wic not covered/protected
49c	Floor under snapple shelving not clean (cos)
49c	Floor under equipment throughout not clean
56c	hood baffles not clean front cookline
49c	gaskets of wic not clean
47c	cutting boards damaged/heavily gauged

Person in Charge (Signature) [Signature]

Date 5/15/2024

Inspector (Signature) [Signature]

Date 5/15/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 5/15/24
Establishment Chipotle		Time In _____ AM/PM Time Out _____ AM/PM
Address 48 Hale Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		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 type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input 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 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						
Employee Health							Proper disposition of returned, previously served, reconditioned, and unsafe food						
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Time/Temperature Control for Safety						
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion							Proper cooking time and temperatures						
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding						
Good Hygienic Practices							Proper cooling time and temperatures						
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Proper hot holding temperatures						
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth							Proper cold holding temperatures						
Preventing Contamination by Hands							Proper date marking and disposition						
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							Time as a public health control: procedures and records						
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Consumer advisory provided: raw/undercooked food						
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
Adequate handwashing sinks, properly supplied/accessible							Pasteurized foods used; prohibited foods not offered						
Approved Source							Food/Color Additives and Toxic Substances						
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Food additives: approved and properly used						
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							Toxic substances properly identified, stored & used						
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
Food in good condition, safe, and unadulterated							Compliance with variance/specialized process/ROP criteria/HACCP Plan						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29						
Required records available: molluscan shellfish identification, parasite destruction													

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

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"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pasteurized eggs used where required							In-use utensils: properly stored						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used						
Food Temperature Control							46						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment						
Proper cooling methods used; adequate equipment for temperature control							47						
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Approved thawing methods used							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Thermometers provided and accurate							Non-food contact surfaces clean						
Food Identification							Physical Facilities						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food properly labeled; original container							Hot and cold water available; adequate pressure						
Prevention of Food Contamination							51						
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices						
Insects, rodents, and animals not present							52						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed						
Contamination prevented during food preparation, storage & display							53						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						
Personal cleanliness							54						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained						
Wiping cloths: properly used and stored							55						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean						
Washing fruits and vegetables							56						
							Adequate ventilation and lighting; designated areas used						
							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) *Alexia Siros* Date **5/15/24**

Person in Charge (Printed) **Alexia Siros**

Inspector (Signature) *Denise Payne* Date **5/15/24**

Inspector (Printed) **Denise Payne**

Violations documented	Date corrections due	#
Priority Item Violations	3 days	3
Priority Foundation Item Violations		2
Core Item Violations		4
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		2
Good Retail Practices Violations		6
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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.

ct. 1077. Bucklandhills@chipotle.com

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/15/24

Establishment Chipotle Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Tomato		Pork	140F	Hot Water Kitchen	116F
Cheese		Chicken	158F		
Guac		Rice	159F		
		Beef	182F	3 Bay Quat @	200ppm
Sauce	41F	Pork	135F	Dish Machine after Prime	100ppm
Sour cream	41F	Beans	176F		
Pico de gallo	41F				
Guac cooling @	33F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | 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. |
|--------------------------|--|
| | GM is CFPM as of Today. ✓ |
| * 20P | Items labelled - prepped prior to inspection. GM onsite - discussed product on shelves vs that in ice baths. All items to be cooked prior to stocking for use. Manager knowledgeable about temps + times. Field Leader is placing work order on walk-in and will be onsite to assist in ice bath preparations until repaired. Create a policy for prep - cooling - storing for use - provide to HDpt within 3 days - dpayne@manchestertown.gov |
| 47P | Walk in Cooler Not keeping food below 41F → Min food containers in ice baths. |
| 54C
Do Not leave open | Dumpster/Trash piled up at back door - repeat violation. If 1x per week is not enough 2 pickups must be scheduled. |
| 38PF | Grats/drain flies present. Contact licensed Exterminator to create a plan to treat. Provide plan to HDpt within 3 days (via email) |
| | Discussed with Warewash trainee - test strips, check concentration and Manager showed staff primer switch. Only clean gloves on "Clean" side of dish machine |
| 36C | No visible thermometers in Coolers |
| 48PF | Sani buckets low - 5 towels in 1/2 bucket. Ware wash emptied, removed cloths. New Quat @ 200ppm |

Person in Charge (Signature) Alexa Hites

Date 5/15/24

Inspector (Signature) Denise Payne

Date 5/15/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/15/24

Establishment Chipotle

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

16P Rice scoop on top of Rice bin

49C Rice bin covers unclean

55C Floors generally unclean. (Including self serve beverage station)

49C True buckets unclean inside + out (Clean apron storage) (white)

* Alcohol wipes/Thermometer wipes out to use between temperatures
 Use of Sanitizer towel not approved method.
 Dish Machine - OK after priming. Staff to check + Monitor.

Manager Not aware of FDA Food code packet - HDpt will Resend

Allergen list present - Notice Poster Required. State poster provided.

Person in Charge (Signature) Alyssa Foster
 Inspector (Signature) Dennis Payne

Date 5/15/24
 Date 5/15/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/15/24
Establishment Chipotle		Time In _____ AM/PM Time Out _____ AM/PM
Address 48 Hale Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine 5/16 → Empul
Permit Holder _____		Reinspection Other 5/30 Reinsp.
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
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	P/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
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>Alexia Sirois</i> Date 5/15/24		
Person in Charge (Printed) Alexia Sirois		
Inspector (Signature) <i>Denise Payne</i> Date 5/15/24		
Inspector (Printed) Denise Payne		
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.		

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
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	
Violations documented		Date corrections due
Priority Item Violations		3 days
Priority Foundation Item Violations		3
Core Item Violations		4
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

ct. 1677. Bucklandhills@chipotle.com

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/15/24

Establishment Chipotle

Town Manchester

Re-insp 5/30

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Tomato		Pork	140F	Hot Water Kitchen	116F
Cheese } just prepped @ 44F		Chicken	158F		
Guac		Rice	159F		
Sauce	41F	Beef	182F	3 Bay Quat @	200ppm
Sour cream	41F	Pork	135F	Dish Machine after Prime	100ppm
Pico de gallo	41F	Beans	176F		
Guac cooling @ 33F					

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- Item Number GM is CFPM as of Today. ✓
- * Items labelled - prepped prior to inspection. GM onsite - discussed product on shelves vs that in ice baths. All items to be cooked prior to stocking for use.
- ✓ 20P Manager knowledgeable about temps + times. Field leader is placing work order on walk-in and will be onsite to assist in ice bath preparations until repaired.
- Create a policy for prep-cooling - storing for use - provide to HDpt within 3 days - dpayne@manchestrect.gov
- ✓ 47P Walk in Cooler Not keeping food below 41F → min food container in ice baths.
- 54C Dumpster/Trash piled up at back door - repeat violation. If 1x per week is not enough 2 pickups must be scheduled
- 38PF Gnats/drain flies present. Contact licensed exterminator to create a plan to treat. Provide plan to HDpt within 3 days (via email)
- Discussed with Warewash trainee - test strips, check concentration and Manager showed staff primer switch.
- Only clean gloves on "Clean" side of dish machine
- 36C No visible thermometers in Coolers
- ✓ 48PF Sani buckets low - 5 towels in 1/2 bucket. Ware wash emptied, removed cloths. New Quat @ 200ppm

Do Not eat open

Not Obsvd

Person in Charge (Signature) Alexa [Signature]

Date 5/15/24

Inspector (Signature) Dennis Payne

Date 5/15/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/15/24

Establishment Chipotle

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Observations and Corrective Actions
✓ 16P 49C	Rice Scoop on top of Rice bin Rice bin covers unclean
55C	Floors generally unclean. (Including selfserve beverage station)
49C	True buckets unclean inside + out (Clean apron storage) (white)
*	Alcohol wipes/Thermometer wipes out to use between Temperatures Use of Sanitizer towel not approved method. Dish Machine - OK after priming. Staff to check + Monitor. Manager Not aware of FDA Food Code packet - HDpt will Resend Allergen list present - Notice Poster Required. State Poster provided.

Person in Charge (Signature) Alexa Lopez
Inspector (Signature) Dennis Payne

Date 5/15/24
Date 5/15/24

Denise Payne

From: ct.1677.BucklandHills <ct.1677.BucklandHills@chipotle.com>
Sent: Friday, May 17, 2024 2:33 PM
To: Denise Payne
Subject: Re: Policy For Prep/cooling

EXTERNAL MESSAGE - Don't just click it, put in a ticket!

Hello Denise,
Sorry for the late response (I thought I pressed send), but this is Alexia Sirois (GM). I was the one who sent the previous email.

Chipotle Mexican Grill
Buckland Hills 1677
48 Hale Rd.
Manchester CT 06042
(860)-644-0223

- Alexia Sirois | General Manager
- Michael Knapp | Apprentice
- LaRoyal Williams | Service Leader
- Carl Johnson Jr. | Service Leader
- Swapna Kotla | Service Leader
- Felix Rivera | Kitchen Leader

From: Denise Payne <dpayne@manchesterct.gov>
Sent: Thursday, May 16, 2024 8:40 AM
To: ct.1677.BucklandHills <ct.1677.BucklandHills@chipotle.com>
Subject: [EXTERNAL] RE: Policy For Prep/cooling

Thank you for the response! Could you tell me who is sent the email so I know who will be monitoring.

I would also ask someone to document the temperatures on the walk in – both an interior thermometer and the digital dial. Just to make sure temperatures are maintaining that 37F.
If you have any questions, please let me know.

Denise Payne, R.S.

Environmental Health Inspector
Manchester Health Department
479 Main Street, P.O. Box 191
Manchester, CT 06040

Ph: 860-647-3180
Fax: 860-647-3188
dpayne@manchesterct.gov

From: ct.1677.BucklandHills <ct.1677.BucklandHills@chipotle.com>
Sent: Wednesday, May 15, 2024 8:41 PM
To: Denise Payne <dpayne@manchesterct.gov>
Cc: Thomas Blum <tblum@chipotle.com>
Subject: Policy For Prep/cooling

EXTERNAL MESSAGE - Don't just click it, put in a ticket!

Hey Denise,

I wanted to follow up after today's health inspection visit.

Our Walkin is currently temping at 37 degrees F. After putting in the service channel, the guy came out and looked at the walk-in. Everything is in working order.

Tomorrow I will be opening the restaurant to retrain the staff for focus prep.

For prep we will work as a team. One person puts the prepped food in the deep, while another person lids it and puts it into an ice bath in the Walkin. Kitchen leader (KL) responsibility is to clean up and validate that everything is temping properly and being stored correctly.

To put food on the lines we take them out of the ice baths, then temp it. If it temps, it goes on the line, if not it goes back in the ice bath. We rotate the stuff on the shelves into the ice baths in order for them to go on the lines.

I am going to personally validate everything temping tomorrow to ensure that my team is following procedures correctly, and so this does not happen again in the future.


work order was put in for the flies as well WO#277620789

Chipotle Mexican Grill
Buckland Hills 1677
48 Hale Rd.
Manchester CT 06042
(860)-644-0223

- Alexia Sirois | General Manager
- Michael Knapp | Apprentice
- LaRoyal Williams | Service Leader
- Carl Johnson Jr. | Service Leader
- Swapna Kotla | Service Leader
- Felix Rivera | Kitchen Leader

Note: This message is not from Chipotle. Always use caution when clicking on email attachments or links. Never enter your username, password, or any other confidential information into external email links.

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/8/24
Establishment Chuck E Cheese		Time In 11:30 AM/PM Time Out 12:30 AM/PM
Address 82 Buckland St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Tabitha Reilly Griffin		Reinspection Other _____



Connecticut Department of Public Health

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"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<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 checked="" 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"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and 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 checked="" 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"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<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 checked="" 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"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" 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"/>

GOOD RETAIL PRACTICES												
Good Retail Practices are preventive 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"/>	
<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"/>	<input type="checkbox"/>	Utensils and Equipment				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	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"/>	
<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"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<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 checked="" 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"/>	
<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>	

Person in Charge (Signature) <i>Tabitha Reilly Griffin</i> Date 4/8/24 Person in Charge (Printed) Tabitha Reilly Griffin Inspector (Signature) <i>Jose Ramirez</i> Date 4/8/24 Inspector (Printed) Jose Ramirez		
Violations documented 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		
	Date corrections due	#
	4-18-24	3
		1
		0

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.

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/11/24

Establishment C5'S Time In 11:30 AM Time Out 1:00 PM

Address 273 Broad St. LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder Nick Maratta 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						
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"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>
Employee Health						
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"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<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"/>
Good Hygienic Practices						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<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"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<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"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
Protection from Contamination						
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"/>
Time/Temperature Control for Safety						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>
Consumer Advisory						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
Highly Susceptible Population						
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
Food/Color Additives and Toxic Substances						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Conformance with Approved Procedures						
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<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	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				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods
Food Temperature Control				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate
Food Identification				
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container
Prevention of Food Contamination				
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables
Proper Use of Utensils				
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly
Utensils and Equipment				
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean
Physical Facilities				
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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) Nick Maratta Date 4/11/24

Person in Charge (Printed) Nick Maratta

Inspector (Signature) Jose Ramirez Date 4/11/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	<u>7-11-24</u>	<u>5</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.

Risk Category: 4	Food Establishment Inspection Report			Page 1 of 2									
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/17/24											
Establishment Community Catering													
Address 466 Main St		Time In _____ AM/PM Time Out _____ AM/PM											
Town/City Manchester		LHD Manchester											
Permit Holder _____		Purpose of Inspection: Routine Pre-op											
		Reinspection _____ Other _____											
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
<small>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.</small>													
<small>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</small>													
<small>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</small>													
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="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized						
Certified Food Protection Manager for Classes 2, 3, & 4							17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>
							Proper disposition of returned, previously served, reconditioned, and unsafe food						
Employee Health							Time/Temperature Control for Safety						
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding						
Proper use of restriction and exclusion							20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures						
Written procedures for responding to vomiting and diarrheal events							21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>
							Proper hot holding temperatures						
Good Hygienic Practices							22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures						
Proper eating, tasting, drinking, or tobacco products use							23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition						
No discharge from eyes, nose, and mouth							24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
							Time as a public health control: procedures and records						
Preventing Contamination by Hands							Consumer Advisory						
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>
Hands clean and properly washed							Consumer advisory provided: raw/undercooked food						
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Highly Susceptible Population						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered						
Adequate handwashing sinks, properly supplied/accessible							Food/Color Additives and Toxic Substances						
Approved Source							27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used						
Food obtained from approved source							28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Toxic substances properly identified, stored & used						
Food received at proper temperature							Conformance with Approved Procedures						
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
Food in good condition, safe, and unadulterated							Compliance with variance/specialized process/ROP criteria/HACCP Plan						
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>							
Required records available: molluscan shellfish identification, parasite destruction													
GOOD RETAIL PRACTICES													
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>													
<small>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</small>													
Safe Food and Water				Proper Use of Utensils				Utensils and Equipment					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>
Pasteurized eggs used where required						44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	In-use utensils: properly stored						
Water and ice from approved source						45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled						
Variance obtained for specialized processing methods						46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	
						Single-use/single-service articles: properly stored & used							
Food Temperature Control						Gloves used properly							
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Physical Facilities						
Proper cooling methods used; adequate equipment for temperature control						50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Hot and cold water available; adequate pressure						
Plant food properly cooked for hot holding						51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Plumbing installed; proper backflow devices						
Approved thawing methods used						52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Sewage and waste water properly disposed						
Thermometers provided and accurate						53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	
						Toilet facilities: properly constructed, supplied, & clean							
Food Identification						54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Garbage and refuse properly disposed; facilities maintained						
Food properly labeled; original container						55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
						Physical facilities installed, maintained, and clean							
Prevention of Food Contamination						56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Adequate ventilation and lighting; designated areas used						
Insects, rodents, and animals not present						Natural rubber latex gloves not used per CGS §19a-36f							
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>							
Contamination prevented during food preparation, storage & display													
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>							
Personal cleanliness													
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>							
Wiping cloths: properly used and stored													
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>							
Washing fruits and vegetables													
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) See page 2		Date _____		Violations documented		Date corrections due		#					
Person in Charge (Printed) _____				Priority Item Violations									
Inspector (Signature) Denise Payne		Date 5/17/24		Priority Foundation Item Violations									
Inspector (Printed) Denise Payne				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									

*emailed 5/20/24
Full Rpt

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5-17-24

Establishment Community Kitchen Catering Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Pasta - cooling 60F/49F		Tomato + Rice Soup	187F 181F	Hot water	116F
Salad *just made + in w/Freezer *note on transfer form		Pork Chops		Dish Machine	> 160F
Cooked Vegetables	36F				
Sandwich + Ham	39/40F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Observations and Corrective Actions
	Can opener blade just out of Dishwasher with Debris. Manager re-instructed staff ✓
	No issues - Great inspection
	*Revised Chart/Menu + allergies
	Management to provide "Cookout" proposal & plan review for ext. w/IF!
	Rack for "Farm" food - separate from kitchen.



Person in Charge (Signature)

[Handwritten Signature]

Date 5/17/24

Inspector (Signature)

[Handwritten Signature: Denise Payne]

Date 5/17/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/11/24	
Establishment Cosmic Omelet	Time In 10 AM/PM	Time Out 11:30 AM/PM
Address 485 Hartford Road, unit D	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Tracy Devine	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"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
<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 checked="" 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"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Good Hygienic Practices				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands				<input checked="" 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"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
<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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>				<input checked="" 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"/>

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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control				<input checked="" type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food Identification				<input type="checkbox"/>	Physical Facilities			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	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"/>	Prevention of Food Contamination				<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"/>	Insects, rodents, and animals not present	Pf/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"/>	Contamination prevented during food preparation, storage & display	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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	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 checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	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"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Holder shall notify customers that a copy of the most recent inspection report is available.				<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f			

Person in Charge (Signature) _____ Date **4/11/24**

Person in Charge (Printed) _____

Inspector (Signature) _____ Date **4/11/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	COS	1
Priority Foundation Item Violations	9/11/24	3
Core Item Violations	9/11/24	10
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		10
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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.

reinspection 4/11/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/1/24

Establishment Cosmic Omelet

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
W/C pico	38F	2 door RIC		Hand sink by grill	96F
5 sliced tomatoes	41F	shredded cheddar	41F	quat bucket	400ppm
sliced cheese	40F	cold prep table		Hot hold home fries	148F
Sausage	40F	sliced ham	38F	Hand sink employee BR	100F
W/F ambient	0F	roast beef	37F		
eggs cooked to	168F	ham	39F		
2 door RIC home fries	36F	cold drawer cheese	39F		
corned beef hash	35F	cheese	38F		

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
	Tracy (CFPM) on site
54C	loose trash on ground by dumpsters
49C	W/C ceiling & fan covers unclean
37C	unlabeled squeeze bottles at cookline
49C	exterior of equipment at cookline unclean
28F	Cleaning chemicals stored next to food at cook line (COS)
47C	absorbant pads lining bottom of W/C under counter coolers
45C	Single use cup used as scoop in breading container.
47C	pipes behind grill wrapped in plastic
10PF	No paper towels at front counter hand sink
16PF	Mixer unclean
49C	exterior of ice machine unclean
47C	plastic food containers on wire shelf W/C damaged.
49C	wet nesting on wire shelf by ice machine
10PF	No paper towels in employee bathroom
55C	non cleanable ceiling tiles at cookline
Note	Discussed proper date marking procedure
Note	provided allergen poster
Note	Discussed pest control (as needed)



Person in Charge (Signature) [Signature] Date _____

Inspector (Signature) [Signature] Date 4/1/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/26/24

Establishment Dairy Queen Time In 10:30 AM Time Out 12:00 AM PM

Address 684 Hartford Rd LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder David Braun 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/P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
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Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/26/24

Establishment Dairy Queen

Town Manchester

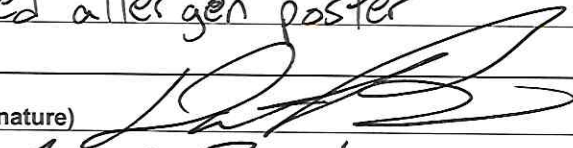
TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door RIC milk	38F	WIC Sliced cheese	39F	Hand Sinks front line	113F
milk dispenser	39F			Sanitizer bucket	500ppm
Cookline Sliced tomatoes	38F				400ppm
Hot dog	36F			Employee BR Sink	111F
Hot hold burger	142F			Quat bucket	200ppm
1 door RIC cookline				Customer BR sink	89F
Hot dog	40F				
Ranch	40F				

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.
	Amanda CFPM on site
28P	Quat Sanitizer at 500 ^{ppm} (COS) remade to 400ppm
49C	interior of toppings chest freezer unclean
16PF	interior of microwave unclean (COS)
49C	cookline under counter freezer unclean (ice build up)
49C	Floor under cooking equipment unclean / Floors throughout
49C	Wall behind cookline hand sink unclean
49C	Wire shelving by 3 bay unclean
49C	interior of cake decorating cabinet unclean
53C	No covered trash can in Bathroom (unisex)
49C	drive thru cold drawers interior unclean
	Note PIC knowledgeable on food safety
	Note Discussed organizing / removing clutter from basement
	Note Test strips & thermometer available
	Note Provided allergen poster

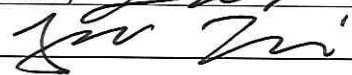
Person in Charge (Signature)



Date

4-26-24

Inspector (Signature)



Date

4/26/24

Risk Category: **3** **Food Establishment Inspection Report** Page 1 of **2**

Establishment type: **Permanent** Temporary Mobile Other _____ Date: **4/1/24**

Establishment: **Dave + Busters** Time In: **11** AM/PM Time Out: _____ AM/PM

Address: **100 Buckland Hill Dr.** LHD: **Manchester**

Town/City: **Manchester** Purpose of Inspection: **Routine** Pre-op

Permit Holder: _____ 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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R			
Supervision																							
1																							
Person/Alternate Person in charge present, demonstrates knowledge and performs duties																							
2																							
Certified Food Protection Manager for Classes 2, 3, & 4																							
Employee Health																							
3																							
Management, food employee and conditional employee; knowledge, responsibilities and reporting																							
4																							
Proper use of restriction and exclusion																							
5																							
Written procedures for responding to vomiting and diarrheal events																							
Good Hygienic Practices																							
6																							
Proper eating, tasting, drinking, or tobacco products use																							
7																							
No discharge from eyes, nose, and mouth																							
Preventing Contamination by Hands																							
8																							
Hands clean and properly washed																							
9																							
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed																							
10																							
Adequate handwashing sinks, properly supplied/accessible																							
Approved Source																							
11																							
Food obtained from approved source																							
12																							
Food received at proper temperature																							
13																							
Food in good condition, safe, and unadulterated																							
14																							
Required records available: molluscan shellfish identification, parasite destruction																							
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	V	COS	R	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R
Safe Food and Water																							
30																							
Pasteurized eggs used where required																							
31																							
Water and ice from approved source																							
32																							
Variance obtained for specialized processing methods																							
Food Temperature Control																							
33																							
Proper cooling methods used; adequate equipment for temperature control																							
34																							
Plant food properly cooked for hot holding																							
35																							
Approved thawing methods used																							
36																							
Thermometers provided and accurate																							
Food Identification																							
37																							
Food properly labeled; original container																							
Prevention of Food Contamination																							
38																							
Insects, rodents, and animals not present																							
39																							
Contamination prevented during food preparation, storage & display																							
40																							
Personal cleanliness																							
41																							
Wiping cloths: properly used and stored																							
42																							
Washing fruits and vegetables																							
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																							
Proper Use of Utensils																							
43																							
In-use utensils: properly stored																							
44																							
Utensils/equipment/linens: properly stored, dried, & handled																							
45																							
Single-use/single-service articles: properly stored & used																							
46																							
Gloves used properly																							
Utensils and Equipment																							
47																							
Food and non-food contact surfaces cleanable, properly designed, constructed, and used																							
48																							
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available																							
49																							
Non-food contact surfaces clean																							
Physical Facilities																							
50																							
Hot and cold water available; adequate pressure																							
51																							
Plumbing installed; proper backflow devices																							
52																							
Sewage and waste water properly disposed																							
53																							
Toilet facilities: properly constructed, supplied, & clean																							
54																							
Garbage and refuse properly disposed; facilities maintained																							
55																							
Physical facilities installed, maintained, and clean																							
56																							
Adequate ventilation and lighting; designated areas used																							
Natural rubber latex gloves not used per CGS §19a-36f																							
Violations documented																							
Priority Item Violations		Date corrections due		#																			
Priority Foundation Item Violations		COS a 3 days		3																			
Core Item Violations		10 days 4/1/24		3																			
Risk Factor/Public Health Intervention Violations		90 days 7/1/24		13																			
Repeat Risk Factor/Public Health Intervention Violations																							
Good Retail Practices Violations				17																			
Requires Reinspection - check box if you intend to reinspect																							

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

Person in Charge (Signature) *[Signature]* Date **4/1/24**

Person in Charge (Printed) **Eric Quetzada**

Inspector (Signature) *[Signature]* Date **4/1/24**

Inspector (Printed) **Denise Payne**

Violations documented	Date corrections due	#
Priority Item Violations	COS a 3 days	3
Priority Foundation Item Violations	10 days 4/1/24	3
Core Item Violations	90 days 7/1/24	13
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		17
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.

dpayne@manchester.ct.gov

Eric. Quetzada @ Dave and buster

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/1/24
 Establishment Dave + Busters Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sour cream	38F	Chicken	39F	Hot water	115F
Mac & Cheese	37F	Linguini	41F		
Pico de Gallo	33F	Marinara	178F	Bar Quat	200ppm
Cole Slaw	37F	Wings (F.C.)	184F	Cook Line	2-300ppm
Ribs	37F	Hamburger (F.C.)	171F	Dish Machine	>160F
Burger	38F				
Tomato	37F	Hot Waterbath	1168F		
Steak	34F	Chicken	38F		

OBSERVATIONS AND CORRECTIVE ACTIONS


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.

- Item Number: New Kitchen Mgr Nov 2023 serv. safe to be taken 4/4/24 knowledge
- 48PF Old/unused equipment. - Remove. If there it must be clean/repared
- 45C Single use pans - cardboard tray w/out handle used as scoop Remove
- 49C Soda Dispenser behind nozzle unclean
- * 45C Filters not protected/inverted
- 47PF Interior Microwave @ tea station damaged Repair or Replace
- 23P Date Marking ^{MULT.} expired items Not discarded - Reviewed Today MA
- 33PF Cookline Cooler unit NOT Keeping food ↓ 41F 21K (CS)
- 22P Rice 50F/Pasta 48F Discarded
- 55C Mops not clean in bucket with uncl. water
- 55C Blue "Water" bucket not labelled Cos
- 56C Personal items & phones on preptables
- 47C Cutting boards on cookline damaged - Replace
- * 55C Broom sweep - stored on wall full of unclean debris Cos
- 116C Clean wares - caddie uncl. with food particles
- 44C Clean wares - jumbled items
- 55C Foam on pipes in W/F damaged. - Disc. ice maintenance
- Do not re-use Chemical storage bin for food - label as such
- WC rack lowest shelf has fallen * repair
- Reviewed FDA Requirements, ill food worker, vomit incident
- 55C Any holes in FEP, damaged coveralls need repair
- 13P Salsa Exp 9/04/23, Horseradish Exp 1/14/23, Discarded



Person in Charge (Signature) [Signature] Date 4/1/24
 Inspector (Signature) Tenise Payne Date 4/1/24

51P * mop sink - No Backflow Breaker on downstream portion faucet.
 * Dumpster Not being emptied: - Must be emptied by 4/2/24

Risk Category: <u>2</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>																						
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/17/24</u>																						
Establishment: <u>Dunkin Donuts</u>		Time In _____ AM/PM Time Out _____ AM/PM																						
Address: <u>210 Deming St</u>		LHD: <u>Manchester</u>																						
Town/City: <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op _____																						
Permit Holder _____		Reinspection _____ Other _____																						
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																								
<i>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.</i>																								
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	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected				P/C	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4				C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="radio"/>	<input type="radio"/>
Employee Health													Time/Temperature Control for Safety											
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures				P/Pf/C	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion				P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding				P	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events				Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures				P	<input type="radio"/>	<input type="radio"/>
Good Hygienic Practices													Consumer Advisory											
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures				P	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth				C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures				P	<input type="radio"/>	<input type="radio"/>
Preventing Contamination by Hands													Highly Susceptible Population											
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed				P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition				P/Pf	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records				P/Pf/C	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food/Color Additives and Toxic Substances											
Approved Source													Conformance with Approved Procedures											
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source				P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food				Pf	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature				P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Good Retail Practices											
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated				P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>											
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required				P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In-use utensils: properly stored				C	<input type="radio"/>	<input type="radio"/>
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source				P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods				Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Single-use/single-service articles: properly stored & used				P/C	<input type="radio"/>	<input type="radio"/>
Food Temperature Control													Utensils and Equipment											
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gloves used properly				C	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding				Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="radio"/>	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used				Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="radio"/>	<input type="radio"/>
36	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate				Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-food contact surfaces clean				C	<input type="radio"/>	<input type="radio"/>
Food Identification													Physical Facilities											
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container				Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hot and cold water available; adequate pressure				Pf	<input type="radio"/>	<input type="radio"/>
Prevention of Food Contamination													Violations documented											
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present				Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Priority Item Violations					<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Priority Foundation Item Violations					<input type="radio"/>	<input type="radio"/>
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness				Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Core Item Violations					<input type="radio"/>	<input type="radio"/>
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored				C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Risk Factor/Public Health Intervention Violations					<input type="radio"/>	<input type="radio"/>
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables				P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	55	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Repeat Risk Factor/Public Health Intervention Violations					<input type="radio"/>	<input type="radio"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													Good Retail Practices Violations											
Person in Charge (Signature) _____ Date <u>5/17/24</u>													Requires Reinspection - check box if you intend to reinspect											
Person in Charge (Printed) <u>ESG SIENNA</u>													# <u>5</u>											
Inspector (Signature) <u>Denise Payne</u> Date <u>5/17/24</u>													90 days											
Inspector (Printed) <u>Denise Payne</u>													1											
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.													5											

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 5/17/24

Establishment Dunkin Donuts Deming town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
$\frac{1}{2} + \frac{1}{2}$	38F	Hot:		Hot water	118F
Sausage	40F	Egg	160F		
Cream Cheese	38F	Sausage	184F	Quat @ 3 Bay	150 ppm
Egg	40			Sani Buckets after Refreshing	200 ppm
Sausage T	34F				
Egg	32F				
Cream cheese	40F				
Light cream	41F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- 54C Dumpster not covered.
- 47C B/Coolers - gaskets torn * Doors not closing properly
- 15C Bagels without a cover
- 55C Holes in FRP walls
- 49C Walk in freezer gasket unclear
- 55C Walk in freezer threshold broken + ice is forming
- 36C Thermometers in walk in (2) not working?
- 55C Cove trim tile at warewash missing & damaged.

Good Inspection!

Discussed product over fill point in Cold Prep units

low Sanitizer → "time" to change - discussed based on use defines how strong concentration is NOT time

Discussed proper area for Employee Beverages.

Good date marking observed.

111 workers / IA-1B forms MHDpt to email FDA PKT *

Allergens - Notice but no ingredients

Person in Charge (Signature) [Signature]

Date 5/17/24

Inspector (Signature) [Signature]

Date 5/17/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/12/24

Establishment Dunkin Donuts Time In 2:15 AM/PM Time Out _____ AM/PM

Address 443 Hartford Rd LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder _____ 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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
Supervision				Protection from Contamination											
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	F	<input type="radio"/>	<input type="radio"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected											
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>		
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized											
Employee Health				Time/Temperature Control for Safety											
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures											
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>		
Proper use of restriction and exclusion				Proper reheating procedures for hot holding											
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>		
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures											
Good Hygienic Practices				Food/Color Additives and Toxic Substances											
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>		
Proper eating, tasting, drinking, or tobacco products use				Proper hot holding temperatures											
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>		
No discharge from eyes, nose, and mouth				Proper cold holding temperatures											
Preventing Contamination by Hands				Consumer Advisory											
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>		
Hands clean and properly washed				Proper date marking and disposition											
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Time as a public health control: procedures and records											
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Highly Susceptible Population						<input type="radio"/>	<input type="radio"/>	
Adequate handwashing sinks, properly supplied/accessible				Pasteurized foods used; prohibited foods not offered						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Approved Source				Conformance with Approved Procedures											
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>		
Food obtained from approved source				Consumer advisory provided: raw/undercooked food						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Food/Color Additives and Toxic Substances						<input type="radio"/>	<input type="radio"/>	
Food received at proper temperature				Food additives: approved and properly used						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>		
Food in good condition, safe, and unadulterated				Pasteurized foods used; prohibited foods not offered						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Food/Color Additives and Toxic Substances						<input type="radio"/>	<input type="radio"/>	
Required records available: molluscan shellfish identification, parasite destruction				Toxic substances properly identified, stored & used						<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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	V	COS	R	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R
Safe Food and Water				Proper Use of Utensils													
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasteurized eggs used where required				In-use utensils: properly stored													
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled													
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	45	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	F	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used													
Food Temperature Control				Utensils and Equipment													
33	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper cooling methods used; adequate equipment for temperature control				Gloves used properly													
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plant food properly cooked for hot holding				Food and non-food contact surfaces cleanable, properly designed, constructed, and used													
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approved thawing methods used				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available													
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thermometers provided and accurate				Non-food contact surfaces: clean													
Food Identification				Physical Facilities													
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food properly labeled; original container				Hot and cold water available; adequate pressure													
Prevention of Food Contamination				Physical Facilities													
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insects, rodents, and animals not present				Plumbing installed; proper backflow devices													
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contamination prevented during food preparation, storage & display				Sewage and waste water properly disposed													
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal cleanliness				Toilet facilities: properly constructed, supplied, & clean													
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	54	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wiping cloths: properly used and stored				Garbage and refuse properly disposed; facilities maintained													
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	55	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing fruits and vegetables				Physical facilities installed, maintained, and clean													

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

Person in Charge (Signature) Spoke to Manager via phone Date _____

Person in Charge (Printed) Rpt left in office folder

Inspector (Signature) Denise Payne Date 4/12/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations	<u>Immed then 4/5</u>	<u>3</u>
Priority Foundation Item Violations	<u>4/12/24</u>	<u>1</u>
Core Item Violations	<u>July 2, 24</u>	<u>4</u>
Risk Factor/Public Health Intervention Violations		<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>Yes</u>
Good Retail Practices Violations		<u>Yes</u>
Requires Reinspection - check box if you intend to reinspect		<u>Yes</u>

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 Manchester

Inspection Report Continuation Sheet

Date 4/2/24

Establishment Dunkin Donuts

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>1/2 + 1/2</u>	<u>37F</u>	<u>No Hot Holding</u>		<u>Hot Water</u>	
<u>Oatmeal</u>	<u>36F</u>			<u>handsink</u>	<u>117F</u>
<u>cream cheese *</u>	<u>30F</u>			<u>Quat @ 300 ppm</u>	
<u>cream cheese *</u>	<u>41F</u>				
<u>Sausage</u>	<u>33F</u>				
<u>Egg</u>	<u>34F</u>				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
<u>54C</u>	<u>Dumpster not covered/closed</u>
<u>45c</u>	<u>Filters not covered</u>
<u>47c</u>	<u>Cutting board unclean</u>
<u>28</u>	<u>Spic + span cleaner on Cold prep unit</u>
<u>15C</u>	<u>Croissants/Bagels/Asiago bread not covered/protected.</u>
<u>33PF</u> <u>22P</u>	<u>Cold prep top unit cream cheese @ 50F</u> <u>strawb. cream cheese 54F</u> <u>Cheese 49F Cheese tortilla</u> <u>New cream cheese @ 37F from walkin</u> <u>Logs from staff at 30F, "but they leave cover open"</u>
<u>1PF</u>	<u>No staff "in charge", staff @ 1pm</u>
<u>55PF</u>	<u>Screws on Vent screen missing</u>
	<u>Manager stated a new Cold Prep is coming in 3 weeks. * Manage to correct issues to monitor/limit product until unit can hold temps</u> <u>Notify Hopt of plan to address Cold holding + person of knowledge when store is open.</u>

Person in Charge (Signature) Spoke with Manager Stephanie Jones over the phone Date _____

Inspector (Signature) Denise Payne Date 4/2/24

dpayne@manchestercf.gov

Denise Payne

From: Hartford Road Donuts <hartfordroaddonuts@pndonuts.com>
Sent: Thursday, April 4, 2024 12:33 PM
To: Denise Payne
Subject: Fw: Temps
Attachments: IMG_5204.jpeg; IMG_5205.jpeg; IMG_5207.jpeg; IMG_5206.jpeg; IMG_5203.jpeg; IMG_5202.jpeg

EXTERNAL MESSAGE - Don't just click it, put in a ticket!

Good afternoon, Denise, I am following up on the temps for the sandwich station I have a few from Tuesday night, Wednesday, and also today. Also, about a new sandwich station there is a part not available so we will not be getting that in the next few weeks as soon as I hear otherwise I will reach back out to you. I have set up training for a few employees to be in charge and make sure they have knowledge of food safety thanks any questions please call me .

Stephanie Jones

Restaurant Manager- Pacheco Neves Network
(860) 913-4306



From: Hartford Road Donuts <hartfordroaddonuts@pndonuts.com>
Sent: Thursday, April 4, 2024 11:53 AM
To: Hartford Road Donuts <hartfordroaddonuts@pndonuts.com>
Subject: Temps

Temps

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Risk Category: <u>3</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/29/24</u>
Establishment <u>East Catholic High School</u>		Time In <u>10:30</u> AM/PM Time Out <u>11:30</u> AM/PM
Address <u>1115 New State Rd</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Rachel Begin</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		
IN OUT N/A N/O	Supervision	V COS R
15	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	P/C
16	Certified Food Protection Manager for Classes 2, 3, & 4	P/Pf/C
17		P
18		P/Pf/C
19		P
20		P
21		P
22		P
23		P/Pf
24		P/Pf/C
25		Pf
26		P/C
27		P
28		P/Pf/C
29		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
33		Pf/C
34		Pf
35		Pf/C
36		Pf/C
37		Pf/C
38		Pf/C
39		P/Pf/C
40		Pf/C
41		C
42		P/Pf/C
43		C
44		Pf/C
45		P/C
46		C
47		P/Pf/C
48		Pf/C
49		C
50		Pf
51		P/Pf/C
52		P/Pf/C
53		Pf/C
54		C
55		P/Pf/C
56		C
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <u>Rachel Begin</u> Date <u>5/29/24</u>		Violations documented
Person in Charge (Printed) <u>Rachel Begin</u>		Date corrections due
Inspector (Signature) <u>L. Grandy</u> Date <u>5/29/24</u>		#
Inspector (Printed) <u>Lauren Grandy</u>		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.

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 5/29/24
 Establishment East Catholic High School Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cheeseburger (hot)	135°F	WIF	0°F	hot water handsink	117°F
potatoes (hot)	137°F				
		WIC	38°F	quat sanitizer @ 3 bay	200ppm
		american cheese	40°F		
		butter	40°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: Rachel Begin
note	hot holding / cold prep not in use at this time
49c	carts by 3 bay sink not clean
note	overall clean + organized
47c	cardboard stored on floor by Fryers
49c	hoods above Fryer not clean
49c	salt shaker exterior above Fryer not clean
49c	Fan cover in WIF not clean
55c	ceiling tiles in dry storage stained/damaged
16pf	interior of ice machine not clean
49c	walls in mop sink room not clean
	good storage of equipment + utensil
	good glove use / hand washing observed
	Food thermometer available
	per person in charge to clean over summer - school ends in 2 days

Person in Charge (Signature) Rachel Begin Date 5/29/24
 Inspector (Signature) L. Grady Date 5/29/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 9/26/24	
Establishment: Edible Arrangements	Time In: 12:30 AM/PM Time Out: 1:30 AM/PM	
Address: 290 Broad St	LHD: Manchester	
Town/City: Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder: Dominiqua Hicks	Reinspection Other _____	



Keeping Connecticut Healthy
Connecticut Department of Public Health

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	IN	OUT	N/A	N/O
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected			
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized			
Employee Health				17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Management, food employee and conditional employee; knowledge, responsibilities and reporting			
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
Proper use of restriction and exclusion				18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures			
Written procedures for responding to vomiting and diarrheal events				19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			
Good Hygienic Practices				20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Proper eating, tasting, drinking, or tobacco products use			
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Proper hot holding temperatures			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Proper cold holding temperatures			
				8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records			
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Consumer Advisory			
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Adequate handwashing sinks, properly supplied/accessible				Consumer advisory provided: raw/undercooked food			
Approved Source				Highly Susceptible Population			
Food obtained from approved source				Pasteurized foods used; prohibited foods not offered			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
Food received at proper temperature							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				Food additives: approved and properly used			
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				Toxic substances properly identified, stored & used			
GOOD RETAIL PRACTICES				Compliance with variance/specialized process/ROP criteria/HACCP Plan			

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			
OUT	N/A	N/O	V	OUT	N/A	N/O	V
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required				In-use utensils: properly stored			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used			
Food Temperature Control				46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Proper cooling methods used; adequate equipment for temperature control			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
Plant food properly cooked for hot holding							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
Food Identification				49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Food properly labeled; original container			
Prevention of Food Contamination				Physical Facilities			
Insects, rodents, and animals not present				50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure			
Contamination prevented during food preparation, storage & display				51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			
Personal cleanliness				52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed			
Wiping cloths: properly used and stored				53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean			
Washing fruits and vegetables				54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Garbage and refuse properly disposed; facilities maintained			
				Natural rubber latex gloves not used per CGS §19a-36f			

Person in Charge (Signature) <i>[Signature]</i> Date 9/26/24	Violations documented	Date corrections due	#
Person in Charge (Printed) Dominiqua Hicks	Priority Item Violations		4
Inspector (Signature) <i>[Signature]</i> Date 9/26/24	Priority Foundation Item Violations		6
Inspector (Printed) Jose Ramirez	Core Item Violations		5
	Risk Factor/Public Health Intervention Violations		7
	Repeat Risk Factor/Public Health Intervention Violations		
	Good Retail Practices Violations		8
	Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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 Manchester

Inspection Report Continuation Sheet

Date 4/26/24

Establishment Edible Arrangements

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC ambient	51F			Hand Sink by 3 bay	87F
whole melon	45F			3 bay	111F
whole strawberries	47F			Employee BR Sink	96F
Pineapple	50F				
cut melons	46F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
2C	No CFPM on site
10PF	No paper towels at hand sink by 3 bay
16PF	Interior of ice machine unclean
43C	ice Scoop buried in ice in ice machine
49PF	Containers/lids stored on shelf by ice machine unclean
16PF	Containers of chocolate uncovered in lower shelf by laundry
37C	unlabeled bottle w/ clear liquid on prep table
39P	whole melons on floor in WIC (CoS)
16PF	Food uncovered in WIC
53C	No covered trashcan in Employee Bathroom
36PF	No thermometer available
39C	Boxes of to go containers stored on floor in dry storage
47P	WIC ambient at 51F. PIC called owner to inform. Technician will come today.
22P	cut melons in WIC at 46F. (CoS) discarded.
9P	Bare hand contact w/ washed kale (CoS) rewashed
Note	Do not store cut fruit or TCS Foods in WIC until cooler is serviced and maintains food under 41F.
Note	CFPM must be on site. send additional employees to CFPM
Note	Provided allergen poster / Training as needed within 30 days.
Note	Discussed proper hand washing / glove use
Note	owner to contact bldg owner to address flooded basement. / Edible not using basement
Person in Charge (Signature)	Date <u>4/26/24</u>
Inspector (Signature)	Date <u>4/26/24</u>

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 5/1/24	
Establishment Elks Lodge	Time In 11:00 AM/PM Time Out 11:45 AM/PM	
Address 30 Bissell	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Kendra Drew	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized									
Employee Health				Time/Temperature Control for Safety									
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 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 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 type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures									
Good Hygienic Practices				Food/Color Additives and Toxic Substances									
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Proper hot holding temperatures									
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Proper cold holding temperatures									
Preventing Contamination by Hands				Consumer Advisory									
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Consumer advisory provided: raw/undercooked food									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Pasteurized foods used; prohibited foods not offered									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances						
Adequate handwashing sinks, properly supplied/accessible				Food additives: approved and properly used									
Approved Source				Conformance with Approved Procedures									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Toxic substances properly identified, stored & used									
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan						
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Required records available: molluscan shellfish identification, parasite destruction													

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

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"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required				In-use utensils: properly stored						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used						
Food Temperature Control				Utensils and Equipment						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used				Non-food contact surfaces clean						
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
Thermometers provided and accurate				Hot and cold water available; adequate pressure						
Food Identification				Plumbing installed; proper backflow devices						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container				Sewage and waste water properly disposed						
Prevention of Food Contamination				Toilet facilities: properly constructed, supplied, & clean						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present				Garbage and refuse properly disposed; facilities maintained						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display				Physical facilities installed, maintained, and clean						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness				Adequate ventilation and lighting; designated areas used						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored				Natural rubber latex gloves not used per CGS §19a-36f						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented			
Washing fruits and vegetables										

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

Person in Charge (Signature) **Kirk A** Date **5/1/24**

Person in Charge (Printed) _____

Inspector (Signature) **Jose Ramirez** Date _____

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	5-11-24	4
Core Item Violations	8-1-24	1
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		2
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.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>4/2/24</u>	
Establishment <u>Empire Kitchen</u>	Time In <u>2:00</u> AM/PM Time Out <u>3:30</u> AM/PM	
Address <u>664 Center St.</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Yun Ping Chen</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						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1				Pf		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				C		
Certified Food Protection Manager for Classes 2, 3, & 4						
Employee Health						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				P/Pf		
Management, food employee and conditional employee; knowledge, responsibilities and reporting						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				P		
Proper use of restriction and exclusion						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				Pf		
Written procedures for responding to vomiting and diarrheal events						
Good Hygienic Practices						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				P/C		
Proper eating, tasting, drinking, or tobacco products use						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				C		
No discharge from eyes, nose, and mouth						
Preventing Contamination by Hands						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				P/Pf		
Hands clean and properly washed						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				P/Pf/C		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				Pf/C		
Adequate handwashing sinks, properly supplied/accessible						
Approved Source						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				P/Pf/C		
Food obtained from approved source						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				P/Pf		
Food received at proper temperature						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				P/Pf		
Food in good condition, safe, and unadulterated						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				P/Pf/C		
Required records available: molluscan shellfish identification, parasite destruction						

IN	OUT	N/A	N/O	Mark in appropriate box for COS and/or R	COS=corrected on-site during inspection	R=repeat violation
Protection from Contamination						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15				Pf		
Food separated and protected						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				P/Pf/C		
Food-contact surfaces: cleaned & sanitized						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				P		
Proper disposition of returned, previously served, reconditioned, and unsafe food						
Time/Temperature Control for Safety						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				P/Pf/C		
Proper cooking time and temperatures						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				P		
Proper reheating procedures for hot holding						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				P		
Proper cooling time and temperatures						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				P		
Proper hot holding temperatures						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				P		
Proper cold holding temperatures						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				P/Pf		
Proper date marking and disposition						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				P/Pf/C		
Time as a public health control: procedures and records						
Consumer Advisory						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				Pf		
Consumer advisory provided: raw/undercooked food						
Highly Susceptible Population						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				P/C		
Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				P		
Food additives: approved and properly used						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				P/Pf/C		
Toxic substances properly identified, stored & used						
Conformance with Approved Procedures						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29				P/Pf/C		
Compliance with variance/specialized process/ROP criteria/HACCP Plan						

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	Mark in appropriate box for COS and/or R	COS=corrected on-site during inspection	R=repeat violation
Safe Food and Water					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30				P	
Pasteurized eggs used where required					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31				P/Pf/C	
Water and ice from approved source					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32				Pf	
Variance obtained for specialized processing methods					
Food Temperature Control					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33				Pf/C	
Proper cooling methods used; adequate equipment for temperature control					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34				Pf	
Plant food properly cooked for hot holding					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35				Pf/C	
Approved thawing methods used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36				Pf/C	
Thermometers provided and accurate					
Food Identification					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37				Pf	
Food properly labeled; original container					
Prevention of Food Contamination					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38				Pf/C	
Insects, rodents, and animals not present					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39				P/Pf/C	
Contamination prevented during food preparation, storage & display					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40				Pf/C	
Personal cleanliness					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41				C	
Wiping cloths: properly used and stored					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42				P/Pf/C	
Washing fruits and vegetables					

OUT	Mark in appropriate box for COS and/or R	COS=corrected on-site during inspection	R=repeat violation
Proper Use of Utensils			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43			C
In-use utensils: properly stored			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44			Pf/C
Utensils/equipment/linens: properly stored, dried, & handled			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45			P/C
Single-use/single-service articles: properly stored & used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46			C
Gloves used properly			
Utensils and Equipment			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47			P/Pf/C
Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48			Pf/C
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49			C
Non-food contact surfaces clean			
Physical Facilities			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50			Pf
Hot and cold water available; adequate pressure			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51			P/Pf/C
Plumbing installed; proper backflow devices			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52			P/Pf/C
Sewage and waste water properly disposed			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53			Pf/C
Toilet facilities: properly constructed, supplied, & clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54			C
Garbage and refuse properly disposed; facilities maintained			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55			P/Pf/C
Physical facilities installed, maintained, and clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56			C
Adequate ventilation and lighting; designated areas used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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) Jian Lin Date 4/2/24

Person in Charge (Printed) Jian Lin

Inspector (Signature) Jose Ramirez Date 4/2/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	<u>COS</u>	<u>4</u>
Priority Foundation Item Violations		<u>0</u>
Core Item Violations	<u>7-2-24</u>	<u>5</u>
Risk Factor/Public Health Intervention Violations		<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>0</u>
Good Retail Practices Violations		<u>5</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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 Manchester Inspection Report Continuation Sheet Date 4/2/24
 Establishment Empire Kitchen Town Manchester

TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door RIC by POS		WIC Shrimp	39F	Hand sink by counter	100F
milk	38F	egg roll	39F	Hand sink Bathroom	100F
soy milk	38F	chicken	30F		
duck sauce	38F	beef	30F		
rice cooker	170F	wontons	39F		
Beef cooked to	202F	cold prep table beef	38F		
Hot hold Soup 1	180F	chicken	37F		
Soup 2	180F	noodles	37F		

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.
	Jian (CFM) on site
15P	Chicken stored over beef in 2 door RIC by 3 bay (COS)
37C	unlabeled bins of white granulars in dry storage
15P	meats comingled in chest freezer in dry storage (COS)
15P	Frozen fish stored out of package in chest freezer in dry storage (COS)
15P	raw meats stored over RTE foods in WIC (COS)
45C	reuse of single use containers as shakers
37C	unlabeled squeeze bottles throughout
49C	exterior of fryers unclean
47C	WIC Gasket damaged.
Note	Discussed proper hierarchy. RTE food on top, seafood/whole meats below, cut/ground meats below, chicken on bottom.
Note	No reheating or cooling at time of inspection.
Note	Provided allergen statement

Person in Charge (Signature) Jian Date 4/2/24
 Inspector (Signature) [Signature] Date 4/2/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/28/2024
Establishment Fatima's Fusion		Time In 12 AM/PM Time Out 1 AM/PM
Address 180 Spruce Street		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Forhad		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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4											
Employee Health				Time/Temperature Control for Safety							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events											
Good Hygienic Practices				Consumer Advisory							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth											
Preventing Contamination by Hands				Highly Susceptible Population							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessible											
Approved Source				Food/Color Additives and Toxic Substances							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction											

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

Safe Food and Water				Proper Use of Utensils							
OUT	N/A/N/O	V	COS	R	OUT	N/A/N/O	V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
30 Pasteurized eggs used where required											
<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
31 Water and ice from approved source											
<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
32 Variance obtained for specialized processing methods											
Food Temperature Control				Utensils and Equipment							
<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
33 Proper cooling methods used; adequate equipment for temperature control											
<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
34 Plant food properly cooked for hot holding											
<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
35 Approved thawing methods used											
<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
36 Thermometers provided and accurate											
Food Identification				Physical Facilities							
<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
37 Food properly labeled; original container											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
38 Insects, rodents, and animals not present											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
39 Contamination prevented during food preparation, storage & display											
<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
40 Personal cleanliness											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
41 Wiping cloths: properly used and stored											
<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
42 Washing fruits and vegetables											

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

Person in Charge (Signature) Forhad Date 05-28-24
Person in Charge (Printed) Forhad Chowdhury
Inspector (Signature) L. Grandu Date 5/28/2024
Inspector (Printed) Lauren Grandu

Violations documented	Date corrections due	#
Priority Item Violations	5/31/24	2
Priority Foundation Item Violations	6/8/24	4
Core Item Violations	8/28/24	8
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		10
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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.

reinspection: 5/31/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/28/2024

Establishment Fatima's Fusion

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
undercounter freezer	0F	internal chicken	167F	handwash sink HW	120F
dry Marie - chicken	41F	undercounter drawer		3 bay H.W.	124F
cut tomato	41F	↳ chicken wing	39F	bathroom H.W.	92F
		↳ cooked chicken	40F	wic: raw chicken	39F
2 door cold prep: tomato	41F			yellow rice	63F
rice	41F	undercounter kebab	38F	white rice	53F
chicken cooked	38F	ranch			
3 door freezer	10F	sliding cold prep ketchup	38F	quat sanitizer	150 ppm

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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: Forhad C.
10PF	no paper towels at handsink in kitchen
49C	interior of handsink not clean
note:	remove peel from 3-bay sink
49C	exterior of equipment along cookline not clean
39C	pan stored on floor - <u>cos</u> - moved to 3 bay sink to be WRS
45C	To go container used as scoop in rice - <u>cos</u>
note:	unlabeled squeeze bottles stored in between 2 door cold preps - <u>cos</u>
49C	Floor in dry storage upstairs room not clean
49C	shelving in dry storage upstairs not clean
39C	gloves, saran wrap stored in unfinished basement - not approved area - only store food in approved areas
47PF	knife w/ duct tapes stored on shelf in wic. <u>cos</u>
22P	white rice / yellow rice in cambros in wic between 50-60F, made the night prior at 8pm, pic voluntarily discarded. Health dept requires temp logs for food product that is cooling
35P	onions not protected in basement dry storage
41C	wiping cloths stored intermingled with dry food product
10PF	no paper towels at restro om handsink
38PF	fly trap in kitchen area by walkway (entrance)
note*	owner waiting for quotes to finish "prep area" in basement. Not to be used / ^{Not} approved by health dept at this time.


Person in Charge (Signature) [Signature]

Date 05-28-24

Inspector (Signature) [Signature]

Date 5/28/2024

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other		Date: 5/14/24
Establishment The Firestone Art + Cafe		Time In 10:30 AM/PM Time Out 11:30 AM/PM
Address 1115 Main St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Sophia Lisau		Reinspection Other



Connecticut Department of Public Health

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 checked="" 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"/>
<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 disposition of returned, previously served, reconditioned, and unsafe food	P	<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 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"/>	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 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"/>	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 cooling time and 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 hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<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 cold holding temperatures	P	<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"/>	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"/>	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"/>	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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures	P/Pf/C	<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"/>	
<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"/>	<input checked="" 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"/>	Approved thawing methods used	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"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	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"/>	Insects, rodents, and animals not present	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"/>	Contamination prevented during food preparation, storage & display	P/Pf/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"/>	Personal cleanliness	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"/>	
<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"/>	Garbage and refuse properly disposed; facilities maintained	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"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Holder shall notify customers that a copy of the most recent inspection report is available.			<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"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature) <i>[Signature]</i>	Date 14/5/24
Person in Charge (Printed) Isabel	
Inspector (Signature) <i>[Signature]</i>	Date 5/14/24
Inspector (Printed) Lauren Grandy	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	5/24/24	1
Core Item Violations	8/14/24	5
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		5
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.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2																																																																																																																																																																																																																																																																																																																															
Establishment type: Permanent Temporary Mobile Other _____	Date: 5/31/24	Time In 3:00 AM/PM Time Out 4:30 AM/PM																																																																																																																																																																																																																																																																																																																															
Establishment Fish N Tinge		LHD Manchester																																																																																																																																																																																																																																																																																																																															
Address 384 MTW		Purpose of Inspection: Routine Pre-op																																																																																																																																																																																																																																																																																																																															
Town/City Manchester		Reinspection Other _____																																																																																																																																																																																																																																																																																																																															
Permit Holder Philip Samuel	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																																																																																																																																																																																																																																																
<i>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.</i>																																																																																																																																																																																																																																																																																																																																	
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																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, & 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="8" style="text-align: center;">Employee Health</td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; 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<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"/>																																																																																																																																																																																																																																																																																																																										
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<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																																																																																																																																																																																																																																																																																																																																	
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																																																																																																																																																																																																																																																																																																																																	
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original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;">Prevention of Food Contamination</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage & display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/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"/>	Food Temperature Control							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; 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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.																																																																																																																																																																																																																																																																																																																																	

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 3

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/4/2024

Establishment Five star chinese Time In 11:30 AM/PM Time Out 1:00 AM/PM

Address 296 Middle Tpke West LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder Tian Hua Lin 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 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<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 checked="" 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"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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 checked="" 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 checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	R/C	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	<input checked="" 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"/>	Approved thawing methods used	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"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	P/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"/>	Insects, rodents, and animals not present	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 checked="" 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"/>	Sewage and waste water properly disposed	P/Pf/C	<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"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) Jenny Lin Date 4/4/24

Person in Charge (Printed) Jenny Lin

Inspector (Signature) L. Grandy Date 4/4/2024

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	<u>4/7/24</u>	<u>4</u>
Priority Foundation Item Violations	<u>4/4/24</u>	<u>39</u>
Core Item Violations	<u>7/4/24</u>	<u>20</u>
Risk Factor/Public Health Intervention Violations		<u>10</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>0</u>
Good Retail Practices Violations		<u>18</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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.

Reinspection: 4/11/2024 w/ owner

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/4/2024

Establishment Five star Chinese

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
bay Marie chicken (raw)	40F	sliding reach in:		hand sink hot water	98F
beef	40F	chicken fingers	39F	bleach 3 bay	50-100ppm
shrimp cooked	40F	egg roll	40F		(cos)
Hot hold white rice	192F	spare ribs	41F		
soup broth	167F	walk in cooler - spare ribs	41F	raw chicken	42F
egg drop soup	182F	chicken tenders	41F	shrimp	41F
internal pork rice	179F	garlic in oil	41F	noodles	41F 41F

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
15C	Food not protected in reach in cooler / throughout establishment
47C	cardboard used as liner for shelving on cookline
16PF	exterior of microwave not clean
47C	egg cartons used as absorbent along cookline
41C	damp wet cloths stored on cookline - not in sanitizer
56C	hood not clean
47C	#10 can used for grease disposal along cookline / not clean
47C	paint brush stored on shelving near bay Marie
37C	Duck sauce container with white granular not labeled
15P	chicken over beef in walk in freezer / chicken over shrimp
2C	no certified food protection manager on site - 30 days to take CFPM course
36C	no thermometer in walk in cooler
39C	soybean oil stored on floor by prep sink
16PF	slicer not clean by 2 bay sink
41C	rags stored on slicer by 2 bay sink
22P	raw beef stored on shelf at 49F - voluntarily discarded (cos)
10PF	paper towels not stored in paper towel holder in employee restroom
47C	cardboard used as liner for floor in back dry storage
9P	bare hand contact with cooked broccoli in bowl - discarded (cos)
44C	bowls used as scoop in reach in atosa (spare ribs)
47C	Atosa sliding cooler non commercial NSF equivalent - okay to use for pre-packaged food only - No prepped TCS Foods!

Person in Charge (Signature) [Signature]

Date

Inspector (Signature) [Signature]

Date 4/4/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/4/2024

Establishment Five Star Chinese

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIF	10F	Beef stored on shelving	49F <u>COS</u>	restroom hot water	108F
chicken broccoli + rice internal	167F	↳ discarded			
cold prep lactaid milk	41F				

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.
55c	ceiling tiles not cleanable throughout establishment
47c	aluminum foil used to cover piping by handsink
8p	no handwashing observed during inspection
	Beef stored on shelving at 49F - voluntarily
45c	single use to go containers used as scoop in salt/flour bins in back of house dry storage
note*	discussed foods must be labeled in english/chinese
56c	employee food stored above food for restaurant ↳ discussed putting employee food storage in separate designated area or on bottom shelves to prevent contamination
note*	discussed proper cooling - Health Dept to provide educational fact sheets - chinese/english
note*	thermometer available (thin probe)
49c	Floors by grease trap not clean
note*	discussed date marking ready to eat food
note*	owner to be back in country 4/11/24 per manager
note*	DPH poster provided
37c	no allergen statement on menus - will provide into to owner
1pF	no staff present with food safety knowledge - person in charge at end of inspection stated she may have valid CFPM ↳ to be emailed lgrandy@manchesterct.gov

Person in Charge (Signature)	Date
Inspector (Signature)	Date <u>4/4/2024</u>

Risk Category: **3** **Food Establishment Inspection Report** Page 1 of **2**

Establishment type: Permanent Temporary Mobile Other _____ Date: **4/30/24**

Establishment **Frank Peppes** Time In _____ AM/PM Time Out _____ AM/PM

Address **221 Buckland Hills Dr** LHD **Manchester**

Town/City **Manchester** Purpose of Inspection: **Routine** Pre-op

Permit Holder _____ 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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4													
Employee Health													
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper use of restriction and exclusion													
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Written procedures for responding to vomiting and diarrheal events													
Good Hygienic Practices													
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper eating, tasting, drinking, or tobacco products use													
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands													
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hands clean and properly washed													
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input 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													
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate handwashing sinks, properly supplied/accessible													
Approved Source													
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food obtained from approved source													
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food received at proper temperature													
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Required records available: molluscan shellfish identification, parasite destruction													
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				V	COS	R	OUT				V	COS	R
Safe Food and Water													
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pasteurized eggs used where required													
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Water and ice from approved source													
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods													
Food Temperature Control													
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooling methods used; adequate equipment for temperature control													
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Plant food properly cooked for hot holding													
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Approved thawing methods used													
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Thermometers provided and accurate													
Food Identification													
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food properly labeled; original container													
Prevention of Food Contamination													
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Insects, rodents, and animals not present													
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Contamination prevented during food preparation, storage & display													
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Personal cleanliness													
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Wiping cloths: properly used and stored													
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Washing fruits and vegetables													
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Violations documented													
Person in Charge (Signature) <i>[Signature]</i> Date 4/30/24													
Person in Charge (Printed) Ben Wirth													
Inspector (Signature) <i>[Signature]</i> Date 4/30/24													
Inspector (Printed) Denise Payne													
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.													

OUT	N/A	N/O	V	COS	R
Proper Use of Utensils					
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-use utensils: properly stored					
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled					
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-use/single-service articles: properly stored & used					
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves used properly					
Utensils and Equipment					
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-food contact surfaces clean					
Physical Facilities					
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure					
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices					
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed					
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean					
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained					
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical facilities installed, maintained, and clean					
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used					
<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f					
Violations documented					
Priority Item Violations			Date corrections due		#
Priority Foundation Item Violations			3 days / 10 day		1
Core Item Violations			90 day		1
Risk Factor/Public Health Intervention Violations			75AP		1
Repeat Risk Factor/Public Health Intervention Violations					0
Good Retail Practices Violations					2
Requires Reinspection - check box if you intend to reinspect					

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/30/24

Establishment Frank Peppé's

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cut Tomato	37F	∅ Hot holding at this location		Hot Water	7110F
Chicken - cut	39F			Dish Machine	7160F

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.

Test strips avail
CFPM on site.

47C Plastic ^{wrap} on Chopper lever - if broken repair
Not a fix, not clearable.

337F Pizza Cold Prep - GFI Popped Unit not on.
Manager to monitor equipment & temperatures.

Discard Meatballs 52F, Clams 56F, Mozzarella 50F, Chicken 52F
Food in unit. Monitor next 3 days - every 3 hrs. Notify HHDpt
via email unit working or serviced
dpayne@manchesterct.gov.

Discussed "Cheese"

→ Floor behind Equip being cleaned
✓ Ice machine emptied
Prep on going - discussed temps + usable amount out of temp control.



Person in Charge (Signature) [Signature]
Inspector (Signature) Denise Payne

Date 4/30/24
Date 4/30/24

Denise Payne

From: Ben Wirth <bwirth@pepespizzeria.com>
Sent: Friday, May 3, 2024 4:14 PM
To: Denise Payne
Cc: Nicole Gomez
Subject: Frank Pepe's Manchester - Pizza Cooler

You don't often get email from bwirth@pepespizzeria.com. [Learn why this is important](#)

EXTERNAL MESSAGE - Don't just click it, put in a ticket!

Hi Denise,

We have been temping the pizza cooler since you were here the other day. The temps never reached unsafe temperatures, so it seems like the issue was the loss of power that morning. The tracked temps are listed below in case you need them. Let me know if there is anything else I can do for you. Thanks!

Tuesday
Afternoon: 40
Night: 39

Wednesday
Morning: 36
Afternoon: 39
Night: 41

Thursday
Morning: 37
Afternoon: 38
Night: 41

Friday
Morning: 37
Afternoon: 37

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Ben Wirth

Manager

Frank Pepe's of Manchester

221B Buckland Hills Drive, Manchester CT, 06042

BWirth@pepespizzeria.com 860-644-7333

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____	Date: 3/19/24	
Establishment: Frontier Grill	Time In: _____ AM/PM	Time Out: _____ AM/PM
Address: 170 Slater St		
Town/City: Manchester	LHD: Manchester	
Permit Holder: _____	Purpose of Inspection: Routine	Pre-op: _____
	Reinspection: _____	Other: Re-insp 4/2/24 Addit. 2 pgs

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				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Consumer Advisory				Highly Susceptible Population					
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Food/Color Additives and Toxic Substances				Conformance with Approved Procedures					
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				GOOD RETAIL PRACTICES				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input 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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Utensils and Equipment				Physical Facilities					
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container				Prevention of Food Contamination				Violations documented					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature): <i>[Signature]</i> Date: 3-19-24	Person in Charge (Printed): Leonardo Quintana	Inspector (Signature): <i>[Signature]</i> Date: 3/19/24	Inspector (Printed): Denise Payne
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Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Violations documented	Date corrections due	#
Priority Item Violations	COS 3/23/24	10
Priority Foundation Item Violations	10 days 4/2/24	5
Core Item Violations	90 days 6/19/24	14
Risk Factor/Public Health Intervention Violations		16
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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.

dpayne@manchesterct.gov

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/19/24

Establishment Frontera Grill

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Diced tomato	38F	Chicken	148F	Hot water	114F
Quacamole	39F	Beef	159	Dish Machine	>160F
Yellow Cheese	40F	Rice	135*		
Whit Cheese	39F	Chicken	142		
Pico de gallo	37F	Pork	150F		
Beef	39F				
Chicken	38				
Pico Tom.	38F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | 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. |
|-------------------|--|
| * 1PF | No person with knowledge present, initially. Manager @ Rest. Dpt. |
| ✓ 10PF | No soap or paper towel at hand sink |
| * 49C | Shell over tortilla warmer unclean |
| * 37C | Multiple bottles of oils + sauces, not labeled |
| * 47C | Gaskets torn |
| * 49C | Gaskets unclean |
| 44PF | Knife stored unclean between 2 cold prep units |
| 41C | Cloths under sauce bottles in Cold prep. |
| 16C | Sanitizer with soap mixed in <u>remade</u> |
| 6P 16C | Unclean measuring scoops / 1/2 / Tsp scoops → <u>Dishwasher</u> <u>ward to</u> |
| ✓ 41C | Wet cloths, unclean, not in sanitizer |
| NO 35PF | Improper thawing on cooler table - room temp. |
| ✓ 21P | Food not hot held or Cold held Peppers 75F, Shrimp |
| ✓ 20P | wrapped in bacon 78F, Chicken tenders 89F <u>Discarded</u> |
| ✓ 21P | Green peppers + onions on griddle @ 100F, <u>discarded</u> |
| ✓ 22P | Cut tomato not in chill zone of cold prep @ 74F, <u>discarded</u> |
| ✓ 47C | Walk in Cooler racks unclean |
| 43 43C | "Clean" wares stored unclean |
| ✓ 16P | Salsa containers, damaged due to heat? phasing out |
| ✓ 47C | Non-food grade containers for food |
| ✓ 15P | Jumbled meats Not stored by final cook temp. |
| ✓ 38C | Gap on back door, door without screen to patio (open) |



Person in Charge (Signature) [Signature]

Date

Inspector (Signature) Denise Payne

Date 3/19/24



INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT <i>Fraser Grill</i>	TOWN <i>Manchester</i>	DATE OF INSPECTION <i>3-19-24</i>
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INSPECTION FORM #	REMARKS
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- * 15C Food Containers, not in use, not covered
- ✓ 22P Guacamole Cart, improper ^{to serve} ice bath - Manager to discard
- ✓ 44c Guac. Cart spoons improperly stored
- ✓ 22P Ice bath on cookline - Cheese not set properly
- ✓ 39PF Onion bag, open + 1/2 used, on floor in dry storage
- ✓ 13P Lemons in Walk in Cooler Moldy - staff to review all produce
- 51C Mop sink faucet leaking

Discussed Dented can policy (1) can found + Will be Returned
Discussed Date Marking RTE prepared foods 3 day max
per Restaurant/Health Code 7 days
Discussed Glove changing after using cell phones
Employee beverage without cover

"Hot" sauce to be in ice bath in prep sink - stirred until Cooled 41 ↓
135 → 70 2hrs 70 - 41 4hrs (6 Total)

Discussed Pre chilling Canned Peppers + keep cold once open

Correct All Priority Violations and Notify HDpt via email
by 3-23-24 No Response

INITIAL (INSPECTOR) <i>D. Payne</i>	INITIAL (PERSON IN CHARGE) <i>J. Q.</i>
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Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/2/24

Establishment Frontera

Town Manchester

P/PF Reinsp from 3/19/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Flour	40F	Taco Meat	160	Quat	200ppm
Cheese	40F	Chicken Breast	165F		
Today: CKN Delivery 36F					

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- * Employee Knowledge
- * Employee Training (CFPM) scheduled
"Food safety training discussion"
- Soap + Paper towel at all hand sinks
- Improper utensil / Knife storage Not corrected
- Unclean utensils stored on Not corrected
- * Jumbled utensils
- Improper thawing Not observed
- Food TCS not held HOT / COLD. @ room temp. Not observed
- Hot Holding on grill - @ 100F * 147F just made
- Jumbled meats ✓
- Guac. cart Not setup correctly / covered Not observed - Retrained Staff
- ice bath on cookline not setup correctly. ✓
- MOLDY lemons
- Open food containers, onions, w/dry storage ✓
- Dry good containers unclean.
- Dish machine rack used as table
- Containers / bottles not labelled
- Personal items on cookline
- Dishes left on cookline from yesterday ✓ from today
- Sanitary bucket from yesterday?

Person in Charge (Signature)

Date 4-2-24

Inspector (Signature) D Payne

Date 4/2/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/2/24
 Establishment Frontera Grill Town Manchester P/PF from 3/19/24

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp


OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Observations and Corrective Actions
	Unprotected plates / unclean shelf over steam table unclean Containers not inverted / to go containers not inverted
* Rethreat	Beef 146 on steam table > Needs to be reheated to 165°F or higher before in steam table Beef 156 " " Corrected @ 170 or higher.
	Knife stored btwn equipment / Knives in holder - Unclean freezer gaskets unclean Holder is now unclean
	Wet wares with standing water on clean station Scoop handle in product
	gaskets torn / unclean Cardboard not approved as liner in Walk in Cook
*	Date marking - Lighting in dry storage out.
	Propose training Food safety / CFPM in Spanish - Contact to be provided Avocados covered 1-2 days to ripen → interior w/ sweat - H/Dpt to Review


Person in Charge (Signature) [Signature] Date 4/2/24
 Inspector (Signature) D Payne Date 4/2/24

Risk Category: 4	Food Establishment Inspection Report	Page 1 of ____
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/26/24
Establishment Fun Luvin Daycare		Time In _____ AM/PM Time Out _____ AM/PM
Address 358 Hartford Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op _____
Permit Holder _____		Reinspection _____ Other _____




Connecticut Department of Public Health

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				V	COS	R	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 type="checkbox"/>				15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			Food separated and protected						P/C	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4				C			Food-contact surfaces: cleaned & sanitized						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Health							17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper disposition of returned, previously served, reconditioned, and unsafe food						P	<input type="checkbox"/>	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			Time/Temperature Control for Safety									
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper use of restriction and exclusion				P			Proper cooking time and temperatures						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Written procedures for responding to vomiting and diarrheal events				Pf			Proper reheating procedures for hot holding						P	<input type="checkbox"/>	<input type="checkbox"/>	
Good Hygienic Practices							20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper cooling time and temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use				P/C			21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Proper hot holding temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth				C			22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Preventing Contamination by Hands							Proper cold holding temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hands clean and properly washed				P/Pf			Proper date marking and disposition						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				24	<input type="checkbox"/>	<input type="checkbox"/>	<input 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			Time as a public health control: procedures and records						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Consumer Advisory									
Adequate handwashing sinks, properly supplied/accessible				Pf/C			25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Approved Source							Consumer advisory provided: raw/undercooked food						Pf	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Highly Susceptible Population									
Food obtained from approved source				P/Pf/C			26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Pasteurized foods used; prohibited foods not offered						P/C	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food/Color Additives and Toxic Substances									
Food received at proper temperature				P/Pf			27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food additives: approved and properly used						P	<input type="checkbox"/>	<input type="checkbox"/>	
Food in good condition, safe, and unadulterated				P/Pf			28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			Toxic substances properly identified, stored & used						P/Pf/C	<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					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pasteurized eggs used where required				P			In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Water and ice from approved source				P/Pf/C			Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Variance obtained for specialized processing methods				Pf			Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control							46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Utensils and Equipment						
Proper cooling methods used; adequate equipment for temperature control				Pf/C			47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plant food properly cooked for hot holding				Pf			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Approved thawing methods used				Pf/C			Non-food contact surfaces clean				C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thermometers provided and accurate				Pf/C			Physical Facilities									
Food Identification							50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container				Pf/C			51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination							Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present				Pf/C			Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Contamination prevented during food preparation, storage & display				P/Pf/C			Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness				Pf/C			Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored				C			Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Washing fruits and vegetables				P/Pf/C			Adequate ventilation and lighting; designated areas used				C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																
Person in Charge (Signature) <i>[Signature]</i>		Date 4/26/2024						Violations documented			Date corrections due			#		
Person in Charge (Printed) <i>[Signature]</i>								Priority Item Violations								
Inspector (Signature) <i>[Signature]</i>		Date 4/26/24						Priority Foundation Item Violations								
Inspector (Printed) <i>[Signature]</i>								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.																

Risk Category: 3		Food Establishment Inspection Report				Page 1 of ____								
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>5/16/24</u>										
Establishment <u>Funny Bone</u>				Time In <u>11:00</u> AM/PM		Time Out <u>12:30</u> AM/PM								
Address <u>194 Buckland Hills Dr. #1054</u>				LHD <u>Manchester</u>										
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op										
Permit Holder <u>Jessica Mele-Levesque</u>				Reinspection _____ Other _____										
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
<i>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.</i>														
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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							
Employee Health				Time/Temperature Control for Safety										
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 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 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 type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures							
Good Hygienic Practices				Consumer Advisory										
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use							Proper hot holding temperatures							
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth							Proper cold holding temperatures							
Preventing Contamination by Hands				Highly Susceptible Population										
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean and properly washed							Proper date marking and disposition							
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/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 bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Time as a public health control: procedures and records							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances							
Adequate handwashing sinks, properly supplied/accessible							25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Approved Source				Compliance with Approved Procedures										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
Food obtained from approved source							Consumer advisory provided: raw/undercooked food							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances							
Food received at proper temperature							27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used							
Food in good condition, safe, and unadulterated							28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used							
Required records available: molluscan shellfish identification, parasite destruction							29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
								Compliance with variance/specialized process/ROP criteria/HACCP Plan						
GOOD RETAIL PRACTICES														
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>														
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										
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R					
30	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used							
Food Temperature Control				Utensils and Equipment										
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooling methods used; adequate equipment for temperature control							Gloves used properly							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Plant food properly cooked for hot holding							Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
35	<input type="checkbox"/>	<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							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>			
Thermometers provided and accurate							Non-food contact surfaces clean							
Food Identification				Physical Facilities										
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
Food properly labeled; original container							Hot and cold water available; adequate pressure							
Prevention of Food Contamination				Violations documented										
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	Date corrections due	#					
Insects, rodents, and animals not present							Priority Foundation Item Violations	<u>5/20/24</u>	<u>8</u>					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations	<u>5/16/24</u>	<u>9</u>					
Contamination prevented during food preparation, storage & display							Risk Factor/Public Health Intervention Violations		<u>1</u>					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations							
Personal cleanliness							Good Retail Practices Violations		<u>9</u>					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect							
Wiping cloths: properly used and stored														
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Washing fruits and vegetables														
Permit Holder shall notify customers that a copy of the most recent inspection report is available.														
Person in Charge (Signature) <u>Jessica Mele-Levesque</u>				Date <u>5/16/24</u>										
Person in Charge (Printed) <u>Jessica Mele-Levesque</u>														
Inspector (Signature) <u>Jose Ramirez</u>				Date <u>5/16/24</u>										
Inspector (Printed) <u>Jose Ramirez</u>														
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.														

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/30/24
Establishment Gong Cha		Time In 11 AM/PM Time Out 12 AM/PM
Address 194 Buckland Hills Dr. #5536		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Gowtham		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				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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											
Safe Food and Water				Proper Use of Utensils				Utensils and Equipment			
OUT	N/A	N/O	V	OUT	COS	R	OUT	COS	R		
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Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/14/24
Establishment Guntur Mirchis		Time In 2:00 AM/PM Time Out 3:30 AM/PM
Address 171 B Spencer St		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder EMMANUEL ATHISBYAM		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	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Person/Alternate Person in charge present, demonstrates knowledge and performs duties	(P) () ()
2	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certified Food Protection Manager for Classes 2, 3, & 4	(C) () ()
Employee Health		
3	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf () ()
4	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion	P () ()
5	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written procedures for responding to vomiting and diarrheal events	Pf () ()
Good Hygienic Practices		
6	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use	P/C () ()
7	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth	C () ()
Preventing Contamination by Hands		
8	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hands clean and properly washed	P/Pf () ()
9	<input checked="" type="checkbox"/> <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 () ()
10	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate handwashing sinks, properly supplied/accessible	(P) (C) () ()
Approved Source		
11	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source	P/Pf/C () ()
12	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature	P/Pf () ()
13	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, and unadulterated	P/Pf () ()
14	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction	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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required	P () ()
31	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water and ice from approved source	P/Pf/C () ()
32	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Variance obtained for specialized processing methods	Pf () ()
Food Temperature Control		
33	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control	Pf/C () ()
34	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding	Pf () ()
35	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Approved thawing methods used	Pf/C () ()
36	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thermometers provided and accurate	Pf/C () ()
Food Identification		
37	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	(P) (C) () ()
Prevention of Food Contamination		
38	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, and animals not present	(P) (C) () ()
39	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination prevented during food preparation, storage & display	(P) (P) (C) () ()
40	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness	Pf/C () ()
41	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used and stored	(C) () ()
42	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washing fruits and vegetables	P/Pf/C () ()
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>[Signature]</i> Date 5/15/24		
Person in Charge (Printed)		
Inspector (Signature) <i>[Signature]</i> Date 5/14/24		
Inspector (Printed) Jose Ramirez		
Violations documented		
	Date corrections due	#
Priority Item Violations	5-17-24	4
Priority Foundation Item Violations	5-24-24	4
Core Item Violations	8-14-24	10
Risk Factor/Public Health Intervention Violations		10
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		8
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		



Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/14/24

Establishment Guntur Mirchis

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table		Hot hold soup	152F	Hand sink in kitchen	120F
goat	38F	soup	150F	customer BR sink	110F
cheese	41F	white rice	140F		
chicken	41F	W/C yellow rice	35F		
shrimp	38F				
1 door RIC					
white sauce	39F				
chicken cooked to	171F				



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
1PF	PIC not knowledgable
2C	NO CFPM on site
10PF	NO Soap at hand sink in kitchen
49C	Interior of hand sink in kitchen unclean
15P	Bowl of raw chicken stored on trash can
37C	Unlabeled containers of seasonings unlabeled throughout & squeeze bottles
15C	Containers of food uncovered throughout
41C	Wet rags stored on prep tables
43C	Scoop handles stored in product throughout
45C	reuse of single use containers throughout
15P	raw chicken stored over RTE food in reachins throughout
39P	Blender stored on floor at cookline
38C	Rear entrance of kitchen kept open with no screen door
44C	Pots stored on floor under 3 bay sink
15P	Buckets of sauce stored on floor by prep sink
23PF	Food not properly date marked throughout
15C	Employee food not separated from customer food in W/C
10PF	No toilet paper in customer Bathroom
Note	provided allergen poster

Person in Charge (Signature) [Signature]

Date 5/15/24

Inspector (Signature) [Signature]

Date 5/14/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/14/24

Establishment Guntur Mirchis Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
Note	At least 1 CFPM must be on site during all operating hours. Send as many employees needed to CFPM training to ensure all shifts are covered. Employee(s) must obtain CFPM certification by 6/14/24. This is a repeat violation. There was no CFPM present during the last inspection on 1-9-24.
Note	All employees must be trained on proper cooling, date marking, and storage of food. Submit documentation to health department by 6/14/24 w/ type of training provided, topics covered, and signatures of all food handling employees acknowledging they have been trained and understand the information on safe food handling practices & requirements.
Note	Provided PIC w/ printed handouts for date marking, cooling, hierarchy & cross contamination.
Note	Discussed inspection report w/ owner on 5/15/24
Note	Failure to comply with the instructions written above may result in closure of the restaurant until fully compliant. Please call Jose at 860-647-3198 if you have any questions.

Person in Charge (Signature)

Date 5/15/24

Inspector (Signature)

Date 5/14/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/9/24
Establishment Hana Sushi		Time In 12:30 AM/PM Time Out 2:30 AM/PM
Address 248 Broad St		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder Xin Yi Kwong		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/P/C	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
<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 checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" 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"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<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	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands				<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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	Utensils and Equipment	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 checked="" type="checkbox"/>	In-use utensils: properly stored	P	<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control				<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification				<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"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination				<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	Pf/C	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	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"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) _____ Date **4/9/24**

Person in Charge (Printed) **Xin Yi Kwong** 4/9/24

Inspector (Signature) **Jose Ramirez** Date **4/9/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	4-12-24	05
Priority Foundation Item Violations	4-19-24	10
Core Item Violations	7-9-24	12
Risk Factor/Public Health Intervention Violations		7
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		20
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

Reinspection 4/16/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/9/24

Establishment Hana Sushi Town Manchester

Reinspection 4/16/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIC True		Cold prep table		Hand sink by Fryer	135F
Salmon	38F	eggs	50F	Chlorine bucket	100ppm
Crab	36F	cooling Potato balls	50F	customer BR sink	133F
tuna	70F	Dumplings	38F		
cooling for 5 min		2 door RIC dry storage			
Hot hold white rice	160F	sushi bar crab	37F		
Hot Hot hold soup	149F	octopus	40F		
		SPICY tuna	40F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Observations and Corrective Actions
8PF	Employee washing hands in 3 bay sink. ✓
10PF	No paper towels at hand sink by Fryer (COS)
49C	Ceiling tiles & ceiling vents unclean throughout
43C	Rice spoon stored in stagnant water
37C	Unlabeled squeeze bottles and bins of seasonings
56C	unclean hood baffles, was due to be cleaned December 2023
16PF	Cold prep table by Fryer interior of cover unclean ✓
49C	exterior of equipment unclean throughout
32PF	standing water in bottom of cold prep table by grill
47C	Ceiling tiles not cleanable
47PF	Cutting board by 3 bay gauged ✓ Discarded
16PF	interior of utensil bin across 3 bay unclean ✓
49C	exterior of Flour bin in dry storage unclean, all bins
39C	Boxes of produce stored on floor in dry storage
39P	Potatoes mixed w/ office supplies in dry storage shelf ✓
38C	Rear entry screened door w/ large gaps around door
49C	interior of hand sink by sushi bar unclean
35PF	Fish thawing at room temp by sushi bar ✓
49C	wall behind sink at sushi bar unclean
51P	Customer Bathroom hand sink at 133F, max allowed 115°F
22P	shelled eggs in cold prep table at 50F. (COS) Discarded
48PF	Dish machine chlorine at 0 ppm / chlorine tube cracked, to be replaced. 3 bay to be used in mean time

Person in Charge (Signature) _____

Inspector (Signature) _____

Date 4/9/24

Date 4/9/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/9/24

Establishment Hana Soshi

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Observations and Corrective Actions
8 P	No handwashing observed
48 PF	Improper manual warewashing. Not sanitizing ✓
16 P	Not w/R/S 3-bay after using as prep sink ✓
* 56 C	comingled employee food w/ restaurant food throughout
36 PF	No thin probe thermometer available ✓
Note:	Provided DPH allergen poster this day
Note:	Use 3-Bay to w/R/S all equipment until dishwasher is repaired
Note:	3-Bay must be wash, rinse, and sanitized between tasks. (Food prep vs. ware washing)
Note:	Replace all damaged ceiling tiles w/ cleanable ceiling tiles
Note:	Establish dedicated area for employee food. Area must be labeled. ALL EMPLOYEE FOOD TO REMAIN IN AREA. Any employee food improperly stored and greater than 41°F will be discarded. To be ^{completed} _{in storage} in 3 days. *
Note:	Eggs removed from Reach in cooler and moved to RIC in Kitchen. No time/temp controlled for safety. Foods to be stored in back Reach in until repaired.
Note:	Discussed proper cooling process 135-70 in 2hr 70-41 in 4hr
Note:	Discussed proper thawing. Thawing shall be done under refrigeration or cold running water. Any reduced oxygen packaged fish must be removed from packages before thawing
Person in Charge (Signature)	Date <u>4/9/24</u>
Inspector (Signature)	Date <u>4/9/24</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/1/24
Establishment Hartford rd. Cafe		Time In 11:45 AM/PM Time Out 12:30 AM/PM
Address 378 HartBrd rd.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder _____		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	V	COS	R	
Supervision							
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4
Employee Health							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events
Good Hygienic Practices							
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands							
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible
Approved Source							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction
Protection from Contamination							
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food
Time/Temperature Control for Safety							
18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures
21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records
Consumer Advisory							
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food
Highly Susceptible Population							
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered
Food/Color Additives and Toxic Substances							
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used
Conformance with Approved Procedures							
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan

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	V	COS	R	
Safe Food and Water						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	Pasteurized eggs used where required
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Water and ice from approved source
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	Variance obtained for specialized processing methods
Food Temperature Control						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	Plant food properly cooked for hot holding
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Approved thawing methods used
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Thermometers provided and accurate
Food Identification						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Food properly labeled; original container
Prevention of Food Contamination						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Insects, rodents, and animals not present
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Personal cleanliness
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	Wiping cloths: properly used and stored
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Washing fruits and vegetables
Proper Use of Utensils						
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	In-use utensils: properly stored
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	Gloves used properly
Utensils and Equipment						
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	Non-food contact surfaces clean
Physical Facilities						
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	Hot and cold water available; adequate pressure
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Plumbing installed; proper backflow devices
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Sewage and waste water properly disposed
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Physical facilities installed, maintained, and clean
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	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)	<i>William Morin</i>	Date	4/1/24
Person in Charge (Printed)	William Morin	Date	4/1/24
Inspector (Signature)	<i>Jose Ramirez</i>	Date	4/1/24
Inspector (Printed)	Jose Ramirez		

Violations documented	Date corrections due	#
Priority Item Violations		—
Priority Foundation Item Violations		—
Core Item Violations	7/1/24	3
Risk Factor/Public Health Intervention Violations		—
Repeat Risk Factor/Public Health Intervention Violations		—
Good Retail Practices Violations		3
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 Manchester

Inspection Report Continuation Sheet

Date 4/1/24

Establishment Hartford Road Cafe Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table		W/C pasta	41F	Hand sink by warewash	100F
shredded cheese	38F	Chili	41F	Hand sink at bar	100F
beans	38F	beef roast	41F	Hand sink Bathroom	90F
sliced cheese	38F	Chicken wings	41F		
sliced tomatoes	39F	Chicken breast	41F		
raw burger	40F				
chicken wing	39F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Observations and Corrective Actions
49c	Ceiling at cookline unclean
47c	Wet towel in lower unit of cold prep table
47c	Chest freezer by cookline damaged gasket
Note	No activity at time of inspection
Note	Discussed proper cooling. 135 F → 70F within 2 hours. 70F → 41F within additional 4 hours.
Note	Overall clean & organized
Note	Provided allergen poster
Note	Pest control monthly, no issues

Person in Charge (Signature) <u>Diana L. Morin</u>	Date <u>4-1-24</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>4/1/24</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/23/24
Establishment: Hartford Road Pizza		Time In _____ AM/PM Time Out _____ AM/PM
Address: Hartford Rd		LHD: Manchester
Town/City: Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder _____	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	V	COS	R	
Supervision							
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4
Employee Health							
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events
Good Hygienic Practices							
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands							
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible
Approved Source							
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction
Protection from Contamination							
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	Food separated and protected
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food
Time/Temperature Control for Safety							
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records
Consumer Advisory							
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food
Highly Susceptible Population							
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered
Food/Color Additives and Toxic Substances							
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Toxic substances properly identified, stored & used
Conformance with Approved Procedures							
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan

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	V	COS	R	
Safe Food and Water						
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	Pasteurized eggs used where required
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	Water and ice from approved source
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	Variance obtained for specialized processing methods
Food Temperature Control						
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	Plant food properly cooked for hot holding
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	Approved thawing methods used
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	Thermometers provided and accurate
Food Identification						
37	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	Food properly labeled; original container
Prevention of Food Contamination						
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	Insects, rodents, and animals not present
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	Contamination prevented during food preparation, storage & display
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	Personal cleanliness
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	Wiping cloths: properly used and stored
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	Washing fruits and vegetables
Proper Use of Utensils						
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	In-use utensils: properly stored
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled
45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	Single-use/single-service articles: properly stored & used
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	Gloves used properly
Utensils and Equipment						
47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
49	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	Non-food contact surfaces clean
Physical Facilities						
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	Hot and cold water available; adequate pressure
51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	Plumbing installed; proper backflow devices
52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	Sewage and waste water properly disposed
53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean
54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	Garbage and refuse properly disposed; facilities maintained
55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	Physical facilities installed, maintained, and clean
56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	Adequate ventilation and lighting; designated areas used
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	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): Amanda McClure	Date: 5/23/24
Person in Charge (Printed): _____	
Inspector (Signature): D Payne	Date: 5/23/24
Inspector (Printed): Denise Payne	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	6/2/24 10 days	1
Core Item Violations	90 days	2
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		3
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 Manchester Inspection Report Continuation Sheet Date 5/23/24
 Establishment Hartford Road Pizza Town Manchester

TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
* Hamburger	39F	WIC Tomato	40F	Hot Water	114F
Pepperoni	40F	Reheating		Dish Machine	100ppm
Tomato	41F	Meatballs in Sauce			
Sauce	41F	Sausage in Sauce	* >170F		
Ham	39F	For Hot Holding			
Hamburger	39F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | 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. |
|-------------|--|
| 47PF | Ice machine interior unclean @ ice drop |
| 49C | Gaskets unclean WIC/R/I |
| 37C | Labels on oil bottles requires - Anything out of orig. containers are required to be labelled. |
| ✓ | Cheese in prep when opening. Date marking not on Cheese/tomatoes * Required. Next inspection, unlabelled prep foods will be discarded and noted as violation. Train Staff. |
| ✓ | Reviewed Reheating process with Staff in Kitchen. - use of thermometer w/alcoh. wipe! |
| | A/C unit recently repaired. → condensate drip present (slight) call in to landlord made |

Person in Charge (Signature) Amanda McLane Date 5/23/24
 Inspector (Signature) Denise Payne Date 5/23/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3	
Establishment type: Permanent 0 Temporary Mobile Other _____	Date: 5/9/24		
Establishment Hibachi Buffet	 <p>Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM	
Address 165 Slater St		LHD Manchester	
Town/City Manchester		Purpose of Inspection: Routine Pre-op _____	
Permit Holder _____		Reinspection _____ Other _____	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
<i>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.</i>			
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	Time/Temperature Control for Safety	
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures	
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	GOOD RETAIL PRACTICES		
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>		
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	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		
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	Safe Food and Water	Proper Use of Utensils	
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input checked="" type="checkbox"/> OUT In-use utensils: properly stored	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input checked="" type="checkbox"/> OUT Utensils/equipment/linens: properly stored, dried, & handled	
	32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT Single-use/single-service articles: properly stored & used	
	33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	46 <input type="checkbox"/> OUT Gloves used properly	
	34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	Utensils and Equipment	
	35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	47 <input checked="" type="checkbox"/> OUT Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
	36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	48 <input type="checkbox"/> OUT Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
	Food Identification		49 <input type="checkbox"/> OUT Non-food contact surfaces clean
	37 <input type="checkbox"/> OUT Food properly labeled; original container	Physical Facilities	
	Prevention of Food Contamination		50 <input type="checkbox"/> OUT Hot and cold water available; adequate pressure
	38 <input checked="" type="checkbox"/> OUT Insects, rodents, and animals not present	51 <input type="checkbox"/> OUT Plumbing installed; proper backflow devices	52 <input type="checkbox"/> OUT Sewage and waste water properly disposed
	39 <input type="checkbox"/> OUT Contamination prevented during food preparation, storage & display	53 <input type="checkbox"/> OUT Toilet facilities: properly constructed, supplied, & clean	54 <input checked="" type="checkbox"/> OUT Garbage and refuse properly disposed; facilities maintained
	40 <input type="checkbox"/> OUT Personal cleanliness	54 <input checked="" type="checkbox"/> OUT Physical facilities installed, maintained, and clean	55 <input checked="" type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
	41 <input type="checkbox"/> OUT Wiping cloths: properly used and stored	56 <input type="checkbox"/> OUT Natural rubber latex gloves not used per CGS §19a-36f	
	42 <input type="checkbox"/> OUT Washing fruits and vegetables		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature) <i>Denise Payne</i> Date 5-9-24	Violations documented		
Person in Charge (Printed) Denise Payne	Priority Item Violations 3 days		
Inspector (Signature) <i>Denise Payne</i> Date 5/9/24	Priority Foundation Item Violations 10 days		
Inspector (Printed) Denise Payne	Core Item Violations 90 days		
	Risk Factor/Public Health Intervention Violations 1		
	Repeat Risk Factor/Public Health Intervention Violations 2		
	Good Retail Practices Violations 2		
	Requires Reinspection - check box if you intend to reinspect 6		
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 Manchester Inspection Report Continuation Sheet Date 5/9/24
 Establishment Habachi Buffet Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Wings	152F	Just cooked:		Hot water HS	113F
* Pork Roast-shredded	135F	Muscles	151F		
Shrimp stuffed	137F	Pepper steak	159F	Kitchen	124F
White Rice	156F			Sani buckets	100ppm
Yellow Rice	165F	White Rice	165F	Dish Machine	100ppm
Seafood Linguine	176F	Pepper Chicken	159F		
Chicken Wing	135-156F	White Rice	153F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
	CFPM on site.
54C	Dumpster doors open
38C	Back door propped by chain "open"
43C	Sauce scoop floating in product / flow scoop → change out
16PF	Wet cloth with knives stored inside - removed to wash rinse + sanitizing Reviewed "in use" storage
44C	Tongs jumbled / stored on a cart handle.
15P	Meats in walk in cooler / walk in freezer - jumbled Shelled eggs over sauce Raw meat - Above crab rangoon / cheese
47C	Cardboard used as liner on storage rack
16PF	Unclean utensils at prep table - don't collect unclean utensils → once done using → remove to Warewash
16C	Beverage cups - wet nesting
47C	Knives damaged - sharpen or replace
55C	Hoods last cleaned March - Baffles cleaned weekly
* * *	3 Bay sink - sanitizer @ 0 staff changed water but not sanitizer. Staff knowledgeable about strips and Required Concentration. * Pulton cleaning schedule Today
	Discussed Sushi log / Sushi rice log. → Not very clear. Manager to revamp.
	Good date marking and labelling!
	Employee Beverages: Covered ✓

Person in Charge (Signature) [Signature] Date 5/9/24
 Inspector (Signature) [Signature] Date 5/9/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 5-9-24

Establishment Hibachi Buffet Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cut Cantelope	39F	Pork	38F		
Honey Dew	38				
"Cut Mult Xperday"		Mac N Cheese	39F		
Muscles	40F				
Imit Crab Salad	40F	Chicken	40F		
		Marinated CKN	40F		
Chicken	40F	Teriy CKN	40F		
Shrimp	38F	Wings	39F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number

Good Inspection.

Staff Training needed on specific topics

- how to properly wash hands
- Glove use vs tong use

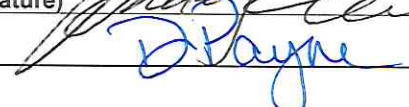
Dish Machine - staff knew what concentration required but not what to do if not @ proper concentration.

How often should they check or are they checking

Keep thermometers on the line for cooks - How often do you want them to check.

Clarify logs @ skush station.

Person in Charge (Signature) 

Inspector (Signature) 

Date 5/9/24
Date 5/9/24

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 5/13/24	
Establishment Hissno Sushi	Time In 10:30 AM/PM	Time Out 10:50 AM/PM
Address 317 Highland St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Kritina Shakya	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"/>
<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 disposition of returned, previously served, reconditioned, and unsafe food	P	<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 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"/>	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 reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<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 cold holding temperatures	P	<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"/>	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"/>	Adequate handwashing sinks, properly supplied/accessible	P/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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<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 checked="" 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"/>

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"/>
<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"/>	<input type="checkbox"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	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"/>
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<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"/>
							<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<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"/>	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) MB Date 5/13/24		
Person in Charge (Printed) _____		
Inspector (Signature) K. Grandy Date 5/13/24		
Inspector (Printed) Lauren Grandy		

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	8/13/24	1
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		0
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.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/>		Date: 5/29/24
Establishment Hot Table		Time In _____ AM/PM Time Out _____ AM/PM
Address 1500 B Pleasant Valley Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine <input checked="" type="checkbox"/> Pre-op <input type="checkbox"/>
Permit Holder _____		Reinspection Other 30 day
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	Time/Temperature Control for Safety
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food separated and protected	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooking time and temperatures
2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certified Food Protection Manager for Classes 2, 3, & 4	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper reheating procedures for hot holding
Employee Health	Consumer Advisory	Highly Susceptible Population
3 <input type="checkbox"/> <input type="checkbox"/> Management, food employee and conditional employee; knowledge, responsibilities and reporting	24 <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered
4 <input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion	Food/Color Additives and Toxic Substances	Conformance with Approved Procedures
5 <input type="checkbox"/> <input type="checkbox"/> Written procedures for responding to vomiting and diarrheal events	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food additives: approved and properly used	29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan
Good Hygienic Practices	Good Retail Practices	
6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.	
7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth	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	
Preventing Contamination by Hands	Safe Food and Water	Proper Use of Utensils
8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hands clean and properly washed	30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required	43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In-use utensils: properly stored
9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water and ice from approved source	44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled
10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate handwashing sinks, properly supplied/accessible	Food Temperature Control	45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: properly stored & used
11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source	33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control	46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gloves used properly
12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature	34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding	Utensils and Equipment
13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, and unadulterated	35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Approved thawing methods used	47 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used
14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction	36 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thermometers provided and accurate	48 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
Approved Source	Food Identification	49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean
11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source	37 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	Physical Facilities
12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature	Prevention of Food Contamination	50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure
13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, and unadulterated	38 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, and animals not present	51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices
14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction	39 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination prevented during food preparation, storage & display	52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage and waste water properly disposed
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) Ruby Schell Date 5/29/24	Person in Charge (Printed) Ruby Schell	Violations documented
Inspector (Signature) Denise Payne Date 5/29/24	Inspector (Printed) D Payne	Priority Item Violations
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.		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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/29/24

Establishment Hot Table

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cheese	41F	Steak	173F	Quat	300pp
Shred. Cheese	41F	Chicken	168F	Hot Water sink	93F
Sreak Goddess	41F	Steak	171F	D.W.	
Cheese	41F	Brcc. + Cheese	151F	Kitchen temp Not in use to repair	
Mayo	39F	Chicken Soup	144F		
Tubal	40F	Tuna	38F		
Turkey	39F	Mozz	36F		
Tomato	41F	Tomato	31F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

31c Sugar container Not labelled → check drip/bacon Containers

* Remove all old labels on containers

Discussed Cooling practice - Use an empty pan over food
 Discussed date marking - day made 1 days "protect"

CFPM on site, certif. posted

Test strips on site

Ill Food worker documents/policy discussed
 Allergen present + posted

Thermometer ✓ alcohol. wipes ✓

Dishwasher being worked on - discussed hardwater buildup on hard sinks/dishwasher

* Monitor

Person in Charge (Signature) [Signature]

Date 5/29/24

Inspector (Signature) [Signature]

Date 5/28/24

Risk Category: 1	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/11/2024
Establishment Ice cream Dream	 <p>Connecticut Department of Public Health</p>	Time In 9 AM /PM Time Out 9:30 AM /PM
Address itinerant - BA 15609		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Travone Franklin		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 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"/>	Demonstrated Food Protection Manager for Classes 2, 3, & 4	C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C		
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C		
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P		
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P		
Good Hygienic Practices															
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P		
Preventing Contamination by Hands															
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	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 checked="" 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"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
Approved Source															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P		
GOOD RETAIL PRACTICES															
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>															
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	UTENSILS AND EQUIPMENT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P			<input type="checkbox"/>	In-use utensils: properly stored	C			<input checked="" type="checkbox"/>	<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"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C			<input type="checkbox"/>	<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"/>	Single-use/single-service articles: properly stored & used	P/C			<input type="checkbox"/>	<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"/>	Gloves used properly	C			<input checked="" type="checkbox"/>	<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"/>	Utensils and Equipment							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C			<input checked="" 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"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C			<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C			<input type="checkbox"/>	<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"/>	Non-food contact surfaces clean	C			<input type="checkbox"/>	<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"/>	Physical Facilities							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C			<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"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C			<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"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C			<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"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C			<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <i>Travone Franklin</i> Date 5/11/2024															
Person in Charge (Printed) Travone Franklin															
Inspector (Signature) <i>L. Grandy</i> Date 5/11/2024															
Inspector (Printed) Lauren Grandy															
Violations documented 8/11/2024 # 1															
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.

Risk Category: <u>1</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/24/24</u>	
Establishment <u>IDEAL MART</u>	 <p>Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM	
Address <u>555 Middle Tpk West</u>		LHD <u>Manchester</u>	
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder _____		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	Time/Temperature Control for Safety	
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures	
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures	
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	
Employee Health		23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	Consumer Advisory		
Good Hygienic Practices		25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Highly Susceptible Population	
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	Food/Color Additives and Toxic Substances	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	Conformance with Approved Procedures		
Approved Source		29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	GOOD RETAIL PRACTICES		
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	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		
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	Safe Food and Water	Proper Use of Utensils	
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	
Food Temperature Control		45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	Utensils and Equipment	
36 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Prevention of Food Contamination		
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	47 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	49 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		Physical Facilities	
Person in Charge (Signature) <u>Hina Ahmad</u> Date <u>6-24-2024</u>	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	
Person in Charge (Printed) <u>Hina Ahmad</u>	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	
Inspector (Signature) <u>Denise Payne</u> Date <u>5/24/24</u>	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	
Inspector (Printed) <u>Denise Payne</u>	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f	
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.	Violations documented		
	Priority Item Violations	Date corrections due	
	Priority Foundation Item Violations	<u>10 days 6/3/24</u>	
	Core Item Violations	<u>90 days</u>	
	Risk Factor/Public Health Intervention Violations	<u>1</u>	
	Repeat Risk Factor/Public Health Intervention Violations	<u>1</u>	
	Good Retail Practices Violations	<u>1</u>	
	Requires Reinspection - check box if you intend to reinspect		

*owner to contact #Dpt.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/23/2024
Establishment ihop		Time In 10:30 AM/PM Time Out 11:45 AM/PM
Address 191 Deming Street		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		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	
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"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected						Pf/C	<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"/>	16	<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												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"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food						P	<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"/>	18	<input checked="" 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"/>
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"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding						P	<input type="checkbox"/>	<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"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food						Pf	<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"/>	Highly Susceptible Population													
Preventing Contamination by Hands												Food/Color Additives and Toxic Substances														
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used						P	<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"/>	22	<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"/>
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"/>	Conformance with Approved Procedures													
Approved Source												Compliance with variance/specialized process/ROP criteria/HACCP Plan														
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition						P/Pf	<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"/>	24	<input checked="" 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"/>
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"/>	GOOD RETAIL PRACTICES													
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"/>	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								
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required						P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils: properly stored						C	<input type="checkbox"/>	<input type="checkbox"/>						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods						Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
Food Temperature Control												Utensils and Equipment																	
33	<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"/>	46	<input type="checkbox"/>	Gloves used properly						C	<input type="checkbox"/>	<input type="checkbox"/>						
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding						Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean						C	<input type="checkbox"/>	<input type="checkbox"/>						
Food Identification												Physical Facilities																	
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Hot and cold water available; adequate pressure						Pf	<input type="checkbox"/>	<input type="checkbox"/>						
Prevention of Food Contamination												Plumbing installed; proper backflow devices																	
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	Plumbing installed; proper backflow devices						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
39	<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"/>	52	<input checked="" type="checkbox"/>	Sewage and waste water properly disposed						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored						C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained						C	<input type="checkbox"/>	<input type="checkbox"/>						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						

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

Person in Charge (Signature) *[Signature]* Date **4/23/24**

Person in Charge (Printed) **Tina Spagnuolo**


Inspector (Signature) *[Signature]* Date **4/23/24**

Inspector (Printed) **Lauren Brandau**

Violations documented	Date corrections due	#
Priority Item Violations		-
Priority Foundation Item Violations	4 5/3/24	1
Core Item Violations	7/23/24	5
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		-
Good Retail Practices Violations		0
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.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/19/24
Establishment Indigo Indian Bistro		Time In 11:00 AM Time Out 12:00 AM
Address 232 Spencer St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder SULETA MASHEN		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<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 checked="" type="checkbox"/>	<input checked="" 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"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and 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 checked="" type="checkbox"/>	<input checked="" 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"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<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 checked="" type="checkbox"/>	<input checked="" 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"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" 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"/>

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"/>	
<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"/>	<input type="checkbox"/>	Utensils and Equipment				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	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"/>	
<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"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<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.												
Person in Charge (Signature) <i>[Signature]</i> Date 04/19/24				Violations documented				Date corrections due				#
Person in Charge (Printed) SULETA MASHEN				Priority Item Violations				COS				10
Inspector (Signature) <i>[Signature]</i> Date 4/19/24				Core Item Violations				7-19-24				10
Inspector (Printed) Jose Ramirez				Risk Factor/Public Health Intervention Violations								2
				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.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/4/24
Establishment: Jade Garden		Time In: 1:00 AM/PM Time Out: 2:00 AM/PM
Address: 534 Middle Tpke East unit C		LHD: Manchester
Town/City: Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder: Jie Lin		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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
Employee Health				Time/Temperature Control for Safety									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				18 Proper cooking time and temperatures									
4 Proper use of restriction and exclusion				19 Proper reheating procedures for hot holding									
5 Written procedures for responding to vomiting and diarrheal events				20 Proper cooling time and temperatures									
				21 Proper hot holding temperatures									
				22 Proper cold holding temperatures									
				23 Proper date marking and disposition									
				24 Time as a public health control: procedures and records									
Good Hygienic Practices				Consumer Advisory									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use				25 Consumer advisory provided: raw/undercooked food									
7 No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands				Highly Susceptible Population									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed				26 Pasteurized foods used; prohibited foods not offered									
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10 Adequate handwashing sinks, properly supplied/accessible													
Approved Source				Food/Color Additives and Toxic Substances									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source				27 Food additives: approved and properly used									
12 Food received at proper temperature				28 Toxic substances properly identified, stored & used									
13 Food in good condition, safe, and unadulterated													
14 Required records available: molluscan shellfish identification, parasite destruction				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan									

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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored					
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled					
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used					
				46 Gloves used properly					
Food Temperature Control				Utensils and Equipment					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Proper cooling methods used; adequate equipment for temperature control				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
34 Plant food properly cooked for hot holding				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
35 Approved thawing methods used				49 Non-food contact surfaces clean					
36 Thermometers provided and accurate									
Food Identification				Physical Facilities					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Food properly labeled; original container				50 Hot and cold water available; adequate pressure					
Prevention of Food Contamination				51 Plumbing installed; proper backflow devices					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Insects, rodents, and animals not present				52 Sewage and waste water properly disposed					
39 Contamination prevented during food preparation, storage & display				53 Toilet facilities: properly constructed, supplied, & clean					
40 Personal cleanliness				54 Garbage and refuse properly disposed; facilities maintained					
41 Wiping cloths: properly used and stored				55 Physical facilities installed, maintained, and clean					
42 Washing fruits and vegetables				56 Adequate ventilation and lighting; designated areas used					
				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) *[Signature]* Date **4/4/24**

Person in Charge (Printed) _____

Inspector (Signature) *[Signature]* Date **4/4/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	4-7-24	2
Priority Foundation Item Violations	COS	1
Core Item Violations	7-4-24	4
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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 Manchester

Inspection Report Continuation Sheet

Date 4/4/24

Establishment Jade Garden

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold rice	160 F	door RIC by Fryer		Hand sink By 3 bay	110 F
Cold prep table	38 F	egg roll	40 F	Employee BR hand sink	100 F
chicken	38 F	chicken	39 F		
shrimp	32 F	Beef	39 F		
Beef	38 F	WIC chicken	37 F		
noodles	38 F	Beef	37 F		
libs	38 F	Dumplings	37 F		
		noodles	39 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.
	Sie Lin (CFPM) on site
37C	unlabeled squeeze bottles throughout
10PF	utensils stored in hand sink (COS)
37C	unlabeled containers of seasonings/seeds/nuts throughout
45C	reuse single use containers as scoops throughout
28P	unlabeled spray bottles w/ cleaning chemicals by 3 bay (COS)
15C	Containers of food uncovered in WIC
15P	RTE Food stored next to raw meat in WIC
Note	No cooking or cooling at time of inspection.
Note	All food must be covered unless it is cooling.
Note	Good glove use & hand washing observed
Note	Discussed proper hierarchy. RTE Food on top, seafood/whole meats below, ground meats below, chicken on bottom.
Note	Provided allergen poster

Person in Charge (Signature) [Signature]

Date 4/4/24

Inspector (Signature) [Signature]

Date 4/4/24

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/26/24
Establishment: Kindercare	 <p>Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM
Address: 481 Spring St		LHD: Manchester
Town/City: Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified Food Protection Manager for Classes 2, 3, & 4				C	<input type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Health													
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf	<input type="radio"/>	<input type="radio"/>	Protection from Contamination						
Proper use of restriction and exclusion				P	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written procedures for responding to vomiting and diarrheal events				Pf	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good Hygienic Practices													
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="radio"/>	<input type="radio"/>	Time/Temperature Control for Safety						
No discharge from eyes, nose, and mouth				C	<input type="radio"/>	<input type="radio"/>	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing Contamination by Hands													
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hands clean and properly washed				P/Pf	<input type="radio"/>	<input type="radio"/>	23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C	<input type="radio"/>	<input type="radio"/>	24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input type="radio"/>	<input type="radio"/>	Consumer Advisory						
Approved Source													
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food obtained from approved source				P/Pf/C	<input type="radio"/>	<input type="radio"/>	Highly Susceptible Population						
Food received at proper temperature				P/Pf	<input type="radio"/>	<input type="radio"/>	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food in good condition, safe, and unadulterated				P/Pf	<input type="radio"/>	<input type="radio"/>	Food/Color Additives and Toxic Substances						
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="radio"/>	<input type="radio"/>	27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GOOD RETAIL PRACTICES													
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>													
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	V	COS	R	OUT	V	COS	R				
Safe Food and Water													
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Pasteurized eggs used where required				P	<input type="radio"/>	<input type="radio"/>	Proper Use of Utensils						
Water and ice from approved source				P/Pf/C	<input type="radio"/>	<input type="radio"/>	44	<input type="radio"/>	<input type="radio"/>				
Variance obtained for specialized processing methods				Pf	<input type="radio"/>	<input type="radio"/>	Utensils and Equipment						
Food Temperature Control													
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="radio"/>	<input type="radio"/>	Physical Facilities						
Plant food properly cooked for hot holding				Pf	<input type="radio"/>	<input type="radio"/>	50	<input type="radio"/>	<input type="radio"/>				
Approved thawing methods used				Pf/C	<input type="radio"/>	<input type="radio"/>	51	<input checked="" type="radio"/>	<input type="radio"/>				
Thermometers provided and accurate				Pf/C	<input type="radio"/>	<input type="radio"/>	Plumbing and Water						
Food Identification													
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Food properly labeled; original container				Pf/C	<input type="radio"/>	<input type="radio"/>	Toilet and Sanitation						
Prevention of Food Contamination													
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Insects, rodents, and animals not present				Pf/C	<input type="radio"/>	<input type="radio"/>	Garbage and Refuse						
Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="radio"/>	<input type="radio"/>	54	<input type="radio"/>	<input type="radio"/>				
Personal cleanliness				Pf/C	<input type="radio"/>	<input type="radio"/>	Physical Facilities						
Wiping cloths: properly used and stored				C	<input type="radio"/>	<input type="radio"/>	55	<input type="radio"/>	<input type="radio"/>				
Washing fruits and vegetables				P/Pf/C	<input type="radio"/>	<input type="radio"/>	Ventilation and Lighting						
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) Fiona M. Maylan Date 4/26/24						Violations documented			Date corrections due		#		
Person in Charge (Printed) Fiona Maylan						Priority Item Violations							
Inspector (Signature) Denise Payne Date 4/26/24						Priority Foundation Item Violations							
Inspector (Printed) Denise Payne						Core Item Violations							
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.						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							

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/26/24

Establishment Kindercare

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk	41F	Freezer	0F	Hand sink	103F
Cheese	41F			Dish Machine	116OF

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | 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. |
|-------------|--|
| 5/PE | Hot Water @ Kitchen 104F * must be 110F min in Kitchen |
| 16/PE | 3 Bay sanitizer not dispensing sanitizer. OK to wash and Rinse in 3 bay — then use dish machine to Sanitize |
| 47c | Blue bowls unclean - detail cleaning needed. |

Test strips for dishwasher ✓
 Test strips for 3 bay sanitizer ✓

Discussed date marking: 7 day max on open packages of ready to eat TCS foods

CFPM on site
 Employee with hat

used as a stepper

* Milk crate under sink - Not for that purpose.

Discussed "Cooling" — lic to heat, serve, discard
 Reviewed Allergens, List of food w/ Allergens.



Person in Charge (Signature) Jana C May
 Inspector (Signature) D Payne

Date 4.26.24
 Date 4/26/24

COPY

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other		Date: 8/23/23
Establishment Kindercare		Time In 10:50 AM/PM Time Out 11:50 AM/PM
Address 481 Spring St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Fiona Moylan		Reinspection Other FDA



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		
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"/>	15	<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"/>	
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"/>	16	<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																					
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"/>	18	<input checked="" 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"/>	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion			P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			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"/>	20	<input checked="" 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																					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use			P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth			C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" 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																					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition			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"/>	24	<input checked="" 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"/>	
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"/>	Consumer Advisory											
Approved Source																					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food			Pf	<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"/>	Highly Susceptible Population											
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"/>	26	<input checked="" 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"/>	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances											
Conformance with Approved Procedures																					
29	<input checked="" 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"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used			P	<input type="checkbox"/>	<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"/>	<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"/>	


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						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			C	<input type="checkbox"/>	<input type="checkbox"/>		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods			Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" 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																					
33	<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"/>	46	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			C	<input type="checkbox"/>	<input type="checkbox"/>		
34	<input checked="" 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											
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" 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"/>		
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" 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																					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			C	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination																					
38	<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											
39	<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"/>	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>		
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input checked="" 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.																					
Person in Charge (Signature) <i>Fiona Moylan</i> Date 8/23/23										Violations documented											
Person in Charge (Printed) Fiona C Moylan										Priority Item Violations 8-23-23											
Inspector (Signature) <i>Jose Ramirez</i> Date 8/23/23										Priority Foundation Item Violations 0											
Inspector (Printed) Jose Ramirez										Core Item Violations 11-23-23											
										Risk Factor/Public Health Intervention Violations 2											
										Repeat Risk Factor/Public Health Intervention Violations 0											
										Good Retail Practices Violations 5											
										Requires Reinspection - check box if you intend to reinspect 0											

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.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 5/16/24
Establishment Kobe Asian Bistro		Time In _____ AM/PM Time Out _____ AM/PM
Address 1155 Tolland Tpk		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		Reinspection Other _____



Connecticut Department of Public Health

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>

Employee Health				Time/Temperature Control for Safety									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>

Good Hygienic Practices				Consumer Advisory									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>

Preventing Contamination by Hands				Highly Susceptible Population									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>

Approved Source				Food/Color Additives and Toxic Substances									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

Conformance with Approved Procedures				GOOD RETAIL PRACTICES									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

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									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>

Food Temperature Control				Utensils and Equipment									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>

Food Identification				Physical Facilities									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>

Prevention of Food Contamination				Violations documented					
IN	OUT	N/A	N/O	V	COS	R	Priority Item Violations	Date corrections due	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	3 days	9	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	10 days	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	90 days	13	

Person in Charge (Signature) _____ Date 5/16/24	Risk Factor/Public Health Intervention Violations	10
Person in Charge (Printed) APM/ken	Repeat Risk Factor/Public Health Intervention Violations	1
Inspector (Signature) Denise Payne Date 5/16/24	Good Retail Practices Violations	17
Inspector (Printed) Denise Payne	Requires Reinspection - check box if you intend to reinspect	<input checked="" type="checkbox"/>

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 Manchester Inspection Report Continuation Sheet Date 5/16/24
 Establishment Kobe Asian Bistro Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken	40F	Ginger	32F	Quat	200ppm
Beef	39F			Chl. Bucket Adjusted to	100ppm
Shrimp	38F			Teststrips onsite.	
Noodles	40F			Hot Water Kitchen	116F
Salmon	39F	Mushroom Soup	178F	Thermometer	✓
Whitefish	38F	Miso soup	177F		
Shrimp	38F	Sushi rice *	128F		
Cream cheese	40F				

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.
47c	Shelves/Racks NOT Commercial and/or rusting
8P	Handwashing in a sink other than handsink.
49C	microwave on cookline ext unclean/ int. door unclean
16P	Sani bucket Low <u>COS</u>
22P	garlic in oil @ 74F; Discarded. TCS, must be 4F or ↓
37PF	Hotel pans labelled improperly
15C	Small bowl sitting on noodles in Cold prep <u>COS</u>
47PF	Single use cup cut for straining, discarded. Not approved
47c	Chipped dishes
55C	Employee seating w/ saran wrap - NOT approved
49C	Exterior rice pots unclean
55PF	Buckets of Soy sauce on floor - must be able to clean floors
45C	Single use bowl as a scoop
16P	Unclean Knives stored on "Clean" wall bar
15P	Open bags of food in Walk in freezer unprotected
55C	Floors in Walk in freezer unclean.
15P	Jumbled food in Walk in freezer; Raw meat over RTE cake
28P	Chlorine Sani buckets too strong 9500 Adjusted to 100ppm
48C	Wet nesting of wet cups
48PF	Dish machine scrape sink unclean with food debris
55C	Dishware floors - standing water
16P	Radish slicer unclean

Person in Charge (Signature) [Signature] Date 5/16/24
 Inspector (Signature) D Payno Date 5/16/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 5/16/24
 Establishment Kobe Asian Bistro Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
* Walk in Racks still needed to be switched out - wall racks residential					
Discussed cutting boards.					
Dry storage walls - Per stainless steel/FRP with trim					

OBSERVATIONS AND CORRECTIVE ACTIONS


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.

Item Number	Description
47C/49C	Sushi gasket torn and unclean
55C	Walk in doors unclean
44PF	Hot water bath for utensil scoop @ 128F Must be 135F or ↑
9P	Sushi cook cutting fruit with bare hands. (105)
	Discarded. Other fruit Rewashed. <u>Gloves</u> ✓
	Waitress soda station leaked, turned off, svc call mad, Don't leave standing water
	Discussed with owner and Lead Cook - when refilling hotel pans - do not overfill. Line in pan = MAX depth.
	Discussed - Cooling: Peanut sauce (6 containers 8-10" deep @ 178F Cook pulled shallow pan for sauce. OK to cool on counter to 140F * Monitoring sauce to know when @ 140F. This is your start time for cooling Time <u>3:14</u> @ 140F
	cook putting pan in WIC on speed rack under a sheet pan (No raw items over sauce) use a pan above Sauce sheet to protect + let airflow cool product
	check 4pm, 430, 5pm → temp must be 70F or lower
	Then 4 hrs to 41 or lower check temp @ 630, 730 830
	Product must be 41 F or lower by 9:14 pm.
	Product can be divided , covered and Refrigerated.

* Same process for any item being cooled.

Person in Charge (Signature) _____ Date _____
 Inspector (Signature) D Payne Date 5/16/24

Risk Category: <u>1</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>																					
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>4/19/24</u>																					
Establishment <u>Kona Ice</u>		Time In _____ AM/PM Time Out _____ AM/PM																					
Address <u>59 Tolland Tpk</u>		LHD <u>Manchester</u>																					
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op																					
Permit Holder <u>Brenda + Melvin Burkey</u>		Reinspection _____ Other <u>Base of Oper.</u>																					
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																							
<i>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.</i>																							
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		
1	<input 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"/>		15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected			P/C	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input 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"/>		16	<input 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								Time/Temperature Control for Safety										
3	<input 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"/>		18	<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"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion			P	<input type="checkbox"/>	<input type="checkbox"/>		19	<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"/>	
5	<input 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"/>		20	<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								Consumer Advisory										
6	<input 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"/>		21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input 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"/>		22	<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								Highly Susceptible Population										
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		23	<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"/>	
9	<input 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"/>		24	<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"/>	
10	<input 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"/>		Food/Color Additives and Toxic Substances											
					Approved Source								Conformance with Approved Procedures										
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		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"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		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"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		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"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		28	<input 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"/>	
GOOD RETAIL PRACTICES																							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																							
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						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			P	<input type="checkbox"/>	<input type="checkbox"/>		43	<input type="checkbox"/>	In-use utensils: properly stored			C	<input type="checkbox"/>	<input type="checkbox"/>					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods			Pf	<input type="checkbox"/>	<input type="checkbox"/>		45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used			P/C	<input type="checkbox"/>	<input type="checkbox"/>					
					Food Temperature Control								Utensils and Equipment										
33	<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"/>		46	<input type="checkbox"/>	Gloves used properly			C	<input type="checkbox"/>	<input type="checkbox"/>					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding			Pf	<input type="checkbox"/>	<input type="checkbox"/>		47	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		49	<input type="checkbox"/>	Non-food contact surfaces clean			C	<input type="checkbox"/>	<input type="checkbox"/>					
					Food Identification								Physical Facilities										
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		50	<input type="checkbox"/>	Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>					
					Prevention of Food Contamination								Violations documented										
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		51	<input type="checkbox"/>	Plumbing installed; proper backflow devices			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
39	<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"/>		52	<input type="checkbox"/>	Sewage and waste water properly disposed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			C	<input type="checkbox"/>	<input type="checkbox"/>		54	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained			C	<input type="checkbox"/>	<input type="checkbox"/>					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.												56	<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) <u>Melvin Burkey</u>		Date <u>4-19-24</u>		Person in Charge (Printed) <u>Melvin Burkey</u>		Inspector (Signature) <u>Denise Payne</u>		Date <u>4/19/24</u>		Inspector (Printed) <u>Denise Payne</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.																							

Risk Category: <u>1</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: Permanent Temporary Mobile Other _____		Date: <u>4/19/24</u>
Establishment <u>Kona Ice</u>	 <p>Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM
Address <u>Kiosk Ay-52188</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: Routine Pre-op
Permit Holder <u>Brenda + Melvin Burkey</u>		Reinspection _____ Other _____
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
<i>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.</i>		
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		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Supervision	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
1 <input 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 type="checkbox"/>
2 <input 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 type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Employee Health	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
3 <input 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"/>
4 <input 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"/>
5 <input 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"/> <input type="checkbox"/>	Good Hygienic Practices	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
6 <input 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"/>
7 <input 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"/> <input type="checkbox"/>	Preventing Contamination by Hands	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
8 <input 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"/>
9 <input 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"/>
10 <input 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"/> <input type="checkbox"/>	Approved Source	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
GOOD RETAIL PRACTICES		
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>		
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		
<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Safe Food and Water	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31 <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"/>
32 <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"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food Temperature Control	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
33 <input type="checkbox"/> <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"/>
34 <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"/> <input type="checkbox"/>
35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
36 <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"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food Identification	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
37 <input type="checkbox"/> <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"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Prevention of Food Contamination	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
38 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
39 <input type="checkbox"/> <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"/>
40 <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"/>
41 <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"/>
42 <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"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <u>M. Burkey</u> Date <u>4-19-24</u>	Person in Charge (Printed) <u>Melvin Burkey</u>	
Inspector (Signature) <u>Denise Payne</u> Date <u>4/19/24</u>	Inspector (Printed) <u>Denise Payne</u>	
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.		
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		

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/19/24

Establishment Kona ICE Time In _____ AM/PM Time Out _____ AM/PM

Address Truck BK-19611 LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op / Routine

Permit Holder Brenda + Melvin Burkey Reinspection Other New Truck



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 type="checkbox"/>				15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			Food separated and protected				P/C		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				C			Food-contact surfaces: cleaned & sanitized				P/Pf/C		
Employee Health				Time/Temperature Control for Safety									
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			Proper cooking time and temperatures				P/Pf/C		
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				P			Proper reheating procedures for hot holding				P		
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Pf			Proper cooling time and temperatures				P		
Good Hygienic Practices				Consumer Advisory									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				P/C			Proper hot holding temperatures				P		
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				C			Proper cold holding temperatures				P		
Preventing Contamination by Hands				Highly Susceptible Population									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				P/Pf			Proper date marking and disposition				P/Pf		
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				24	<input type="checkbox"/>	<input type="checkbox"/>	<input 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			Time as a public health control: procedures and records				P/Pf/C		
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food/Color Additives and Toxic Substances						
Adequate handwashing sinks, properly supplied/accessible				Pf/C			27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Compliance with Approved Procedures									
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				P/Pf/C			Food additives: approved and properly used				P		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				P/Pf			Toxic substances properly identified, stored & used				P/Pf/C		
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Conformance with Approved Procedures						
Food in good condition, safe, and unadulterated				P/Pf			29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C		
Required records available: molluscan shellfish identification, parasite destruction				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

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"/>	<input type="checkbox"/>			43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pasteurized eggs used where required				P			In-use utensils: properly stored				C	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Water and ice from approved source				P/Pf/C			Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods				Pf			Single-use/single-service articles: properly stored & used				P/C	
Food Temperature Control				Utensils and Equipment								
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooling methods used; adequate equipment for temperature control				Pf/C			Gloves used properly				C	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Plant food properly cooked for hot holding				Pf			Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Approved thawing methods used				Pf/C			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Thermometers provided and accurate				Pf/C			Non-food contact surfaces clean				C	
Food Identification				Physical Facilities								
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food properly labeled; original container				Pf/C			Hot and cold water available; adequate pressure				Pf	
Prevention of Food Contamination				Violations documented								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Insects, rodents, and animals not present				Pf/C			Priority Item Violations					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Contamination prevented during food preparation, storage & display				P/Pf/C			Priority Foundation Item Violations					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Personal cleanliness				Pf/C			Core Item Violations					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Wiping cloths: properly used and stored				C			Risk Factor/Public Health Intervention Violations					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Washing fruits and vegetables				P/Pf/C			Repeat Risk Factor/Public Health Intervention Violations					
				Good Retail Practices Violations								
				Requires Reinspection - check box if you intend to reinspect								

Person in Charge (Signature) Melvin Burkey Date 4-19-24

Person in Charge (Printed) Melvin Burkey

Inspector (Signature) Denise Payne Date 4/19/24

Inspector (Printed) Denise Payne

Violations documented: No issues

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.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/31/24</u>
Establishment <u>La Toquilla</u>		Time In <u>12:00 AM/PM</u> Time Out <u>1:30 AM/PM</u>
Address <u>21 Oak St.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Mis Zambrano²</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
IN	OUT	N/A	N/O	V	COS	R		
Supervision								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4								
Employee Health								
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of restriction and exclusion								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events								
Good Hygienic Practices								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use								
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth								
Preventing Contamination by Hands								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean and properly washed								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate handwashing sinks, properly supplied/accessible								
Approved Source								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source								
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food received at proper temperature								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food in good condition, safe, and unadulterated								
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Required records available: molluscan shellfish identification, parasite destruction								
Protection from Contamination								
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food separated and protected								
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food-contact surfaces: cleaned & sanitized								
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper disposition of returned, previously served, reconditioned, and unsafe food								
Time/Temperature Control for Safety								
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooking time and temperatures								
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper reheating procedures for hot holding								
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling time and temperatures								
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper hot holding temperatures								
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cold holding temperatures								
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Proper date marking and disposition								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Time as a public health control: procedures and records								
Consumer Advisory								
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer advisory provided: raw/undercooked food								
Highly Susceptible Population								
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized foods used; prohibited foods not offered								
Food/Color Additives and Toxic Substances								
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	
Food additives: approved and properly used								
28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Toxic substances properly identified, stored & used								
Conformance with Approved Procedures								
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance with variance/specialized process/ROP criteria/HACCP Plan								

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	V	COS	R			
Safe Food and Water								
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized eggs used where required								
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Water and ice from approved source								
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods								
Food Temperature Control								
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control								
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Plant food properly cooked for hot holding								
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used								
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometers provided and accurate								
Food Identification								
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food properly labeled; original container								
Prevention of Food Contamination								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Insects, rodents, and animals not present								
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display								
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Personal cleanliness								
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	
Wiping cloths: properly used and stored								
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Washing fruits and vegetables								
Proper Use of Utensils								
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	
In-use utensils: properly stored								
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Utensils/equipment/linens: properly stored, dried, & handled								
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Single-use/single-service articles: properly stored & used								
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves used properly								
Utensils and Equipment								
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food and non-food contact surfaces cleanable, properly designed, constructed, and used								
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available								
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	
Non-food contact surfaces clean								
Physical Facilities								
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Hot and cold water available; adequate pressure								
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing installed; proper backflow devices								
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Sewage and waste water properly disposed								
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet facilities: properly constructed, supplied, & clean								
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage and refuse properly disposed; facilities maintained								
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Physical facilities installed, maintained, and clean								
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate ventilation and lighting; designated areas used								
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) Mis Zambrano Date 05-31-24

Person in Charge (Printed) Mis Zambrano

Inspector (Signature) José Ramirez Date 5/31/24

Inspector (Printed) José Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	<u>6/3/24</u>	<u>2</u>
Priority Foundation Item Violations	<u>6/10/24</u>	<u>4</u>
Core Item Violations	<u>8/31/24</u>	<u>5</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		<input checked="" type="checkbox"/>

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 Manchester

Inspection Report Continuation Sheet

Date 5/31/24

Establishment La Toquilla

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep steak	38	chicken (hot hold)	140	handsink	110
chicken	37	rice "	180	3-bay hot	110
sliced tomatoes	39	steak internal	205	bathroom employee	90 °F
cooked pork	40			bathroom customer	134 °F
cooked shrimp	39	reach in ribs	38	dishmachine chlorine	100 ppm
back room cold prep		shredded mozz	38		
chicken	37	sausage	38		
steak	38	reach in freezer	1 °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.
10PF	no soap / paper towels at handsink in Kitchens + bathrooms
47PF	Knife w/ metal shavings on it in knife holder ↳ PIC stated not used for food. Removed from holder
54C	no trashcan by handsink
37C	unlabeled squeeze bottles in holder on cookline / shakers
15C	food uncovered in w/c cold prep unit on cookline
41C	wet rag under drying dishes on top of dish machine
28P	unlabeled chemical bottle across from 3-bay
23PF	improper date marking
39PF	interior of chest freezer unclean, ice build up / debris
55C	mop not properly hung
51P	customer bathroom hot water @ 134 °F, max 115 °F allowed

Jramirez@manchesterct.gov

- Note: All TCS, ready-to-eat, foods must be properly date marked
- Note: PIC states he is planning on installing an outdoor WIC. Instructed to contact Building Dept and submit spec sheets to Health D.
- Note: Discussed w/ PIC to monitor dishmachine chlorine reservoir
- Note: Provided allergen poster
- Note: Test strips and thermometer available

Person in Charge (Signature) Mrs. AMBRO

Date 5/31/24

Inspector (Signature) [Signature]

Date 5/31/24

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/18/24	
Establishment Machv Pichu	Time In 12:00 AM/PM Time Out 1:40 AM/PM	
Address 846 Main St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Emma Franco	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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
Supervision																					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties																					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4																					
Employee Health																					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting																					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of restriction and exclusion																					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events																					
Good Hygienic Practices																					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use																					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth																					
Preventing Contamination by Hands																					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean and properly washed																					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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																					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate handwashing sinks, properly supplied/accessible																					
Approved Source																					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source																					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food received at proper temperature																					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food in good condition, safe, and unadulterated																					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required records available: molluscan shellfish identification, parasite destruction																					

Protection from Contamination																					
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food separated and protected																					
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food-contact surfaces: cleaned & sanitized																					
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper disposition of returned, previously served, reconditioned, and unsafe food																					
Time/Temperature Control for Safety																					
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooking time and temperatures																					
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper reheating procedures for hot holding																					
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling time and temperatures																					
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper hot holding temperatures																					
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cold holding temperatures																					
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper date marking and disposition																					
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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																					
Consumer Advisory																					
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer advisory provided: raw/undercooked food																					
Highly Susceptible Population																					
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized foods used; prohibited foods not offered																					
Food/Color Additives and Toxic Substances																					
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food additives: approved and properly used																					
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toxic substances properly identified, stored & used																					
Conformance with Approved Procedures																					
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance with variance/specialized process/ROP criteria/HACCP Plan																					

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	V	COS	R	OUT	COS	R	OUT	COS	R	OUT	COS	R	OUT	COS	R				
Safe Food and Water																					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required																					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source																					
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods																					
Food Temperature Control																					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control																					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding																					
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used																					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Thermometers provided and accurate																					
Food Identification																					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food properly labeled; original container																					
Prevention of Food Contamination																					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Insects, rodents, and animals not present																					
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display																					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Personal cleanliness																					
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wiping cloths: properly used and stored																					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Washing fruits and vegetables																					

Proper Use of Utensils																					
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-use utensils: properly stored																					
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utensils/equipment/linens: properly stored, dried, & handled																					
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Single-use/single-service articles: properly stored & used																					

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/18/24

Establishment Machu Picchu Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table		hot hold rice	160	Hand sink by 3 bay	105F
raw Chicken	41F			Customer BR sink	102F
WIC chicken	41F				
Clams	41F				
Calamari	41F				
Chicken	41F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
	Emma CFPM on Site
49C	floor under equipment unclean throughout
41C	Wet rag stored on counter
49C	interior of hand sink by 3 bay unclean
56C	cell phone stored on clean plate (COS)
43C	tongs stored on oven handle
37C	unlabeled squeeze bottles and containers of seasonings
49C/47C	bottom shelf left of stove unclean/uncleanable
56C	Hood baffles unclean. was due to be cleaned 3/27/24
49C	WIC Fan cover unclean
49C/47C	WIC floor damaged/uncleanable
15C	Food uncovered in WIC
39PF	Nesting of food containers in WIC
13P	raw chicken stored over produce in WIC
45C	reuse of single use containers to stored food
35PF	Fish thawing in stagnant water, must thaw under cold running water or in WIC
55P	Buckets of oil/sludge stored in basement
39C	Ice build up in chest freezer, clean by 5/18/24
Note	Remove clutter & oil buckets from basement within 30 days.
Note	Discussed proper thawing
Note	Wet rags must be stored in sanitizer solution
Note	Provided allergen poster
Note	Discussed proper hierarchy
Person in Charge (Signature)	<u>Emma</u> Date <u>4/18/24</u>
Inspector (Signature)	<u>[Signature]</u> Date <u>4/18/24</u>

Food Establishment Inspection Report

LHD manchester Inspection Report Continuation Sheet Date 4/2/2024
 Establishment Maggie McFiv's Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Meatball	34F	salad - Hard boiled egg	37F	hot water handsink	115
tomato	34F	ranch	36F		
Shredded cheese	40F	cooked spaghetti	40F	quat	200ppm
pico de gallo	36F	dumpling	37F		
hamano chicken	38F	raw chicken kebob	35F	dish machine	100ppm
salmon	34F	raw steak kebob	35F	bar-chlorine	
cooked vegetables	35F	cut tomatoes	36F		
Mussels cooked	34F			wif	7F

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
	PIC - Kiara / CFPM - Freddy
51C	water line leaking behind ice machine at beverage station
49c	exterior of bin with coffee filters not clean
16pF	soda nozzle backsplash not clean
56C	personal belongings stored on prep table (cos)
55c	missing floor tiles / grout receding on floor
	discussed grouting floor tiles by warewash area
55C	Floor drain in warewash not secure
39C	dirty rag stored on clean dishes - dishes to be w/r/s (cos)
49c	caulking by warewash area not clean
47c	cove base in dry storage damaged
*	certified food protection manager to be taken in 30 days (Kiara?)
47C	top of cold prep unit not secured across from pizza station
47C	wheels of 1 door freezer damaged by pizza station
37C	squeeze bottles in cold prep by pizza station not labeled
44PF	onion chopper stored in onions of salad cold prep unit (cos)
44c	plates/dishware not protected at salad cold prep - discussed adding prep tables to use for plates/dishwares
note*	Food thermometers / alcohol wipes
note*	pasta strainer / gas shut off / will follow up with health dept once repaired
47C	handle missing on drawer of cookline
note*	good handwashing / glove use by staff
Person in Charge (Signature)	<i>[Signature]</i>
Date	<u>4/2/2024</u>
Inspector (Signature)	<i>[Signature]</i>
Date	<u>4/2/2024</u>

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/8/24
Establishment Manchester Early Learning Center		Time In 10:30 AM/PM Time Out 11:15 AM/PM
Address 80 Waddell Rd.		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder Tyler Martin		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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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													
Employee Health													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety						
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
Written procedures for responding to vomiting and diarrheal events													
Good Hygienic Practices													
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<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 eating, tasting, drinking, or tobacco products use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible													
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/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"/>
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory						
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
Required records available: molluscan shellfish identification, parasite destruction													
GOOD RETAIL PRACTICES													
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>													
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	V	COS	R	OUT	V	COS	R				
Safe Food and Water													
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils						
Pasteurized eggs used where required													
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source													
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods													
Food Temperature Control													
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control													
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding													
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment						
Approved thawing methods used													
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate													
Food Identification													
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container													
Prevention of Food Contamination													
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present													
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities						
Contamination prevented during food preparation, storage & display													
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness													
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored													
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables													
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) <i>[Signature]</i>		Date 4-8-24		Violations documented		Date corrections due		#					
Person in Charge (Printed) Tyler Martin				Priority Item Violations		---		0					
Inspector (Signature) <i>[Signature]</i>		Date 4/8/24		Priority Foundation Item Violations		---		0					
Inspector (Printed) Jose Ramirez				Core Item Violations		---		0					
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.													

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 5/30/24	
Establishment Manchester Fairfield Inn & Suites	Time In 8:30 AM/PM Time Out 9:00 AM/PM	
Address 122 Pavillions Dr.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder RAFAEL Soto	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						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

OUT/N/A/N/O	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				
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		
Proper Use of Utensils				
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	Pf/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.		
Person in Charge (Signature) Rafael Soto	Date 5.30.24	
Person in Charge (Printed) Rafael Soto	Date 5.30.24	
Inspector (Signature) Jose Ramirez	Date 5/30/24	
Inspector (Printed) Jose Ramirez		

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	COS	8
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 Manchester

Inspection Report Continuation Sheet

Date 5/30/24

Establishment Manchester Fairfield Inn & Suites Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold scrambled eggs	155F	1 door R/F ambient	0F	Hand sink in kitchen	100F
sausage	145F	dry storage R/C ambient	0F	3 Bay Quat	4 ppm
milk counter top cooler	40F				
yogurt	39F				
1 door R/C milk	38F				
shredded cheese	38F				
cream cheese	38F				
boiled eggs	38F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

45C coffee filters on coffee maker not covered or inverted. COS

Note overall clean & organized

Note test strips & thermometer available

Person in Charge (Signature)

Rafael Soto

Date 5-30-24

Inspector (Signature)

Jim [Signature]

Date 5/30/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/17/23
Establishment Manchester Pizza & Grill		Time In 11:30 AM Time Out 12:30 AM/PM
Address 316 Green Rd, #332		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder Lenny Sanchez		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P	<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"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper repositioning of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
<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 checked="" 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"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Good Hygienic Practices				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands				<input checked="" 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"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
<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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>				<input checked="" 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"/>

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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control				<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<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"/>	Approved thawing methods used	Pf/C	<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 checked="" 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 checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification				<input type="checkbox"/>	Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	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"/>	Prevention of Food Contamination				<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"/>	Insects, rodents, and animals not present	Pf/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"/>	Contamination prevented during food preparation, storage & display	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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) <i>[Signature]</i>	Date 4/17/24
Person in Charge (Printed) Lenny Sanchez	
Inspector (Signature) <i>[Signature]</i>	Date 4/17/24
Inspector (Printed) Jose Ramirez	

Violations documented	Date corrections due	#
Priority Item Violations	COS	1
Priority Foundation Item Violations	COS	2
Core Item Violations	7-17-24	3
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		3
Good Retail Practices Violations		3
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 Manchester

Inspection Report Continuation Sheet

Date 4/17/24

Establishment Manchester Pizza + Grill Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold Marinara	142F	Pizza station		Hand sink by cans	112F
Meatball	142F	ground beef	41F	Quat bucket chlorine	0ppm
Cold prep table		Chicken	40F	remade to	100ppm
ham	41F	Cold prep station by grill		Cold prep by grill	
Salami	40F	Fish	39F	chicken	40F
Sliced cheese	41F	stuffing	40F	Sliced tomatoes	37F
diced tomatoes	41F	Hot hold Mashed Potatoes	145F	Dish machine chlorine	100ppm
Chicken	41F	red sauce	145F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
28F	unlabeled spray bottles by deli slicer (cleaning spray) (CoS)
49C	ceiling unclean throughout
48PF	Quat ^{chlorine} bucket at 0ppm (CoS) remade to 100ppm.
37C	unlabeled squeeze bottles throughout
15C	Food uncovered in under counter cooler
13PF	Dented cans not segregated. (CoS)
Note	W/C: roast beef 38F, Sausage 40F, meatball 40F Chicken 40F, chicken wings 40F, pasta 41F, stuffing 41F Employee BR sink 110F
Note	Discussed proper glove use
Note	Discussed adding allergy statement during next menu print.
Note	test strips & thermometer available
Note	Weekly Pest control (Harry's pest control)
Note	Discussed proper hierarchy
Note	Discussed proper date marking
Note	Discussed keep shellfish tags for 90 days
Note	Discussed labeling dented can shelf
Note	Provided allergen poster

Person in Charge (Signature)

Date

Inspector (Signature)

Date 4/17/24

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/30/24	
Establishment Manchester Senior Center	Time In _____ AM/PM Time Out _____ AM/PM	
Address 549 Middle Tpk E	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder _____	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	V	COS	R	
Supervision							
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	
Certified Food Protection Manager for Classes 2, 3, & 4							
Employee Health							
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting							
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	
Proper use of restriction and exclusion							
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	
Written procedures for responding to vomiting and diarrheal events							
Good Hygienic Practices							
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	
Proper eating, tasting, drinking, or tobacco products use							
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	
No discharge from eyes, nose, and mouth							
Preventing Contamination by Hands							
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	
Hands clean and properly washed							
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	
Adequate handwashing sinks, properly supplied/accessible							
Approved Source							
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Food obtained from approved source							
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	
Food received at proper temperature							
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	
Food in good condition, safe, and unadulterated							
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Required records available: molluscan shellfish identification, parasite destruction							
Protection from Contamination							
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	
Food separated and protected							
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Food-contact surfaces: cleaned & sanitized							
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	
Proper disposition of returned, previously served, reconditioned, and unsafe food							
Time/Temperature Control for Safety							
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Proper cooking time and temperatures							
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	
Proper reheating procedures for hot holding							
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	
Proper cooling time and temperatures							
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	
Proper hot holding temperatures							
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	
Proper cold holding temperatures							
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	
Proper date marking and disposition							
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Time as a public health control: procedures and records							
Consumer Advisory							
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	
Consumer advisory provided: raw/undercooked food							
Highly Susceptible Population							
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	
Pasteurized foods used; prohibited foods not offered							
Food/Color Additives and Toxic Substances							
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	
Food additives: approved and properly used							
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Toxic substances properly identified, stored & used							
Conformance with Approved Procedures							
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Compliance with variance/specialized process/ROP criteria/HACCP Plan							

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	V	COS	R	
Safe Food and Water						
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>
Pasteurized eggs used where required						
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
Water and ice from approved source						
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>
Variance obtained for specialized processing methods						
Food Temperature Control						
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>
Proper cooling methods used; adequate equipment for temperature control						
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>
Plant food properly cooked for hot holding						
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>
Approved thawing methods used						
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>
Thermometers provided and accurate						
Food Identification						
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>
Food properly labeled; original container						
Prevention of Food Contamination						
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>
Insects, rodents, and animals not present						
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
Contamination prevented during food preparation, storage & display						
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>
Personal cleanliness						
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>
Wiping cloths: properly used and stored						
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
Washing fruits and vegetables						
Proper Use of Utensils						
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>
In-use utensils: properly stored						
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>
Utensils/equipment/linens: properly stored, dried, & handled						
45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>
Single-use/single-service articles: properly stored & used						
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>
Gloves used properly						
Utensils and Equipment						
47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>
Non-food contact surfaces clean						
Physical Facilities						
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>
Hot and cold water available; adequate pressure						
51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
Plumbing installed; proper backflow devices						
52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
Sewage and waste water properly disposed						
53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>
Toilet facilities: properly constructed, supplied, & clean						
54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>
Garbage and refuse properly disposed; facilities maintained						
55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>
Physical facilities installed, maintained, and clean						
56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>
Adequate ventilation and lighting; designated areas used						
<input type="radio"/> 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) Melissa Rankin Date 4/30/24

Person in Charge (Printed) Melissa Rankin

Inspector (Signature) D. Payne Date 4/30/24

Inspector (Printed) Denis Payne

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		

No Issues

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.

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/22/24

Establishment Market Grille Time In 12:30 AM/PM Time Out 1:45 AM/PM

Address 110 Buckland Hills Dr. LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder Helmar Wolf 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 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<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	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<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	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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	<input type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	Utensils and Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input checked="" type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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 checked="" type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	<input checked="" type="checkbox"/>	<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	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) Ava Turner Date 4/22/24

Person in Charge (Printed) _____

Inspector (Signature) Jose Ramirez Date 4/22/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	<u>4-25-24</u>	<u>2</u>
Priority Foundation Item Violations	<u>5-2-24</u>	<u>7</u>
Core Item Violations	<u>7-22-24</u>	<u>9</u>
Risk Factor/Public Health Intervention Violations		<u>8</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>10</u>
Good Retail Practices Violations		<u>10</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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 Manchester

Inspection Report Continuation Sheet

Date 4/22/24

Establishment Market Grille

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
under counter cooler		W/F ambient	8 F	Hand sink servers	109 F
butter ball	41 F	Cold prep table cookline		quat bucket	200ppm
Hot hold clam chowder	138 F	Sliced cheese	62 F	salad station eggs	40 F
Cold hold Cole slaw	38 F	Butter	41 F	cheese	41 F
W/C short ribs	37 F	Cold drawer salmon	40 F	Cold drawer steak	40 F
Soup	37 F	noodle	40 F	Cold prep table	
Sliced cheese	40 F	Chicken cooked to	168 F	Sliced tomato	40 F
Shrimp	35 F	Hot hold gravy	152 F	hand sink at bar	110 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	
	Milton CFPM on site (chef)	
49c	Floor drain in expoline area unclean	Dish machine at bar chlorine 100ppm
37c	unlabeled containers w/ various granulars at cookline	Bathroom Hand sink 90F
44c	Jumbled utensils in drawer by 3 bay	
51c	Plumbing under 3 bay leaking. Parts ordered	Dish machine spray nozzle leaking
16PF	interior & exterior of microwave at cookline unclean	
49c	ceiling at cookline unclean	
22P	Sliced cheese at 62F at cold prep table at cookline. <u>CO5</u> discarded	
10PF	Hand sink by ice machine used as dump sink/pan stored over bar sink	
16PF	interior of ice machine unclean	
49c	Exterior of ice machine unclean	
44c	wet nesting of hotel pans on shelf by warewash	
47PF	Plastic hotel pan melted/cracked. <u>CO5</u> discarded	
45C	Single use containers used as scoop in Quinoa bin	
49c	Rear side of double oven unclean	
15P	Salad bowls nesting on salad cold drawer	
16PF	Soda gun holder at bar unclean	
10PF	No paper towels at bar hand sinks	
16PF	Soda gun nozzle interior unclean	
Note	Milton (CFPM) very knowledgeable on food safety	
Note	Good glove use & hand washing observed	
Note	Shell fish tags available	
Note	Provided allergen poster	



Person in Charge (Signature) [Signature]

Date 4/22/24

Inspector (Signature) [Signature]

Date 4/22/24

MANCHESTER FIRE DEPARTMENT

INSPECTION REPORT

**MCDONALD'S - (TOLLAND TURNPIKE), 1221 TOLLAND TPKE, BLDG 1221 TOLLAND TURNPIKE -
(MCDONALDS TOLLAND TPKE), MANCHESTER CT 06042**



DETAILS

Inspection Date: 02/12/2024 | Inspection Type: INSPECTION- Complaint | Inspection Number: 17655 | Shift: Day |
Station: Fire Marshal Office | Unit: CAR42 | Lead Inspector: ROGER THRALL | Other Inspectors: N/A

VIOLATIONS AND COMPLIANCES

Showing only violations and images for this inspection. Please reach out to the lead inspector for more details.
Resolved Violations: 0 | Passed Codes: 0 | Violations: 1 | N/A Codes: 0

STATUS	CODE	DESCRIPTION
FAIL	50.6.4 - Inspection for Grease Buildup.	The entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the AHJ and in accordance with Table 50.6.4. [96:12.4] Location: Not Provided Original Comment: The three systems in this establishment are required to be inspected/ cleaned quarterly and is overdue



REINSPECTION DATE

02/19/2024

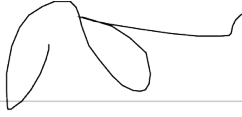
CONTACT SIGNATURE

Walsh Thomas (US Partners)

Reason for not collecting a signature: NA

INSPECTOR SIGNATURE

ROGER THRALL
Signed on: 02/12/2024 @ 11:59



QUESTIONS ABOUT YOUR INSPECTION?

ROGER THRALL
rthrall@manchesterct.gov
8606473282

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/3/2024	
Establishment Mocha Emporium	Time In 2:15 AM/PM Time Out 3:15 AM/PM	
Address 194 Buckland Hill Dr. # 2166	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Adel / Esam Wahhas	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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use				20 Proper cooling time and temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth				21 Proper hot holding temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed				22 Proper cold holding temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 Proper date marking and disposition									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessible				24 Time as a public health control: procedures and records									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source				25 Consumer advisory provided: raw/undercooked food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature				26 Pasteurized foods used; prohibited foods not offered									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated				27 Food additives: approved and properly used									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction				28 Toxic substances properly identified, stored & used									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan									
GOOD RETAIL PRACTICES				GOOD RETAIL PRACTICES									

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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Plant food properly cooked for hot holding				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Approved thawing methods used				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Thermometers provided and accurate				49 Non-food contact surfaces clean					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Food properly labeled; original container				50 Hot and cold water available; adequate pressure					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Insects, rodents, and animals not present				51 Plumbing installed; proper backflow devices					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Contamination prevented during food preparation, storage & display				52 Sewage and waste water properly disposed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Personal cleanliness				53 Toilet facilities: properly constructed, supplied, & clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Wiping cloths: properly used and stored				54 Garbage and refuse properly disposed; facilities maintained					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Washing fruits and vegetables				55 Physical facilities installed, maintained, and clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				56 Adequate ventilation and lighting; designated areas used					
				<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f					

Person in Charge (Signature) <i>[Signature]</i> Date 4/3/24	Violations documented
Person in Charge (Printed) Adel Wahhas (pic)	Date corrections due
Inspector (Signature) <i>[Signature]</i> Date 4/3/2024	Priority Item Violations 4/6/24
Inspector (Printed) Lauren Standy	Priority Foundation Item Violations 1/13/24
	Core Item Violations 7/3/24
	Risk Factor/Public Health Intervention Violations 1
	Repeat Risk Factor/Public Health Intervention Violations 1
	Good Retail Practices Violations 10
	Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>

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.

reinspection: 4/5/2024

Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 4/13/2024

Establishment Moana Emporium

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cream cheese	43F			hot water	110F
milk	47F				
				bleach	50-100 ppm
half-half milk	41F				
	41F				
Beverage air thermometer	38F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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 - Adel Wahhas
10 pF	no paper towels at hand sink in back of house (COS)
37c	unlabeled container in cold prep
45c	single use to go items stored on floor in back room
44c	coffee lids stored on ground under 3 bay sink
51p	no backflow preventer on hose at mop sink (nose bib)
39 pF	unclean dishware stored in clean dishware - comingled
16 pF/49c	exterior/interior of ice machine not clean
49c	Floor in back of house not clean
16 pF	utensil drawer not clean at front counter
55c	jumbled drawers at front counter - declutter
43c	scoop stored in powder of product at front counter
notex	discussed labeling dirty/clean utensils for stirring drinks
notex	discussed licensed pest control service for pests - no activity observed during inspection
notex	thermometer present at in refrigeration - continue to monitor temps
45p	reuse of single use stirrers
28p	Medication stored next to pre-wrapped cookies (COS)
	↳ discussed designated area for toxic substances/medication
notex	discussed dented can policy - designated area for dented cans needed

Person in Charge (Signature)

Date 4/13/24

Inspector (Signature)

Date 4/13/2024

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/1/24
Establishment Moran's Restaurant		Time In 2:00 AM Time Out 3:00 AM
Address 534 Middle Tpk East		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<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

Safe Food and Water				Proper Use of Utensils			
OUT	N/A	N/O	V	OUT	N/A	N/O	V
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C

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

Person in Charge (Signature)	Date 4/1/24
Person in Charge (Printed) Jose Ramirez	
Inspector (Signature)	Date 4/1/24
Inspector (Printed) Jose Ramirez	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	4-11-24	2
Core Item Violations	7-1-24	6
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		6
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.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/1/24
Establishment Paganis		Time In 1:00 AM/PM Time Out 2:00 AM/PM
Address 78 Maple St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Michael A. Paganis		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						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				V	COS	R
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				V	COS	R
Employee Health						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				V	COS	R
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				V	COS	R
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				V	COS	R
Good Hygienic Practices						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				V	COS	R
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				V	COS	R
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				V	COS	R
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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				V	COS	R
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				V	COS	R
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				V	COS	R
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				V	COS	R
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				V	COS	R
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				V	COS	R
Protection from Contamination						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food separated and protected				V	COS	R
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food-contact surfaces: cleaned & sanitized				V	COS	R
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food				V	COS	R
Time/Temperature Control for Safety						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooking time and temperatures				V	COS	R
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper reheating procedures for hot holding				V	COS	R
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling time and temperatures				V	COS	R
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper hot holding temperatures				V	COS	R
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cold holding temperatures				V	COS	R
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper date marking and disposition				V	COS	R
24	<input checked="" 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				V	COS	R
Consumer Advisory						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer advisory provided: raw/undercooked food				V	COS	R
Highly Susceptible Population						
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized foods used; prohibited foods not offered				V	COS	R
Food/Color Additives and Toxic Substances						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food additives: approved and properly used				V	COS	R
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic substances properly identified, stored & used				V	COS	R
Conformance with Approved Procedures						
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with variance/specialized process/ROP criteria/HACCP Plan				V	COS	R

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

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

Person in Charge (Signature) <i>[Signature]</i>	Date 4/1/24
Person in Charge (Printed) Michael A. Paganis	
Inspector (Signature) <i>[Signature]</i>	Date 4/1/24
Inspector (Printed) José Ramirez	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations		0
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.

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/19/24

Establishment Parkade Cinemas 308 Time In 12:00 AM/PM Time Out 12:45 AM/PM

Address 416 W. Middle Tpk Broad St. LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder Surge Davis 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"/>	15	<input checked="" 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"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	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"/>	<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"/>	Time/Temperature Control for Safety							
<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"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input 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"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cold holding temperatures	P	<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"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination		<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"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source		<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<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"/>	Conformance with Approved Procedures							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	43	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"/>	44	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"/>	45	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control		<input type="checkbox"/>	<input type="checkbox"/>	46	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	Utensils and Equipment				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	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"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	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"/>	49	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination		<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	51	Plumbing installed; proper backflow devices	P/Pf/C	<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"/>	52	Sewage and waste water properly disposed	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"/>	53	Toilet facilities: properly constructed, supplied, & clean	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"/>	54	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.											

Person in Charge (Signature) [Signature] Date 4/19/24


Person in Charge (Printed) SURGE DAVIS

Inspector (Signature) [Signature] Date 4/19/24

Inspector (Printed) JOSE RAMIREZ

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.

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>									
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>5/14/24</u>										
Establishment <u>pennys place</u>				Time In <u>11:30</u> AM/PM Time Out <u>12:30</u> AM/PM									
Address <u>1015 main street</u>				LHD <u>Manchester</u>									
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op									
Permit Holder <u>penny Braga</u>				Reinspection Other _____									
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
<i>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.</i>													
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		Time/Temperature Control for Safety									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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							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							17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health						Consumer Advisory							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Highly Susceptible Population						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion							Food/Color Additives and Toxic Substances						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Toxic substances properly identified, stored & used						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>
Proper eating, tasting, drinking, or tobacco products use							Conformance with Approved Procedures						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<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"/>
No discharge from eyes, nose, and mouth							Compliance with variance/specialized process/ROP criteria/HACCP Plan						
Preventing Contamination by Hands						GOOD RETAIL PRACTICES							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>						
Hands clean and properly washed							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						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O	V	COS	R	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water						
Adequate handwashing sinks, properly supplied/accessible							31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source						Food Temperature Control							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Proper cooling methods used; adequate equipment for temperature control						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							Plant food properly cooked for hot holding						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							Approved thawing methods used						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction							Food Identification						
GOOD RETAIL PRACTICES						Prevention of Food Contamination							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Safe Food and Water						Physical Facilities							
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required							Hot and cold water available; adequate pressure						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source							Plumbing installed; proper backflow devices						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods							Sewage and waste water properly disposed						
Food Temperature Control						Toilet facilities: properly constructed, supplied, & clean							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control							Garbage and refuse properly disposed; facilities maintained						
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding							Physical facilities installed, maintained, and clean						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used							Adequate ventilation and lighting; designated areas used						
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f						
Thermometers provided and accurate							Violations documented						
Food Identification						Date corrections due							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	<u>COS-5/17/24</u>		#	<u>1</u>		
Food properly labeled; original container							Priority Foundation Item Violations	<u>8/14/24</u>		#	<u>3</u>		
Prevention of Food Contamination						Risk Factor/Public Health Intervention Violations							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations	<u>3</u>					
Insects, rodents, and animals not present							Good Retail Practices Violations						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect						
Contamination prevented during food preparation, storage & display							Person in Charge (Signature) <u>Valerie Braga</u> Date <u>5/14/24</u> Person in Charge (Printed) <u>Valerie Braga</u> Inspector (Signature) <u>L. Grandy</u> Date _____ Inspector (Printed) <u>Lauren Grandy</u>						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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.						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>							
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/14/2024

Establishment penny's place

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
butter out on prep table ↳ discarded	72F	bay marie		hot water hand sink	130F
		salsage	40F		
idoor freezer	0F	ham	41F	bleach 3 bay	50-100ppm
		cheese	41F	restroom	110F
walkin cooler	38F	bay marie (arger)		hot water	
Mac salad	40F	cheese	41F		
cheese swiss	40F	tomato / Ham	40F/41F		



OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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 - Valerie
56c	keys/wallets stored on prep table
15c	nesting of containers in bay marie - cream cheese bowion Food product
22p	butter packets out at room temperature - taken out at 7AM, temp at 72F - person in charge voluntarily discarded ↳ discussed time vs. temperature; must label and date/time mark containers, cant be held more than 4 hours, if butter not used must be discarded
	overall clean + organized
	no ill employees
	Thermometer / test strips available
	good equipment / utensil use
	good handwashing / glove use
	email cgrandy@manchesterct.gov with corrective actions + procedure for time vs. temperature
note*	follow-up on styrofoam containers - if banned summer

Person in Charge (Signature) [Signature]

Date 5/14/24

Inspector (Signature) [Signature]

Date 5/14/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 5/13/24

Establishment Residence Inn Time In _____ AM/PM Time Out _____ AM/PM

Address 201 Hale Rd LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder 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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified Food Protection Manager for Classes 2, 3, & 4													
Employee Health													
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper use of restriction and exclusion													
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written procedures for responding to vomiting and diarrheal events													
Good Hygienic Practices													
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper eating, tasting, drinking, or tobacco products use													
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands													
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hands clean and properly washed													
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate handwashing sinks, properly supplied/accessible													
Approved Source													
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food obtained from approved source													
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food received at proper temperature													
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food in good condition, safe, and unadulterated													
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required records available: molluscan shellfish identification, parasite destruction													
Protection from Contamination													
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food separated and protected													
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food-contact surfaces: cleaned & sanitized													
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food													
Time/Temperature Control for Safety													
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper cooking time and temperatures													
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper reheating procedures for hot holding													
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper cooling time and temperatures													
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper hot holding temperatures													
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper cold holding temperatures													
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper date marking and disposition													
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time as a public health control: procedures and records													
Consumer Advisory													
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumer advisory provided: raw/undercooked food													
Highly Susceptible Population													
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasteurized foods used; prohibited foods not offered													
Food/Color Additives and Toxic Substances													
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food additives: approved and properly used													
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toxic substances properly identified, stored & used													
Conformance with Approved Procedures													
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance with variance/specialized process/ROP criteria/HACCP Plan													

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	V	COS	R	OUT	V	COS	R
Safe Food and Water									
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasteurized eggs used where required									
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water and ice from approved source									
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variance obtained for specialized processing methods									
Food Temperature Control									
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper cooling methods used; adequate equipment for temperature control									
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plant food properly cooked for hot holding									
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approved thawing methods used									
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thermometers provided and accurate									
Food Identification									
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food properly labeled; original container									
Prevention of Food Contamination									
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insects, rodents, and animals not present									
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contamination prevented during food preparation, storage & display									
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal cleanliness									
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wiping cloths: properly used and stored									
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing fruits and vegetables									
Proper Use of Utensils									
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-use utensils: properly stored									
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utensils/equipment/linens: properly stored, dried, & handled									
45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single-use/single-service articles: properly stored & used									
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gloves used properly									
Utensils and Equipment									
47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and non-food contact surfaces cleanable, properly designed, constructed, and used									
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available									
49	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-food contact surfaces clean									
Physical Facilities									
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hot and cold water available; adequate pressure									
51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plumbing installed; proper backflow devices									
52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sewage and waste water properly disposed									
53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toilet facilities: properly constructed, supplied, & clean									
54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garbage and refuse properly disposed; facilities maintained									
55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical facilities installed, maintained, and clean									
56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate ventilation and lighting; designated areas used									
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) Stacey Gravanis Date 5/13/24

Person in Charge (Printed) Stacey Gravanis

Inspector (Signature) D Payne Date 5/13/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>10 day</u>	1
Core Item Violations	<u>90 day</u>	1
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		0
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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 Manchester

Inspection Report Continuation Sheet

Date 5-13-24

Establishment Residence Inn

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				Hot Water	115F
Breakfast service closed.					

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.
*	<p>Kitchen/Buffer Counter modifications made + kitchen operating without Health Dept construction inspection.</p> <p>Counter tops/cabinets have not be replaced. Contact Health Dpt with start of work date → food svc shall cease until work is complete and healthdpt inspection is complete (once const. begins)</p>
↓	<p>Staff not Food Manager (CFPM); g.m. has certificate.</p> <p>CTFDA food model code Requires Food Manager Certified Person in charge anytime kitchen is operating</p>
49C	<p>Reviewed Allergens poster, statement and Menu Allergen List.</p> <p>Gaskets unclean.</p> <p>Food containers not commercial/NSF or equivalent</p> <p>Discussed cracked floor tiles * construction</p>
IPF	<p>Sanitizer - Knowledge of staff. Retrain</p>
	<p>Discussed "New" equipment/carafes etc - provide spec sheets for approval prior to use</p> <p>Hand sink + dump sink with splash guard required due to food equipment location</p>

Person in Charge (Signature) Stacy Dauranis

Date 5/13/24

Inspector (Signature) D Payne

Date 5/13/24

dpayne@manchesterct.gov

*CFPM training Allergen
*Rw Const. Approval

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2		
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/14/24		
Establishment Salsa Fresca		Time In _____ AM/PM Time Out _____ AM/PM		
Address 1500 D Pleasant Valley Rd		LHD Manchester		
Town/City Manchester		Purpose of Inspection: Routine Pre-op		
Permit Holder _____		Reinspection Other 30-day		
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	Time/Temperature Control for Safety		
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures		
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding		
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures		
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures		
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	22 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures		
Employee Health		Consumer Advisory		
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	Highly Susceptible Population		
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	Food/Color Additives and Toxic Substances		26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	
Good Hygienic Practices		Conformance with Approved Procedures		
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	Food/Color Additives and Toxic Substances		27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	Conformance with Approved Procedures		28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	Conformance with Approved Procedures		29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	
Approved Source		GOOD RETAIL PRACTICES		
11 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	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			
13 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	Safe Food and Water	Proper Use of Utensils	Utensils and Equipment	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	47 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
Prevention of Food Contamination		44 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	45 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean	
39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	46 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	Physical Facilities	
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	Food Temperature Control		50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	52 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f
Food Identification		Violations documented		
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	Prevention of Food Contamination			Date corrections due
Prevention of Food Contamination		Violations documented		
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	Violations documented			#
39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	Violations documented			#
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	Violations documented			#
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	Violations documented			#
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	Violations documented			#
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		Violations documented		
Person in Charge (Signature) <i>Hannah LaRose</i> Date 5/14/24	Violations documented			#
Person in Charge (Printed) Hannah LaRose	Violations documented			#
Inspector (Signature) <i>D. Payne</i> Date 5/14/24	Violations documented			#
Inspector (Printed) Denise Payne	Violations documented			#
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.		Violations documented		

hannahsfmg@gmail.com

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/14/24

Establishment Salsa Fresca

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Guacamole	41F	Beans	154F	Hot Water	126F
Pico De Gallo *	41F	Mex Rice	151F	Sanitizer - test strips	
Tomatoes	41F	Chicken Baga	137F	avail.	
Green Salsa	40F	TACO meat	147F	"manually" measure *	
Tomatoes Diced	38F	Shed Pork	190F	200ppm	

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number Manager w/CFPM certif ✓

Visible Therm. @ 38F → food just at 41F → adjust to 36F and monitor. — Also warmer 154F → Recon. 170F + monitor

49C Hotel pans/covers with build-up check spec on warmer about water bath in unit.

Good Inspection Good Hard washing

Good Glove change absence

Discussed cover/protecting service line when slow.

Prep-only keep out what is needed to work with - ^{use oven} cooler to hold

Reviewed Reheating - 2hrs to 165°F Hot hold 135°F or higher.

Discussed Cooling - loosely covered 2hrs 135°F-10F / 4hrs 10F-41F ^{large}

then cover tightly. 3" max depth to cool then combine ^{into}

Warewash process discussed - Staff "dirty" to "Sanitize/clean

change gloves/wash hands ✓

Recommend dish rack to "dry" on drain board and Not to

hang clean utensils under over head drying rack.

— Wire (NSF) rack on wall to store utensils left of sink - OK

Discussed Alcohol Wipes to wipe thermometer between use.

Floors clean, but at walls/under equipment need additional

Cleaning - Manager has ordered firm scrub brush to

address

All hand sigs require dedicated trash can

Person in Charge (Signature) [Signature]

Date 5/14/24

Inspector (Signature) D Payne dpayne@manchesterct.gov

Date 5/14/24

FDA docs to be sent to New Manager

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 5/8/24
Establishment Sams Food Store		Time In 2:45 AM/PM Time Out 3:45 AM/PM
Address 55 Oakland St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder Waleed		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						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1						
2						
Employee Health						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5						
Good Hygienic Practices						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7						
Preventing Contamination by Hands						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10						
Approved Source						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14						
Protection from Contamination						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17						
Time/Temperature Control for Safety						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24						
Consumer Advisory						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25						
Highly Susceptible Population						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26						
Food/Color Additives and Toxic Substances						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28						
Conformance with Approved Procedures						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29						

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	V	COS	R
Safe Food and Water					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32					
Food Temperature Control					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36					
Food Identification					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37					
Prevention of Food Contamination					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42					
Proper Use of Utensils					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46					
Utensils and Equipment					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49					
Physical Facilities					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56					

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

Person in Charge (Signature) Waleed Date 5/8/24

Person in Charge (Printed) Waleed

Inspector (Signature) José Ramirez Date 5/8/24

Inspector (Printed) José Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		2
Core Item Violations		11
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		12
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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 Manchester

Inspection Report Continuation Sheet

Date 5/8/24

Establishment Sams Food Store

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold chicken	135	WIC Cheese	41F	Employee BR Sink	100F
chicken	141F	Chicken wings	62F	Hand Sink by 3bay	100F
Fries	151F				
Cold hold dispenser					
milk	39F				
half & half	39F				

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.
	Waleed (CFPM) on site
10PF	No paper towels in employee bathroom
55C	Wet mops stored on floor by mop sink
51P	Wet Floor drain under 3 bay clogged / slow to drain
49C	3 bay sink unclean
49C	2 door RIF (Norlake) interior and exterior unclean. (unused)
49C	Ceiling vents unclean in back room
49C	Floor under fryer unclean
49C	FRP wall by fryer unclean
45C	Coffee filters not covered or inverted at coffee station
49C	WIC Floor unclean
49C	WIC Shelves unclean
49C	WIC Fan covers unclean
22P	raw chicken wings in WIC at 62F. <u>CoS</u> Discarded
56c	Employee food not separated from establishment food (farm eggs)
Note	All 'C' violations must be corrected by 6/8/24.
Note	Discussed changing tongs every 4 hours or sooner as needed.
Note	Thorough cleaning needed throughout
Note	Test strips & thermometer available
Note	Provided allergen poster
Person in Charge (Signature)	<u>5/8/24</u> Date
Inspector (Signature)	<u>5/8/24</u> Date

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 5/31/24

Establishment Shady Glen Dairy Bar Time In 8:30 AM/PM Time Out 10:00 AM/PM

Address 840 middle Tpke E LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder William Hoch Jr. 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						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Employee Health						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>
Good Hygienic Practices						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				P/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input 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"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food-contact surfaces: cleaned & sanitized				P/C	<input type="checkbox"/>	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food				P	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18	<input checked="" 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"/>
19	<input checked="" 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"/>
20	<input checked="" 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"/>
21	<input checked="" 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"/>
22	<input checked="" 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"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper date marking and disposition				P/C	<input type="checkbox"/>	<input type="checkbox"/>
24	<input checked="" 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"/>
Consumer Advisory						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Highly Susceptible Population						
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Food/Color Additives and Toxic Substances						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Conformance with Approved Procedures						
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

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	V	COS	R
Safe Food and Water					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			P	<input type="checkbox"/>	<input type="checkbox"/>
31	<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"/>
32	<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"/>
Food Temperature Control					
33	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
34	<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"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<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"/>
Food Identification					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present			P/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display			P/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<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"/>
41	<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"/>
42	<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"/>
Proper Use of Utensils					
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-use utensils: properly stored			C	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves used properly			C	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment					
47	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-food contact surfaces clean			C	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities					
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<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"/>
55	<input checked="" type="checkbox"/>	<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"/>
56	<input type="checkbox"/>	<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"/>
Natural rubber latex gloves not used per CGS §19a-36f			C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) Luís Lyble Date 5/31/24

Person in Charge (Printed) Luís Lyble 5/31/24

Inspector (Signature) Jose Ramirez Date 5/31/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>6-10-24</u>	0
Core Item Violations	<u>8-31-24</u>	9
Risk Factor/Public Health Intervention Violations		5
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		14
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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 Manchester

Inspection Report Continuation Sheet

Date 5/31/24

Establishment Shady Glen

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold Prep table cookline		2 door RIC steak	40F	WIC Burger	38F
Sliced tomatoes	41F	Cole slaw	39F	Pie Cooler apple pie	41F
Sliced Ham	39F	Hot hold Potatoes	140F	Salad	39F
tuna	41F	Steak cooked to	180F	Customer BR sink	115F
tartar sauce	39F	Milk dispenser	39F		
Burger raw	38F	WIC egg salad	36F		
Hot dog	37F	Sliced tomatoes	35F		
Hot hold Sausage	140F	Sliced cheese	38F		

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 & 8-405.12 de.
10PF	Rags stored in hand sink by ice cream station
49C	Gaskets at cookline unclean
49C	Exterior of Fryers unclean
23PF	Food not properly date marked throughout
16PF	interior of microwave (sharp) unclean
16PF	table mounted can opener blade unclean
49C	Window AC unit by warewash unclean
39PF	Wet sponges stored on counter by ice cream
38C	Basement screen door left open <u>-COS</u>
49C	WIC Floor, shelves, Fan cover unclean (all walkins)
49C	WIF Floor unclean
38PF	mouse droppings throughout basement dry storage
10PF	Milk crate stored in hand sink by 2 bay in basement <u>COS</u>
45C	Boxes of single use items in attic not protected
49C	Attic Floor unclean
55C	Damaged floor tiles throughout
	Discussed w/ PIC only having one open box per item in attic
	Provided allergen poster
	well report
	Discussed pest control, treatments occurring monthly
	Discussed repairing floor in sections as needed



Person in Charge (Signature) [Signature]

Date 5/31/24

Inspector (Signature) [Signature]

Date 5/31/24

Risk Category: 4	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/23/24
Establishment Snowfox (shoprite)		Time In 11:30 AM Time Out 12:30 AM
Address 214 Spencer St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Hyungbae Park		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						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				V	COS	R
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				V	COS	R
Employee Health						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				P		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Pf		
Good Hygienic Practices						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				P/C		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				C		
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				P/Pf		
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Pf/C		
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				P/Pf/C		
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				P/Pf		
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				P/Pf		
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				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	V	COS	R
Safe Food and Water					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			V		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source			P/Pf/C		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods			Pf		
Food Temperature Control					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control			Pf/C		
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding			Pf		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used			Pf/C		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate			Pf/C		
Food Identification					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			Pf/C		
Prevention of Food Contamination					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present			Pf/C		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display			P/Pf/C		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness			Pf/C		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored			C		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables			P/Pf/C		

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

Person in Charge (Signature) Sandra Date 4/23/24

Person in Charge (Printed) Sandra William

Inspector (Signature) Jose Ramirez Date 4/23/24


Inspector (Printed) Jose Ramirez

OUT	N/A	N/O	V	COS	R
Proper Use of Utensils					
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-use utensils: properly stored			V		
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled			Pf/C		
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single-use/single-service articles: properly stored & used			P/C		
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves used properly			C		
Utensils and Equipment					
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C		
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			Pf/C		
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-food contact surfaces clean			C		
Physical Facilities					
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure			Pf		
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices			P/Pf/C		
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed			P/Pf/C		
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean			Pf/C		
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained			C		
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical facilities installed, maintained, and clean			P/Pf/C		
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used			C		
Natural rubber latex gloves not used per CGS §19a-36f					

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations		0
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		0
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.

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 5/10/24	
Establishment Taco Bell (P.V. Road)	Time In 12:30 AM/PM Time Out 1:15 AM/PM	
Address 1524 Pleasant Valley rd	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder George Fellows	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	IN	OUT	N/A	N/O
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected			
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized			
Employee Health 3 Management, food employee and conditional employee; knowledge, responsibilities and reporting 4 Proper use of restriction and exclusion 5 Written procedures for responding to vomiting and diarrheal events				17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Proper disposition of returned, previously served, reconditioned, and unsafe food			
Good Hygienic Practices 6 Proper eating, tasting, drinking, or tobacco products use 7 No discharge from eyes, nose, and mouth				Time/Temperature Control for Safety 18 Proper cooking time and temperatures 19 Proper reheating procedures for hot holding 20 Proper cooling time and temperatures 21 Proper hot holding temperatures 22 Proper cold holding temperatures 23 Proper date marking and disposition 24 Time as a public health control: procedures and records			
				Preventing Contamination by Hands 8 Hands clean and properly washed 9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed 10 Adequate handwashing sinks, properly supplied/accessible			
Approved Source 11 Food obtained from approved source 12 Food received at proper temperature 13 Food in good condition, safe, and unadulterated				Consumer Advisory 25 Consumer advisory provided: raw/undercooked food Highly Susceptible Population 26 Pasteurized foods used; prohibited foods not offered			
				Food/Color Additives and Toxic Substances 27 Food additives: approved and properly used 28 Toxic substances properly identified, stored & used			
14 Required records available: molluscan shellfish identification, parasite destruction				Conformance with Approved Procedures 29 Compliance with variance/specialized process/ROP criteria/HACCP Plan			


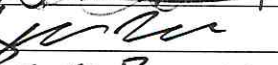
GOOD RETAIL PRACTICES

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

Safe Food and Water				Proper Use of Utensils			
OUT	N/A	N/O		OUT			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required				In-use utensils: properly stored			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used			
Food Temperature Control 33 Proper cooling methods used; adequate equipment for temperature control 34 Plant food properly cooked for hot holding 35 Approved thawing methods used 36 Thermometers provided and accurate				46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Gloves used properly			
Food Identification 37 Food properly labeled; original container				Utensils and Equipment 47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used 48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available 49 Non-food contact surfaces clean			
				Physical Facilities 50 Hot and cold water available; adequate pressure 51 Plumbing installed; proper backflow devices 52 Sewage and waste water properly disposed 53 Toilet facilities: properly constructed, supplied, & clean 54 Garbage and refuse properly disposed; facilities maintained 55 Physical facilities installed, maintained, and clean 56 Adequate ventilation and lighting; designated areas used Natural rubber latex gloves not used per CGS §19a-36f			
Prevention of Food Contamination 38 Insects, rodents, and animals not present 39 Contamination prevented during food preparation, storage & display 40 Personal cleanliness 41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables							

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

Person in Charge (Signature) 	Date 5/10/24
Person in Charge (Printed) Jennifer Rivera	
Inspector (Signature) 	Date 5/10/24
Inspector (Printed) Jose Ramirez	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	8-10-24	5
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		5
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.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 5/16/24	
Establishment Texas Roadhouse	Time In _____ AM/PM	Time Out _____ AM/PM
Address 21 Redstone Rd	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder _____	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

				Supervision							Protection from Contamination									
P	Pf	C	V	IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R			
				1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="radio"/>	<input type="radio"/>	15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	Pf	<input type="radio"/>	<input type="radio"/>	
				2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="radio"/>	<input type="radio"/>	16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized	Pf	<input type="radio"/>	<input type="radio"/>	
				Employee Health								Time/Temperature Control for Safety								
				3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures	P/Pf	<input type="radio"/>	<input type="radio"/>	
				4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	P	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding	P	<input type="radio"/>	<input type="radio"/>	
				5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures	P	<input type="radio"/>	<input type="radio"/>	
				Good Hygienic Practices								Consumer Advisory								
				6	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use	Pf	<input type="radio"/>	<input type="radio"/>	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="radio"/>	<input type="radio"/>	
				7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	C	<input type="radio"/>	<input type="radio"/>	Highly Susceptible Population								
				Preventing Contamination by Hands								Food/Color Additives and Toxic Substances								
				8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed	P/Pf	<input type="radio"/>	<input type="radio"/>	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="radio"/>	<input type="radio"/>	
				9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Conformance with Approved Procedures								
				10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf	<input type="radio"/>	<input type="radio"/>	27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used	P	<input type="radio"/>	<input type="radio"/>	
				Approved Source								Utensils and Equipment								
				11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	P/Pf/C	<input type="radio"/>	<input type="radio"/>	47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf	<input type="radio"/>	<input type="radio"/>	
				12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	P/Pf	<input type="radio"/>	<input type="radio"/>	48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf	<input type="radio"/>	<input type="radio"/>	
				13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="radio"/>	<input type="radio"/>	49	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-food contact surfaces clean	C	<input type="radio"/>	<input type="radio"/>	
				14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Physical Facilities								
				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																
				Safe Food and Water								Proper Use of Utensils								
				30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	P	<input type="radio"/>	<input type="radio"/>	43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In-use utensils: properly stored	C	<input type="radio"/>	<input type="radio"/>	
				31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source	P/Pf/C	<input type="radio"/>	<input type="radio"/>	44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf	<input type="radio"/>	<input type="radio"/>	
				32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	Pf	<input type="radio"/>	<input type="radio"/>	45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="radio"/>	<input type="radio"/>	
				Food Temperature Control								Utensils and Equipment								
				33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	Pf	<input type="radio"/>	<input type="radio"/>	46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gloves used properly	C	<input type="radio"/>	<input type="radio"/>	
				34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding	Pf	<input type="radio"/>	<input type="radio"/>	Physical Facilities								
				35	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used	Pf	<input type="radio"/>	<input type="radio"/>	50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hot and cold water available; adequate pressure	Pf	<input type="radio"/>	<input type="radio"/>	
				36	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate	Pf	<input type="radio"/>	<input type="radio"/>	51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plumbing installed; proper backflow devices	P/Pf	<input type="radio"/>	<input type="radio"/>	
				Food Identification								Physical Facilities								
				37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container	Pf	<input type="radio"/>	<input type="radio"/>	52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sewage and waste water properly disposed	P/Pf	<input type="radio"/>	<input type="radio"/>	
				Prevention of Food Contamination								Physical Facilities								
				38	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present	Pf	<input type="radio"/>	<input type="radio"/>	53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean	Pf	<input type="radio"/>	<input type="radio"/>	
				39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display	P/Pf	<input type="radio"/>	<input type="radio"/>	54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="radio"/>	<input type="radio"/>	
				40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness	Pf	<input type="radio"/>	<input type="radio"/>	55	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical facilities installed, maintained, and clean	P/Pf	<input type="radio"/>	<input type="radio"/>	
				41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored	C	<input type="radio"/>	<input type="radio"/>	56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate ventilation and lighting; designated areas used	C	<input type="radio"/>	<input type="radio"/>	
				42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables	P/Pf	<input type="radio"/>	<input type="radio"/>	Violations documented								
				Permit Holder shall notify customers that a copy of the most recent inspection report is available.																
				Person in Charge (Signature) <i>[Signature]</i> Date 5/16/24								Date corrections due								
				Person in Charge (Printed) Kyle Dube 5/16/24								3 days								
				Inspector (Signature) <i>[Signature]</i> Date 5/16/24								10 days								
				Inspector (Printed) Denise Payne								90 days								
												Risk Factor/Public Health Intervention Violations				4				
												Repeat Risk Factor/Public Health Intervention Violations				4				
												Good Retail Practices Violations				5				
												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 Manchester

Inspection Report Continuation Sheet

Date 5/6/24

Establishment Texas Roadhouse Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Butter	40F	Mushrooms	173F	Hand sink	103F
Tomato	40F	Onions.	180F	3 Bay	132F
Cheese	40F	Chili	168F	Lactid Acid ✓	
Salmon	39F	Mashed Pot's	159F		
Tomato	38F	Marinara	154F	Dish machine	>160F
Rice (Indiv)	40F	cooling in process @	66F		
Eggy Crumble	39F	Ribs @	70F		
Milk	41F				

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.

- 10PF Handsink blocked in Ware wash - bag of towels. ^{clean.} Discussed access for washing btwn "dirty" wash "clean" dishes
- 47C Dry storage; bags sugar/seasoning on floor just ^{just} ~~detached~~ boxes of meat from today's delivery *Store properly as soon as possible.
- 47P Interiors - upper ice machine unclean.
- 55C Floor tiles + cove base in Walk-in freezer heavily damaged
- 49C Storage baskets (white) rusting
- 55C Walls generally with sauce splatter. WIC/Prep/Waitress Sta
- 55C Ceiling Vents unclean
- 16PF Unclean can opener holder + handle
- 6C Multiple "personal" food items on work surfaces
- 35PF Improper thawing in prep sink - 3 bins Not under running water
- 38PF Gnats @ glass storage

Respond by Email - corrections by 5/16/24 dpayne@manchestert.gov

Good date marking observed - Discussed indiv bagged items. *Label on pan.


Discussed "cover" bar plates under bar.
 Cold; Marinara Steak Strip 38F / Small steak 37
 Steak case 37F

Cooked; Shrimp 145F Steak medium 136F



Person in Charge (Signature) [Signature]
 Inspector (Signature) D Payne

Date 5/6/24
 Date 5/6/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3																					
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/23/2024																						
Establishment TGI Fridays	Time In 11:30 AM/PM	Time Out 1:00 AM/PM																					
Address 209 Hale Road																							
Town/City Manchester	LHD Manchester																						
Permit Holder CFPM:jeremy	Purpose of Inspection: Routine Pre-op																						
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																							
<i>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.</i>																							
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		
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"/>		15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected				P/C	<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"/>		16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				P/Pf/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"/>		18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures				P/Pf/C	<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"/>		19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding				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"/>		20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>	
				Good Hygienic Practices								Consumer Advisory											
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="checkbox"/>	<input type="checkbox"/>		21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth				C	<input type="checkbox"/>	<input type="checkbox"/>		22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>	
				Preventing Contamination by Hands								Highly Susceptible Population											
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition				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"/>		24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records				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"/>		Food/Color Additives and Toxic Substances											
				Approved Source								Conformance with Approved Procedures											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food				Pf	<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"/>		26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered				P/C	<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"/>		27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
GOOD RETAIL PRACTICES												Proper Use of Utensils											
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>												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						
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>					
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods				Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>					
				Food Temperature Control								Utensils and Equipment											
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	Gloves used properly				C	<input type="checkbox"/>	<input type="checkbox"/>					
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean				C	<input type="checkbox"/>	<input type="checkbox"/>					
				Food Identification								Physical Facilities											
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>					
				Prevention of Food Contamination								Violations documented				Date corrections due							
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored				C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>					
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.												56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used											
												<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f											
Person in Charge (Signature)	<i>[Signature]</i>				Date	4/23/24				Priority Item Violations	4/20/24				#	1							
Person in Charge (Printed)	Jeremy Lelasse									Priority Foundation Item Violations	5/3/24					6							
Inspector (Signature)	<i>[Signature]</i>				Date	4/23/2024				Core Item Violations	7/23/24					19							
Inspector (Printed)	Lauren Grandy									Risk Factor/Public Health Intervention Violations						5							
												Repeat Risk Factor/Public Health Intervention Violations											
												Good Retail Practices Violations											
												Requires Reinspection - check box if you intend to reinspect											
												<input checked="" type="checkbox"/>											

reinspection: 5/8/2024

Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 4/23/2024

Establishment TGI Fridays

Town manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline: sliced cheese	40F	pasta (cooked)	40F	hot water (h.s)	113F
chicken wings	39F	raw shrimp	39F	grease bucket	150ppm
raw chicken	39F	raw beef	41F	cookline	
cheese	41F				
cut tomato	41F	w/c	38F	thawing salmon in w/c	30F
salsa	40F	coleslaw	41F	raw chicken	41F
cut tomato	41F	filos	40F		
cheese cake slice	35F	cooked chicken wing	40F	w/f	-1F

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
	CPPM - Jeremy
49C	Floors along cookline not clean
47PF	interior of microwave peeling/damaged
49C/16PF	interior/exterior of microwaves not clean
45SC	ceiling tiles along cookline damaged/not clean
47PF	lid of shaker damaged next to 6 burner stove
49C	vent/ceiling not clean by mop sink
54C	no trash at handsink by 3 bay
41C	unclean damp wiping cloths on prep table near prep sink
37C	liquid in prep container not labeled properly near prep sink
note	remove wrap on undercounter cold prep
16PF	prep sink not clean
16PF	interior of ice machine not clean
note	non commercial blenders - health dept to follow up with spec spec ↳ if not commercial must be removed
51C	drip/leak under 3 bay sink
49C	Floors of w/f not clean
6 16P	cigarettes in bucket on dish machine conveyor
49C	shelving in dry storage room not clean
49C	exterior of flour container in dry storage not clean
45C	coffee filters not protected in dry storage
54C	oil tank in dry storage leaking - call for repair
49C	Floor in dry storage not clean

Person in Charge (Signature)

Date 4/23/24

Inspector (Signature)

Date 4/23/2024

Denise Payne

From: Mike <thegatheringdiner@gmail.com>
Sent: Wednesday, February 14, 2024 12:19 PM
To: Denise Payne
Subject: The Gathering Diner - Health Inspection 10 Day Follow Up

EXTERNAL MESSAGE - Don't just click it, put in a ticket!

Hi Denise,

I hope you are doing well. I wanted to update you on the progress we made based on your findings from last weeks inspection.

47PF - Cracked Containers/ Soda Gun - The soda gun had a crack in it. I called Coca Cola and they came the next day to replace the unit. This is all set.



10C - Paper Towel Dispenser needed at the bar. All set See pic below



I believe this is everything that you needed us to do right away.

Let me know about the QFO certification that you said the state was running, I would like to be a part of the next class.

Let me know if you have any questions.

Thank you Denise!

Mike Zimei
The Gathering Diner
860-432-7800

Risk Category: 3 Food Establishment Inspection Report Page 1 of 3

Establishment type: Permanent Temporary Mobile Other _____ Date: 5/13/24

Establishment The Hollow Time In _____ AM/PM Time Out _____ AM/PM

Address South Main St LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op _____

Permit Holder _____ 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 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"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input 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"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<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"/>	43	In-use utensils: properly stored	<input type="checkbox"/>	<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"/>	44	Utensils/equipment/linens: properly stored, dried, & handled	<input type="checkbox"/>	<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"/>	45	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					46	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					48	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					49	Non-food contact surfaces clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					50	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					51	Plumbing installed; proper backflow devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					52	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					53	Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					54	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					55	Physical facilities installed, maintained, and clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					56	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						Natural rubber latex gloves not used per CGS §19a-36f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) [Signature] Date 5/13/24

Person in Charge (Printed) Kim Donohoe

Inspector (Signature) [Signature] Date 5/13/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations	<u>3 days</u>	<u>4</u>
Priority Foundation Item Violations		<u>0</u>
Core Item Violations	<u>90 days</u>	<u>3</u>
Risk Factor/Public Health Intervention Violations		<u>3</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>3</u>
Good Retail Practices Violations		<u>4</u>
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 Manchester

Inspection Report Continuation Sheet

Date 5/13/24

Establishment The Hollow

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Oranges sliced bar	40F	Brislet Chilli	178F	Restroom hot water	106F
Peppers	39F	Vodka Sauce	152F	Kitchen Water	116F
Cheese	38F			Banquet D.M	>160F
Tomato	39F				
Hamburger	38F	Cole slaw	41F	Bar Chlorine	100ppm
Chicken	40F	Cut tomato	41F		
Peppers	41F	Lox	40F		
Salmon	40F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- X Restroom faucet in handicap not easily shut off
 Paper towel not dispensed
- Banquet-Kitchen
- 55C Dish machine wall unclean / cove base not secured.
- 11eP Unclean utensils in clean storage / damaged / chipped spatula (cos)
- 51P Hose at scrape sink - no air gap BFP
- 22P Butter 1 lb @ 65F → discarded (not in use)
- Items in Reach-in in banquet hall kitchen "cooling" 85F
discussed use of Walk in Cooler
- Discussed proper storage in Reach in - "Stacking"
- X Date marking - not on all items. Any TCS food RTE must be labelled + will be a violation next inspection
- 47C Bain Marie gaskets torn
- 47C Tape on Amana ^{Freezer} Refrigerator - not approved flex
- 49C Spice shelf unclean.
Discussed storage of cooled/cooling items.
- X Reviewed "Cooling" with Staff - Who monitors and who verifies 135F in Walk Cooler 135-70F 2 hrs 70F-41F 4hrs then Cover Do not leave at room temp - Do not cover "Sweat"

Person in Charge (Signature) [Signature]

Date 5/13/24

Inspector (Signature) D Payne

Date 5/13/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/13/24

Establishment The Hollow

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<div style="position: relative; width: 100%; height: 100%;"> </div>					

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.
	<p><u>Dry Storage</u></p> <p><u>55c Floors unclean/sticky</u></p> <p><u>15c Open box of rolls on floor.</u></p> <p><u>15c Parco bag open/not protected</u></p> <p><u>49c Freezer chest top unclean</u></p> <p><u>15p Raw over Whipped Cream in R freezer</u></p>
	<p><u>* Discussed Allergen Posters, Menu disclaimer + Menu ingredient list.</u> <u>Kim@thehollowatmcc.com</u></p>
	<p><u>* Training of staff required. Notify HDpt with plan to train. CCPM to document training</u></p>
	<p><u>Pole in kitchen chipped - Provide plan to address.</u></p> <p><u>Email Health Dpt of Priority Corrections by</u> <u>May 16, 24</u> <u>Priority Foundation</u> <u>5/23/24</u></p>




Person in Charge (Signature) [Signature]

Date 5/13/24

Inspector (Signature) [Signature]

Date 5/13/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/28/24
Establishment The Main course		Time In 3:15 AM/PM Time Out 4:15 AM/PM
Address 807 Main Street		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Miguel p.		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	IN	OUT	N/A	N/O
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected			
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized			
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food			
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures			
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding			
6 Proper eating, tasting, drinking, or tobacco products use				20 Proper cooling time and temperatures			
7 No discharge from eyes, nose, and mouth				21 Proper hot holding temperatures			
8 Hands clean and properly washed				22 Proper cold holding temperatures			
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 Proper date marking and disposition			
10 Adequate handwashing sinks, properly supplied/accessible				24 Time as a public health control: procedures and records			
11 Food obtained from approved source				25 Consumer advisory provided: raw/undercooked food			
12 Food received at proper temperature				26 Pasteurized foods used; prohibited foods not offered			
13 Food in good condition, safe, and unadulterated				27 Food additives: approved and properly used			
14 Required records available: molluscan shellfish identification, parasite destruction				28 Toxic substances properly identified, stored & used			
15 Approved Source				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan			

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

Safe Food and Water				Proper Use of Utensils			
OUT	N/A	N/O	V	OUT	N/A	N/O	V
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored			
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled			
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used			
33 Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly			
34 Plant food properly cooked for hot holding				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
35 Approved thawing methods used				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
36 Thermometers provided and accurate				49 Non-food contact surfaces clean			
37 Food properly labeled; original container				50 Hot and cold water available; adequate pressure			
38 Insects, rodents, and animals not present				51 Plumbing installed; proper backflow devices			
39 Contamination prevented during food preparation, storage & display				52 Sewage and waste water properly disposed			
40 Personal cleanliness				53 Toilet facilities: properly constructed, supplied, & clean			
41 Wiping cloths: properly used and stored				54 Garbage and refuse properly disposed; facilities maintained			
42 Washing fruits and vegetables				55 Physical facilities installed, maintained, and clean			
43 Prevention of Food Contamination				56 Adequate ventilation and lighting; designated areas used			
44 In-use utensils: properly stored				57 Natural rubber latex gloves not used per CGS §19a-36f			
45 Utensils/equipment/linens: properly stored, dried, & handled				58 Violations documented			
46 Single-use/single-service articles: properly stored & used				Priority Item Violations			
47 Gloves used properly				Priority Foundation Item Violations			
48 Food and non-food contact surfaces cleanable, properly designed, constructed, and used				Core Item Violations			
49 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Risk Factor/Public Health Intervention Violations			
50 Non-food contact surfaces clean				Repeat Risk Factor/Public Health Intervention Violations			
51 Hot and cold water available; adequate pressure				Good Retail Practices Violations			
52 Plumbing installed; proper backflow devices				Requires Reinspection - check box if you intend to reinspect			
53 Sewage and waste water properly disposed				Violations documented			
54 Toilet facilities: properly constructed, supplied, & clean				Date corrections due			
55 Garbage and refuse properly disposed; facilities maintained				#			
56 Physical facilities installed, maintained, and clean				Priority Item Violations			
57 Adequate ventilation and lighting; designated areas used				Priority Foundation Item Violations			
58 Natural rubber latex gloves not used per CGS §19a-36f				Core Item Violations			
59 Violations documented				Risk Factor/Public Health Intervention Violations			
Priority Item Violations				Repeat Risk Factor/Public Health Intervention Violations			
Priority Foundation Item Violations				Good Retail Practices Violations			
Core Item Violations				Requires Reinspection - check box if you intend to reinspect			
Risk Factor/Public Health Intervention Violations				Violations documented			
Repeat Risk Factor/Public Health Intervention Violations				Date corrections due			
Good Retail Practices Violations				#			
Requires Reinspection - check box if you intend to reinspect				Priority Item Violations			

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

Person in Charge (Signature) <i>[Signature]</i>	Date	
Person in Charge (Printed) Miguel Proano		
Inspector (Signature) <i>[Signature]</i>	Date 5/28/2024	
Inspector (Printed) Lauren Brandy		

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.

Reinspection - 6/7/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/18/24

Establishment The Main Courte Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot: chili	165F	baymare sliced tom	37F	handsink HW	93F
queso	165F	chicken wings	37F	handsink HW	96F
internal salmon	167F	salmon burger raw	38F	3 bay HW	133F
Victory	20F	raw chix	38F		
		pico de gallo	38F	quat sanitizer	200ppm
basement coolers: butter	30F	sliced cheese	39F	dish machine	50-100 ppm
hamburger	38F	3 door raw burger	39F	1 door: chili	41F
		butter	40F		

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: Miguel/James
49C	cove base in kitchen not clean
22P	butter at room temperature - voluntarily discarded (COS)
37C	Unlabeled squeeze bottles throughout
49C	Shelving above bay Marie not clean
16PF	deli slicer not clean
47C	gaskets damaged 3 door Freezer
49C	walls behind 3 door Freezer not clean
55C	Floors damaged throughout - discussed
49C	lids of chips not clean on prep table
49C	preptable near can opener not clean
49C	shelving next to ice machine not clean
49C	drains at ware wash not clean
6C	open beverage on prep table shelf on cookline
54C	cleaning equipment stored on ground by 3 door Fridge
47C	Milk crates used as shelving/containers for food product
note*	remove waffle maker from dry storage
44C	equipment stored on floor in basement dry storage
55C	declutter basement area - unused equipment
note*	provided OPH Allergen poster
10PF	no paper towels at bar handsink / restroom
16PF	soda nozzle at bar not clean
50PF	hot water at 60F - must be between 85-115F

Person in Charge (Signature) _____ Date 5/28/24

Inspector (Signature) L. Brindley Date 5/28/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/28/24

Establishment The Main Course Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

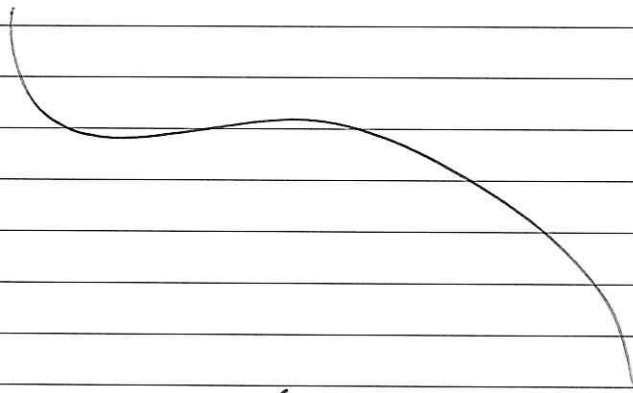
Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number

quat/chlorine test strips available
 food thermometer available
 discussed date marking
 discussed allergen/provided poster
 discussed pest control reports

CFPM - discussed adding more staff to take certified food protection managers - MUST have CFPM on site during operating hours

email procedure for butter - must be time/date marked if being out - cant exceed 1 hour



Person in Charge (Signature)

Date 5/28/24

Inspector (Signature)

D. Stoney

Date 5/28/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2																				
Establishment type: Permanent Temporary Mobile Other		Date: 4/23/24																				
Establishment: Three Amigos		Time In _____ AM/PM Time Out _____ AM/PM																				
Address: Middle Tpk W		LHD: Manchester																				
Town/City: Manchester		Purpose of Inspection: Routine Pre-op																				
Permit Holder _____		Reinspection Other FA Review Again																				
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																						
<i>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.</i>																						
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	
1	<input 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 type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected			P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			P/P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					Employee Health																	
3	<input 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"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food			P	<input type="checkbox"/>	<input type="checkbox"/>
4	<input 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"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures			P/P/C	<input type="checkbox"/>	<input type="checkbox"/>
5	<input 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"/>	19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					Good Hygienic Practices																	
6	<input 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"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input 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"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
					Preventing Contamination by Hands																	
8	<input 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"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
9	<input 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"/>	23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
10	<input 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"/>	24	<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"/>
					Approved Source																	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory										
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population										
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
					GOOD RETAIL PRACTICES																	
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																						
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					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	In-use utensils: properly stored			C	<input type="checkbox"/>	<input type="checkbox"/>				
31	<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"/>	44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
32	<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"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used			P/C	<input type="checkbox"/>	<input type="checkbox"/>				
					Food Temperature Control																	
33	<input type="checkbox"/>	<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"/>	46	<input type="checkbox"/>	Gloves used properly			C	<input type="checkbox"/>	<input type="checkbox"/>			
34	<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"/>	<input type="checkbox"/>	Utensils and Equipment										
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
36	<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"/>	48	<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																	
37	<input checked="" type="checkbox"/>	<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"/>	49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean			C	<input type="checkbox"/>	<input type="checkbox"/>			
					Prevention of Food Contamination																	
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities										
39	<input type="checkbox"/>	<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"/>	50	<input type="checkbox"/>	Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>			
40	<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"/>	51	<input type="checkbox"/>	Plumbing installed; proper backflow devices			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
41	<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"/>	52	<input type="checkbox"/>	Sewage and waste water properly disposed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
42	<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"/>	53	<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.																						
Person in Charge (Signature) Jesus Wesvros		Date 23/4/24																				
Person in Charge (Printed) Jesus Wesvros																						
Inspector (Signature) Denise Payne		Date 4/23/24																				
Inspector (Printed) Denise Payne																						
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.																						
										Violations documented			Date corrections due			#						
										Priority Item Violations			COS -									
										Priority Foundation Item Violations			5/3/24			6						
										Core Item Violations			90 days			8						
										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			<input checked="" type="checkbox"/>									

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/23/24
 Establishment Tres Amigos Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Tomato	40F	Steak fully cooked	160F	+pr water @ Handsink	167F*
Pico de Gallo	41F				
Cheese	41F	Chickens	158F	Chlorine Sanit. @ 100ppm	
Salsa	40F	Taco meat	138F		
Amer. Cheese	40F	Rice	168F		
Pico	36F	3 Chicken	38		
Tomato	36F	Taco meal	35F		
Rice	40F				

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.
56C	Hood system - sticker states last/next service 2020 Provide Receipt of last cleaning or schedule today. Notify HDpt.
47PF	Prep sink leg not scoured at all
47PF	Use of milk crate as table
49c	Floors unclean under advance unit
49c	Shelf over microwave unclean
411c	Mixing cups (3 sets) unclean + hung in storage (removed)
47c	Shelves for dry storage rusting - replace.
49c	Unclean gasket WIC door
37PF	Walnut bag stored inside oats container
43c	Dispenser scoop in oats/product.
19P	Improper reheating of cold/cooked taco meat - Reheat to 165F
37pf	No Allergen notices owner aware
37pf	No Allergen list of menu Reviewed w/ Manager
23PF	No Date Marking
2C	Manager has sense safe but no copy. - Copy of certif. by 4/26/24 OK Sign up for new course
	Discussed Empty Chip barrels - Clean before use
	Discussed Forms 1A + 1B with Manager
	Manager stated New Paper towel + Soap disp. Arrived today
	today - C fold + pump units OK temporarily
	*Alcohol wipes Red. HDpt left some until purchase
Person in Charge (Signature)	<u>[Signature]</u> Date <u>3/4/24</u>
Inspector (Signature)	<u>[Signature]</u> Date <u>4/23/24</u>

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/22/24

Establishment Travelin Toms Coffee Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>R/I Cooker</u>	<u>41 F * Monitor temp</u>				

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.
	<u>Certified Food Protection Manager Certificate to follow.</u>
	<u>Containers NSF/commercial for food product</u> <u>- containers must be labelled</u> <u>Discussed back up scoop storage</u> <u>Hand towel dispenser needed</u>
	<u>Sanitizer-Chl w/ test strips on board</u>
	<u>Discussed chemicals - not above 3 bay</u> <u>Discussed W-R-S and air dry process</u> <u>Discussed date marking</u> <u>Allergen training completed - Discussed signage + menu list of ingredients</u>
	<u>* HDpt to Review "drain" line</u> <u>* Seal edges and gap over cup holder</u>
	<u>Fee due this day \$200⁰⁰</u>

Person in Charge (Signature) Cole Guds

Date 5/22/24

Inspector (Signature) B Payne

Date 5/22/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/9/24	
Establishment United China Brother Inc		Time In 12:00 AM/PM Time Out 1:20 AM/PM	
Address 332 Green rd		LHD Manchester	
Town/City Manchester		Purpose of Inspection: Routine Pre-op	
Permit Holder Ming Yang		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	Time/Temperature Control for Safety	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	
Employee Health			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	
Good Hygienic Practices			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	Consumer Advisory	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	Highly Susceptible Population	
Preventing Contamination by Hands			
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	Food/Color Additives and Toxic Substances		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	Conformance with Approved Procedures	
Approved Source			
15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	
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			
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment	
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	47 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean	
Food Temperature Control			
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	46 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	Physical Facilities	
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure		
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices		
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	52 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed		
Food Identification			
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean		
Prevention of Food Contamination			
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained		
39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean		
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used		
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f		
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	Violations documented		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			Date corrections due
Person in Charge (Signature) Yang Ming Date 5/9/24			#
Person in Charge (Printed) YANG MING 5/9/24			0
Inspector (Signature) Jase Ramirez Date 5/9/24			0
Inspector (Printed) Jase Ramirez			1
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.			7

Risk Category: 2 **Food Establishment Inspection Report** Page 1 of 3

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/3/24

Establishment Urban Air Time In _____ AM/PM Time Out _____ AM/PM

Address 220 Hale Road LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder _____ 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	V	COS	R	
Supervision							
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4							
Employee Health							
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting							
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of restriction and exclusion							
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events							
Good Hygienic Practices							
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use							
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth							
Preventing Contamination by Hands							
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Hands clean and properly washed							
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate handwashing sinks, properly supplied/accessible							
Approved Source							
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source							
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food received at proper temperature							
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food in good condition, safe, and unadulterated							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Required records available: molluscan shellfish identification, parasite destruction							

IN	OUT	N/A	N/O	V	COS	R	
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Food separated and protected							
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food-contact surfaces: cleaned & sanitized							
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper disposition of returned, previously served, reconditioned, and unsafe food							
Time/Temperature Control for Safety							
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooking time and temperatures							
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper reheating procedures for hot holding							
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cooling time and temperatures							
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper hot holding temperatures							
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Proper cold holding temperatures							
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Proper date marking and disposition							
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Time as a public health control: procedures and records							
Consumer Advisory							
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer advisory provided: raw/undercooked food							
Highly Susceptible Population							
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized foods used; prohibited foods not offered							
Food/Color Additives and Toxic Substances							
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Food additives: approved and properly used							
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Toxic substances properly identified, stored & used							
Conformance with Approved Procedures							
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance with variance/specialized process/ROP criteria/HACCP Plan							

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	V	COS	R			
Safe Food and Water								
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Pasteurized eggs used where required								
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Water and ice from approved source								
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Variance obtained for specialized processing methods								
Food Temperature Control								
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control								
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Plant food properly cooked for hot holding								
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Approved thawing methods used								
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Thermometers provided and accurate								
Food Identification								
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food properly labeled; original container								
Prevention of Food Contamination								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present								
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Contamination prevented during food preparation, storage & display								
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness								
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored								
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Washing fruits and vegetables								

OUT	V	COS	R	
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
In-use utensils: properly stored				
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
Utensils/equipment/linens: properly stored, dried, & handled				
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
Single-use/single-service articles: properly stored & used				
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
Gloves used properly				
Utensils and Equipment				
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
Food and non-food contact surfaces cleanable, properly designed, constructed, and used				
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
Non-food contact surfaces clean				
Physical Facilities				
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf
Hot and cold water available; adequate pressure				
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
Plumbing installed; proper backflow devices				
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
Sewage and waste water properly disposed				
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
Toilet facilities: properly constructed, supplied, & clean				
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
Garbage and refuse properly disposed; facilities maintained				
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
Physical facilities installed, maintained, and clean				
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
Adequate ventilation and lighting; designated areas used				
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) Marta Date 4/3/24

Person in Charge (Printed) Marie Fothergill

Inspector (Signature) Denise Payne Date 4/3/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations	<u>Immediately / 4/16/24</u>	<u>3</u>
Priority Foundation Item Violations	<u>4/13/24</u>	<u>5</u>
Core Item Violations	<u>ASAP 7/3/24</u>	<u>25</u>
Risk Factor/Public Health Intervention Violations		<u>8</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>1</u>
Good Retail Practices Violations		<u>25</u>
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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.

dpayne@manchesterct.gov

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/3/24

Establishment Urban Air

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cheese - moz	40F	Not open for food.		Hot Water H sink	+85F
Marinara	41F				
Sweet+Sour Packet	39F				

** Minimal Equipment - Provide updated Menu.*

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | Item Number | Description |
|-------------|---|
| | New Manager (2-3 months exp) Dani White. |
| | Provide copies of CFPM's certifications with Renewal inform |
| | Utensils in "clean" storage jumbled |
| 16PF | Cook sheet/pans/bowl heavily soiled with build-up (pizza screens) |
| 49C | Unclean handsink |
| 10PF/51C | No soap at handsink / No dedicated trash can at sinks |
| 49C | Interior > Microwave, (2) Warmers + oven unclean |
| 49C | Exterior |
| 16PF | Can opener and blade unclean with dried food debris |
| 52PF/51PF | 3 Bay leak? pan under sink with stagnant water |
| 48PF | Sanitizer not 150 minimum. Test strips? |
| 37C | Unlabelled Shaker |
| 49C | Ext shaker unclean |
| 49C | Butter container interior/Ext unclean with food debris + brush |
| 49C | Walls splatter - holes in FRP |
| 49C | Ice machine vents unclean - dust |
| 49C | Cold prep unclean with Food debris |
| 49C | Gaskets - all unclean. |
| 23P/37C | No date marking or labelling |
| 55C | Door to warehouse - gap on door |
| 55C | Tile/grout missing by WIF |
| 49C | WIF door sides unclean. |

Person in Charge (Signature) M. Fo

Date 4/3/24

Inspector (Signature) Denise Payne

Date 4/3/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4-3-24

Establishment Urban Air

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
15 49c ^{15P}	Food in Walk-in Cooler ^{Freezer} not covered
49c	Walk-in Freezer floors unclean
55c	Shelving in Walk-in Cooler too large - not 36" btwn Shelves
59c	Trash in Kitchen with Food in it - Not removed yesterday
55c	Dry storage in hallway not 36" clearance * Fire Marshal should approve
45c	Dry storage containers of paper goods on floor
45c	Single use wares not protected / inverted
28P	Chemicals, Cleaners, sanitizing + cleaning wipes All over.
15c	Box of food + spilled food pkgs in front service area.
49c	Unclean Nacho dispenser / Popcorn machine + Cotton candy
15P	Food stored in back hallway - not approved for soda cases juices etc - Cooler's not approved.

* All violations with this symbol were on the July 2023 inspection.


* Staff working in kitchen notified of cleanliness, sanitizing, food storage.

All priority items must be addressed immediately. - P/F within 10 days. Core violations as quickly as possible for Reinspection on Wed 4/17/24

CFPM Required whenever staff is operating kitchen
 ↳ someone needs to be signed up by 4/5/24 email conf to HDpt

Person in Charge (Signature) _____ Date _____
 Inspector (Signature) Denise Payne KAF Date 4/3/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/17/2024</u>
Establishment <u>Urban Lodge Kitchen</u>		Time In <u>11:45</u> AM/PM Time Out <u>12:45</u> AM/PM
Address <u>43 Purnell Place</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Corey Wry</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	IN	OUT	N/A	N/O
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected			
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized			
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food			
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures			
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding			
6 Proper eating, tasting, drinking, or tobacco products use				20 Proper cooling time and temperatures			
7 No discharge from eyes, nose, and mouth				21 Proper hot holding temperatures			
8 Hands clean and properly washed				22 Proper cold holding temperatures			
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 Proper date marking and disposition			
10 Adequate handwashing sinks, properly supplied/accessible				24 Time as a public health control: procedures and records			
11 Food obtained from approved source				25 Consumer advisory provided: raw/undercooked food			
12 Food received at proper temperature				26 Pasteurized foods used; prohibited foods not offered			
13 Food in good condition, safe, and unadulterated				27 Food additives: approved and properly used			
14 Required records available: molluscan shellfish identification, parasite destruction				28 Toxic substances properly identified, stored & used			
15 Approved Source				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan			

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

Safe Food and Water				Proper Use of Utensils			
OUT	N/A	N/O	V	OUT	N/A	N/O	V
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored			
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled			
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used			
33 Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly			
34 Plant food properly cooked for hot holding				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
35 Approved thawing methods used				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
36 Thermometers provided and accurate				49 Non-food contact surfaces clean			
37 Food properly labeled; original container				50 Hot and cold water available; adequate pressure			
38 Insects, rodents, and animals not present				51 Plumbing installed; proper backflow devices			
39 Contamination prevented during food preparation, storage & display				52 Sewage and waste water properly disposed			
40 Personal cleanliness				53 Toilet facilities: properly constructed, supplied, & clean			
41 Wiping cloths: properly used and stored				54 Garbage and refuse properly disposed; facilities maintained			
42 Washing fruits and vegetables				55 Physical facilities installed, maintained, and clean			
43 Food properly labeled; original container				56 Adequate ventilation and lighting; designated areas used			
44 Insects, rodents, and animals not present				Natural rubber latex gloves not used per CGS §19a-36f			

Person in Charge (Signature) <u>[Signature]</u> Date <u>5/17/24</u>	Violations documented	Date corrections due	#
Person in Charge (Printed) <u>Nathaniel McEann</u>	Priority Item Violations	<u>5/21/24</u>	<u>2</u>
Inspector (Signature) <u>[Signature]</u> Date <u>5/17/2024</u>	Priority Foundation Item Violations		<u>1</u>
Inspector (Printed) <u>Lauren Brandy</u>	Core Item Violations	<u>8/18/24</u>	<u>1</u>
	Risk Factor/Public Health Intervention Violations		<u>2</u>
	Repeat Risk Factor/Public Health Intervention Violations		<u>1</u>
	Good Retail Practices Violations		<u>4</u>
	Requires Reinspection - check box if you intend to reinspect		<input type="checkbox"/>

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.

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 5/14/24
 Establishment Wendys Time In 11:00 AM Time Out 12:30 AM
 Address 260 Broad St. LHD Manchester
 Town/City Manchester Purpose of Inspection: Routine Pre-op
 Permit Holder ARIFA JINNAT 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						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Employee Health						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>
Good Hygienic Practices						
6	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input 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"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food				P	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
21	<input checked="" 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"/>
22	<input checked="" 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"/>
23	<input checked="" 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"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Consumer Advisory						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Population						
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Food/Color Additives and Toxic Substances						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Conformance with Approved Procedures						
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

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	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				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required		P	<input type="checkbox"/>	<input type="checkbox"/>
31	<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"/>
32	<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"/>
Food Temperature Control				
33	<input type="checkbox"/>	<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"/>
34	<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"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<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"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<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"/>
42	<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"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				
Proper Use of Utensils				
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-use utensils: properly stored		C	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<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"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves used properly		C	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment				
47	<input type="checkbox"/>	<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"/>
48	<input checked="" type="checkbox"/>	<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"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-food contact surfaces clean		C	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities				
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure		Pf	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
56	<input checked="" 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"/>
Natural rubber latex gloves not used per CGS §19a-36f			<input type="checkbox"/>	<input type="checkbox"/>


Person in Charge (Signature) Arifa Jinnat Date 05-14-2024
 Person in Charge (Printed) ARIFA JINNAT
 Inspector (Signature) Jose Ramirez Date 5/14/24
 Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	<u>COS</u>	<u>1</u>
Priority Foundation Item Violations	<u>5-24-24</u>	<u>1</u>
Core Item Violations	<u>8-14-24</u>	<u>7</u>
Risk Factor/Public Health Intervention Violations		<u>2</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>7</u>
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.

Risk Category: <u>4</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																															
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knowledge, responsibilities and reporting</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper use of restriction and exclusion</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Written procedures for responding to vomiting and diarrheal events</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Good Hygienic Practices</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper eating, tasting, drinking, or tobacco products use</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No discharge from eyes, nose, and mouth</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Preventing Contamination by Hands</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hands clean and properly washed</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adequate handwashing sinks, properly supplied/accessible</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Approved Source</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food obtained from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food received at proper temperature</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food in good condition, safe, and unadulterated</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Required records available: molluscan shellfish identification, parasite destruction</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	IN	OUT	N/A	N/O	Supervision	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"/>	Certified Food Protection Manager for Classes 2, 3, & 4	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; 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border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Protection from Contamination</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food separated and protected</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food-contact surfaces: cleaned & sanitized</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Time/Temperature Control for Safety</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooking time and temperatures</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper reheating procedures for hot holding</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooling time and temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper hot holding temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cold holding temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper date marking and disposition</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Time as a public health control: procedures and records</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Consumer Advisory</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Consumer advisory provided: raw/undercooked food</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Highly Susceptible Population</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized foods used; prohibited foods not offered</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Food/Color Additives and Toxic Substances</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food additives: approved and properly used</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toxic substances properly identified, stored & used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="8" style="text-align: center;">Conformance with Approved Procedures</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>	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"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety								<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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>	Consumer Advisory								<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population								<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; 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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																																																																																																																																																																																																																																																																																																																																	
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Person in Charge (Signature) <u>Wayne</u> Date <u>5/29/24</u> Person in Charge (Printed) <u>Wayne (ed) Miller</u> Inspector (Signature) <u>L. Standy</u> Date <u>5/29/24</u> Inspector (Printed) <u>Lauren Grandy</u>																																																																																																																																																																																																																																																																																																																																	
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.																																																																																																																																																																																																																																																																																																																																	
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Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2																																																																																																																																																																																																																																																																																																																															
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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																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, & 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th colspan="8" style="text-align: center;">Employee Health</th></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; 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prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th colspan="8" style="text-align: center;">Food/Color Additives and Toxic Substances</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Toxic substances properly identified, stored & used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th colspan="8" style="text-align: center;">Conformance with Approved Procedures</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	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"/>	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"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; 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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<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"/>																																																																																																																																																																																																																																																																																																																										
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adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th colspan="7" style="text-align: center;">Food Identification</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th colspan="7" style="text-align: center;">Prevention of Food Contamination</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage & display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/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"/>	Food Temperature Control							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; 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cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th colspan="5" style="text-align: center;">Physical Facilities</th></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Toilet facilities: properly constructed, supplied, & clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td></td><td></td></tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	In-use utensils: properly stored	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"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment					<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"/>	Warewashing facilities: installed, maintained and used; 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Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																																																																																																																																																																	
Person in Charge (Signature) <i>Shawn Porter</i> Date 4/3/24	Violations documented																																																																																																																																																																																																																																																																																																																																
Person in Charge (Printed) Shawn Porter	Date corrections due																																																																																																																																																																																																																																																																																																																																
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Inspector (Printed) Lauren Grandy	Priority Item Violations	1																																																																																																																																																																																																																																																																																																																															
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	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.																																																																																																																																																																																																																																																																																																																																	

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/16/24
Establishment LONG BUT MISS PINNY		Time In 2:45 AM/PM PM Time Out 3:30 AM/PM PM
Address 850 Main St		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine <input type="radio"/> Pre-op <input checked="" type="radio"/>
Permit Holder Rossetta		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						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1				Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>
2				Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>
Employee Health						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>
4				Proper use of restriction and exclusion	P	<input type="checkbox"/>
5				Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>
Good Hygienic Practices						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7				No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
Preventing Contamination by Hands						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				Hands clean and properly washed	P/Pf	<input type="checkbox"/>
9				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>
10				Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>
Approved Source						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				Food obtained from approved source	P/Pf/C	<input type="checkbox"/>
12				Food received at proper temperature	P/Pf	<input type="checkbox"/>
13				Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>
14				Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
Protection from Contamination						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15				Food separated and protected	P/C	<input type="checkbox"/>
16				Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>
17				Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>
Time/Temperature Control for Safety						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19				Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20				Proper cooling time and temperatures	P	<input type="checkbox"/>
21				Proper hot holding temperatures	P	<input type="checkbox"/>
22				Proper cold holding temperatures	P	<input type="checkbox"/>
23				Proper date marking and disposition	P/Pf	<input type="checkbox"/>
24				Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>
Consumer Advisory						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
Highly Susceptible Population						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
Food/Color Additives and Toxic Substances						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				Food additives: approved and properly used	P	<input type="checkbox"/>
28				Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>
Conformance with Approved Procedures						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29				Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<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	V	COS	R
Safe Food and Water					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37				Food properly labeled; original container	Pf/C
Prevention of Food Contamination					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
Proper Use of Utensils					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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) *[Signature]* Date **5/16/2024**

Person in Charge (Printed) **Rossetta Salmon**

Inspector (Signature) *[Signature]* Date **5/16/2024**

Inspector (Printed) **Lauren Grandy**

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.

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 5/15/24

Establishment Champa Lao Thai Town Manchester

reinspection 5/20/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 doors sliding cooler		coconut reheat	197F	hot water handsink	101F
Chicken (raw)	33F	sauce		hot water restroom	105F
Beef (raw)	38F				
		w/c		quat sanitizer	200ppm
bow marie		raw chicken	41F	↳ 3 bay	
shrimp	41F	raw beef	41F	sanitizer	200ppm
hot hold rice	181F	w/c-raw chicken	41F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | 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 on site |
| ✓ 15p | beef + limes in 2 door sliding cooler not protected - COS |
| ✓ 47c | towel stored under cutting board along prep table - COS |
| note* | grease trap waiting on part to come in |
| ✓ 49c | nozzles of back handsink not clean |
| ✓ 49c | interior/exterior of microwave not clean |
| ✓ 15p | saucers along cookline not protected |
| ✓ 49c | gasket of chest freezer not clean |
| * 28p | nail polish, medicine, body lotion stored above food prep area
↳ person in charge moved to separate area |
| note* | no cooling/cooking at time of visit |
| note* | discussed date marking with person in charge |
| note* | food thermometer/test strips available |
| note* | allergen awareness posted |

Person in Charge (Signature) [Signature]

Date 5-15-24

Inspector (Signature) [Signature]

Date 5/15/24

Risk Category: <u>3</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5/15/2024</u>
Establishment <u>China Wok</u>		Time In <u>11:00</u> AM/PM Time Out <u>12:30</u> AM/PM
Address <u>194 Buckland hills Dr. #2070</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				C			16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				P			19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Pf			20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices													
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				P/C			21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				C			22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				P/Pf			23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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			24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Pf/C			Time/Temperature Control for Safety						
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				P/Pf/C			25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				P/Pf			26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				P/Pf			Consumer Advisory						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	V	COS	R	OUT	V	COS	R				
Safe Food and Water													
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required				P			43	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source				P/Pf/C			44	<input type="checkbox"/>	<input type="checkbox"/>				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods				Pf			45	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Food Temperature Control													
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control				Pf/C			46	<input type="checkbox"/>	<input type="checkbox"/>				
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding				Pf			Utensils and Equipment						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used				Pf/C			47	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Thermometers provided and accurate				Pf/C			48	<input type="checkbox"/>	<input type="checkbox"/>				
Food Identification													
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food properly labeled; original container				Pf/C			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Prevention of Food Contamination													
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Insects, rodents, and animals not present				Pf/C			Physical Facilities						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display				P/Pf/C			50	<input type="checkbox"/>	<input type="checkbox"/>				
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Personal cleanliness				Pf/C			51	<input type="checkbox"/>	<input type="checkbox"/>				
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wiping cloths: properly used and stored				C			52	<input type="checkbox"/>	<input type="checkbox"/>				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Washing fruits and vegetables				P/Pf/C			53	<input type="checkbox"/>	<input type="checkbox"/>				
Violations documented													
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>5/15/2024</u>		Priority Item Violations				Date corrections due		#			
Person in Charge (Printed) <u>Shuai Jiang</u>				Priority Foundation Item Violations				<u>5/25/24</u>		<u>3</u>			
Inspector (Signature) <u>[Signature]</u>		Date <u>5/15/24</u>		Core Item Violations				<u>8/15/24</u>		<u>10</u>			
Inspector (Printed) <u>Lauren Grandy</u>				Risk Factor/Public Health Intervention Violations						<u>3</u>			
				Repeat Risk Factor/Public Health Intervention Violations						<u>3</u>			
				Good Retail Practices Violations						<u>10</u>			
				Requires Reinspection - check box if you intend to reinspect						<input checked="" type="checkbox"/>			

reinspection: 5/24/24 or 5/28/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 5/15/2024
 Establishment China Wok Town Manchester reinspection 5/24/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
boba tea pearls	212F	front: rice	137F	hot water handsink	178F
boiling chicken internal	170F	orange chicken	142F	hot water handsink	91F
		teriyaki chicken	143F	chlorine 3 bay sink	50-100
WIF	0F	bay Marie: noodles	53F	undercounter cold prep	
WIC: chicken (cooked)	40F	egg rolls	53F	carrots/peas	40F
noodles	41F	raw chicken	40F	raw shrimp	40F
egg rolls	41F	raw steak/beef	40F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- Item Number CFPMon site WIC - cooked chicken 40F 2 door cooler: egg rolls 41F beef 40F raw chicken 40F
- ✓ 28p raid stored on ground behind grease trap - discarded (COS) chlorine 3 bay 50-100 ppm
 - ✓ 47c towels stored under cutting board - removed (COS)
 - note* discussed date marking in reach in freezer
 - note* test strips available
 - ✓ 16pF interior avantco oven not clean - in use, exterior clean, interior to be cleaned
 - ✓ 49c exterior of wok line in kitchen not clean
 - ✓ 15p saucers not protected on prep table (COS)
 - ✓ 55c hole in floor under wok line in kitchen
 - ✓ 22p egg rolls/noodles at 53F in 2 door bay Marie - voluntarily discarded by person in charge - all other food product TCS moved 42F and under to different unit. person in charge to get work order for bay Marie
 - ✓ 43c tongs stored on oven handles
 - ✓ 45c to go container used as scoop in flour (COS)
 - ✓ note* good glove use observed/good handwashing observed when changing tasks
 - ✓ 15p broccoli in WIC not covered/protected
 - ✓ 49c Floor under snapple shelving not clean (COS)
 - ✓ 49c Floor under equipment throughout not clean
 - ✓ 56c hood baffles not clean front cookline
 - ✓ 49c gaskets of WIC not clean
 - ✓ 47c cutting boards damaged/heavily gauged

Person in Charge (Signature) [Signature] Date 5/13/2024
 Inspector (Signature) [Signature] Date 5/15/24

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 5/28/2024

Establishment Fatima's Fusion Time In 12 AM/PM Time Out 1 AM/PM

Address 180 Spruce Street LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder Forhad 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) [Signature] Date 05.28.24

Person in Charge (Printed) Forhad Chowdhury

Inspector (Signature) [Signature] Date 5/28/2024

Inspector (Printed) Lauren Grandy

Violations documented	Date	Corrections due	#
Priority Item Violations	<u>5/31/24</u>		<u>2</u>
Priority Foundation Item Violations	<u>6/8/24</u>		<u>4</u>
Core Item Violations	<u>8/28/24</u>		<u>8</u>
Risk Factor/Public Health Intervention Violations			<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations			<u>4</u>
Good Retail Practices Violations			<u>10</u>
Requires Reinspection - check box if you intend to reinspect			<input checked="" type="checkbox"/>

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.

reinspection: 5/31/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/28/2024

Establishment Fatima's Fusion

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
undercounter freezer	0F	internal chicken	167F	handwash sink H/W	120F
3 bay Marie-chicken	41F	undercounter drawer		3 bay H.W.	124F
cut tomato	41F	↳ chicken wing	39F	bathroom H.W.	92F
		↳ cooked chicken	40F	wic: raw chicken	39F
2 door cold prep: tomato	41F			yellow rice	63F
rice	41F	undercounter kebab	38F	white rice	53F
chicken cooked	38F	ranch			
3 door freezer	10F	sliding cold prep ketchup	38F	quat sanitizer	150 ppm

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.	Corrective Actions
	CFPM: Forhad C.	
✓ 10 PF	no paper towels at handsink in kitchen	
✓ 49 C	interior of handsink not clean	yellow rice 40F samosa 40F
note:	remove peel from 3-bay sink	chicken thawing wic 32F
✓ 49 C	exterior of equipment along cookline not clean	
✓ 39 C	pan stored on floor - (COS) - moved to 3 bay sink to be WRS	
✓ 45 C	To go container used as scoop in rice - (COS)	
✓ note:	unlabeled squeeze bottles stored in between 2 door cold preps - (COS)	
✓ 49 C	Floor in dry storage upstairs room not clean	
✓ 49 C	shelving in dry storage upstairs not clean	
✓ 39 C	gloves, saran wrap stored in unfinished basement - not approved area - only store food in approved areas	
✓ 47 PF	knife w/ duct tapes taped on shelf in wic - (COS)	
✓ 22 P	white rice / yellow rice in cambros in wic between 50-60F, made the night prior at 8pm, pic voluntarily discarded. Health dept requires temp logs for food product that is cooling	
✓ 15 P	onions not protected in basement dry storage	
41 C	wiping cloths stored intermingled with dry food product	
10 PF	no paper towels at retro room handsink	
✓ 38 PF	fly trap in kitchen area by walkway (entrance)	
note*	owner waiting for quotes to finish "prep area" in basement. Not to be used / approved by health dept at this time.	

Person in Charge (Signature) [Signature]

Date 05-28-24

Inspector (Signature) [Signature]

Date 5/28/2024

*reinspection

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/11/2024

Establishment ~~Manchester~~ Five Star Chinese Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
wic		reach in		3 bay bleach	50-100ppm
crab ragoon	40F	chicken wing	40F		
cooked chicken	40F	egg roll	41F		
raw chicken	40F				
		bay Marie			
white rice	156F	raw shrimp	41F		
↳ not holding		bean sprouts	40F		

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 on site during inspection, discussed new FDA Food code with owner (John Tian Hua Lin)
	discussed proper cooling practices with owner - walk in cooler - 135F to 70F in 2hrs, 70F to 41F in 4 hours.
15c	Food not protected in reach in/sliding door refrigeration ↳ discussed lids/seran wrap that is hood grade
41c	cloth stored under cutting board
56c	hood not clean - last cleaning 9/2023 - must schedule to have hood professionally cleaned
37c	duck sauce container not labeled correctly - must be in english + chinese
36c	no thermometer in walk in cooler (COS)
	discussed multiple staff to sign up to take certified food protection manager course/exam to comply with FDA Food code. provided ansi approved courses.
	discussed allergen statement to be on printed menus
	submit timeline for washable ceiling tiles
Person in Charge (Signature)	<u>[Signature]</u> Date <u>4/11/2024</u>
Inspector (Signature)	<u>[Signature]</u> Date <u>4/11/2024</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____	Date: 3/27/2024	
Establishment hungry pot Korean BBQ + Hot Pot	Time In 11:45 AM/PM Time Out 1:30 AM/PM	
Address 194 Buckland Hills Dr. # 1050	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Shuo Chen	Reinspection Other reinspection 4/5/24	



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				V	COS	R		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4								
Employee Health				V	COS	R		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events								
Good Hygienic Practices				V	COS	R		
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use								
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth								
Preventing Contamination by Hands				V	COS	R		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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								
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible								
Approved Source				V	COS	R		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source								
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated								
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction								

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	V	COS	R		
Safe Food and Water			V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods							
Food Temperature Control			V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate							
Food Identification			V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container							
Prevention of Food Contamination			V	COS	R		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables							

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

Person in Charge (Signature) **Kevin Gm** Date **3/27/2024**

Person in Charge (Printed) **Kevin Gm**

Inspector (Signature) **L. Brandy** Date **3/27/24**

Inspector (Printed) **Lauren Brandy**

Violations documented	Date corrections due	#
Priority Item Violations	3/30/24	1
Priority Foundation Item Violations	4/6/24	5
Core Item Violations	6/27/24	17
Risk Factor/Public Health Intervention Violations		5
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		18
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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.

reinspection: **4/10/2024**

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/27/2024
 Establishment Hungry pot Korean BBQ + HOT POT Town Manchester reinspection 4/5/24

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline:		reheating red broth	170F	hot water h.s.	110F
Shrimp	38F	pepsi cold		bathroom H.W.	90F
Mussels	39F	cooked zucchini	41F	wic #1	35F
clam	38F	cooked onions	41F	crab legs	36F
Chicken (raw)	38F			shrimp	36F
pork	38F	hot hold rice	157F	mussels	36F
beef	38F				

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
✓ 56C	Jackets stored on cold prep in kitchen - (cos)
✓ 38C	Fly traps hung above food product in kitchen pest control company: Debug - email Lgrandy@manchesterct.gov
✓ 35C	thawing frozen meat at room temperature (meat @ 0F) moved to wic (cos)
49C	Floors/drain by dish machine not clean
✓ 47C	wood shelving used to store dish racks
13 PF	dented cans in dry storage / must have designated area - (cos)
51C	leaking pipe at 3 bay sink, plumber coming out
48PF	no test strips for sink/surface cleaner at 3 bay Ecolab coming monday
✓ 47C	non commercial refrigerator being used at deli slicing station (pepsi) ↳ not approved, must be removed - only pre-packaged foods in there
47C	wood used as shelf in bar area - (cos)
✓ 49C	interior of keg cooler not clean at bar
✓ 47C	non commercial Artic King Fridge not approved - to be removed
✓ 16PF	interior of ice machine in kitchen not clean
✓ 10PF	no paper towels at back handsink by by warewash
✓ 10PF	rice bags hung on splash guard of handsink (corner) cookline
✓ 43C	rice spoons / mixing stirrers at bar stored in stagnant water
✓ 39C	Boxes on floor of walk in freezer
47C	caulking on 3 bay sink not clean
✓ 41C	wet rags not stored in sanitizer at server area
✓ 55C	mop not hung in mop room - stored in stagnant dirty water



Person in Charge (Signature) kevin bry Date 3/27/24
 Inspector (Signature) L. Grandy Date 3/27/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/27/2024

Establishment Hungry pot

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC #2	38F	salad bar		sink/surface (cactic)	709 ppm ✓
shrimp	37F	garlic oil	40F		
beef	37F	kimchi	40F		
garlic sauce	37F	Fried Fish	135F		
WIF	-3F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
	staff entered kitchen
8p	no handwashing from staff upon entering kitchen
✓ 49c	exterior of juice cold prep at bar not clean
✓ 39c	sugar water syrup in jugs stored on floor of bar
	- frozen clams/mussels cooked - Health Dept to follow up
	- discussed denied can policy with person in charge
	- discussed proper thawing of food product
	- overall good handwashing / glove use
	- overall clean + organized
	- overall good labeling of food product throughout
	- discussed removing all non-commercial, non equipment from establishment

Person in Charge (Signature) Kevin Bms

Date 3/27/2024

Inspector (Signature) Z. Grandy

Date 3/27/2024

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/2/2024	Time In 11:30 AM Time Out 1:30 PM
Establishment: Maggie McFlys	 <p>Connecticut Department of Public Health</p>	LHD Manchester
Address: 194 Buckland Hills Dr. # 1023		Purpose of Inspection: Routine Pre-op
Town/City: Manchester		Reinspection Other: Reinspection 4/11/24
Permit Holder: Kiara (PIC)		

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				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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				18 <input checked="" type="checkbox"/> Proper cooking time and temperatures					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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				19 <input checked="" type="checkbox"/> Proper reheating procedures for hot holding					
Employee Health				Proper disposition of returned, previously served, reconditioned, and unsafe food				20 <input checked="" type="checkbox"/> Proper cooling time and temperatures					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	21 <input checked="" type="checkbox"/> Proper hot holding temperatures						
Management, food employee and conditional employee; knowledge, responsibilities and reporting				22 <input checked="" type="checkbox"/> Proper cold holding temperatures				23 <input checked="" type="checkbox"/> Proper date marking and disposition					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	24 <input type="checkbox"/> Time as a public health control: procedures and records						
Proper use of restriction and exclusion				Consumer Advisory				25 <input checked="" type="checkbox"/> Consumer advisory provided: raw/undercooked food					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	26 <input checked="" type="checkbox"/> Pasteurized foods used; prohibited foods not offered						
Written procedures for responding to vomiting and diarrheal events				Highly Susceptible Population				27 <input type="checkbox"/> Food additives: approved and properly used					
Good Hygienic Practices				Food/Color Additives and Toxic Substances				28 <input checked="" type="checkbox"/> Toxic substances properly identified, stored & used					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	29 <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan						
Proper eating, tasting, drinking, or tobacco products use				Conformance with Approved Procedures									
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>							
No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Adequate handwashing sinks, properly supplied/accessible													
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Required records available: molluscan shellfish identification, parasite destruction													

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											
Safe Food and Water				Proper Use of Utensils				Utensils and Equipment			
OUT	N/A	N/O	V	OUT	N/A	N/O	V	OUT	N/A	N/O	V
30	<input type="checkbox"/>	<input type="checkbox"/>	P	43	<input type="checkbox"/>	<input type="checkbox"/>	C	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C
30 <input type="checkbox"/> Pasteurized eggs used where required				44 <input checked="" type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled				47 <input checked="" type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	45	<input type="checkbox"/>	<input type="checkbox"/>	P/C	48	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C
31 <input type="checkbox"/> Water and ice from approved source				45 <input type="checkbox"/> Single-use/single-service articles: properly stored & used				48 <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	46	<input type="checkbox"/>	<input type="checkbox"/>	C	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C
32 <input type="checkbox"/> Variance obtained for specialized processing methods				46 <input type="checkbox"/> Gloves used properly				49 <input checked="" type="checkbox"/> Non-food contact surfaces clean			
Food Temperature Control				Physical Facilities							
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	50	<input type="checkbox"/>	<input type="checkbox"/>	Pf				
33 <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control				50 <input type="checkbox"/> Hot and cold water available; adequate pressure							
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C				
34 <input type="checkbox"/> Plant food properly cooked for hot holding				51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices							
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	52	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C				
35 <input type="checkbox"/> Approved thawing methods used				52 <input type="checkbox"/> Sewage and waste water properly disposed							
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	53	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C				
36 <input type="checkbox"/> Thermometers provided and accurate				53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean							
Food Identification											
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	54	<input type="checkbox"/>	<input type="checkbox"/>	C				
37 <input checked="" type="checkbox"/> Food properly labeled; original container				54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained							
Prevention of Food Contamination											
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C				
38 <input type="checkbox"/> Insects, rodents, and animals not present				55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean							
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C				
39 <input checked="" type="checkbox"/> Contamination prevented during food preparation, storage & display				56 <input checked="" type="checkbox"/> Adequate ventilation and lighting; designated areas used							
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C								
40 <input type="checkbox"/> Personal cleanliness											
41	<input type="checkbox"/>	<input type="checkbox"/>	C								
41 <input type="checkbox"/> Wiping cloths: properly used and stored											
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C								
42 <input type="checkbox"/> Washing fruits and vegetables											

Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>[Signature]</i>	Date 4/2/2024	
Person in Charge (Printed) [Name]		
Inspector (Signature) <i>[Signature]</i>	Date 4/2/2024	
Inspector (Printed) Lauren Grandy		

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	4/12/2024	7
Core Item Violations	7/2/2024	17
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		18
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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.

reinspection: 4/12/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/2/2024

Establishment Maggie McFly's Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Meatball	34F	salad - Hard boiled egg	37F	hot water handsink	115
tomato	34F	ranch	36F		
Shredded cheese	40F	cooked spaghetti	40F	quat	200ppm
pico de gallo	36F	dumpling	37F		
Kamano chicken	38F	raw chicken kebab	35F	dish machine	100ppm
salmon	34F	raw steak kebab	35F	bar-chlorine	
cooked veggies	35F	cut tomatoes	36F		
Mussels cooked	34F			WIF	7F

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
	PIC - Kiara / CFPM - Freddy
51C	water line leaking behind ice machine at beverage station → don't use signs, ordering new machine
49C	exterior of bin with coffee filters not clean
10PF	soda nozzle backsplash not clean
56C	personal belongings stored on prep table (cos)
55C	missing floor tiles / grout receding on floor - next week - email Larandy@manchester.gov discussed grouting floor tiles by warewash area
55C	Floor drain in warewash not secure
39C	dirty rag stored on clean dishes - dishes to be w/r/s (cos)
49C	caviting by ware wash area not clean
41C	cove base in dry storage damaged - next week for repair → Tuesday 4/16
*	certified food protection manager to be taken in 30 days (Kiara?)
47C	top of cold prep unit not secured across from pizza station
47C	wheels of idoor freezer damaged by pizza station
37C	squeeze bottles in cold prep by pizza station not labeled
44PF	onion chopper stored in onions of salad cold prep unit (cos)
44C	plates/dishware not protected at salad cold prep - discussed adding prep tables to use for plates/dishwares
note*	Food thermometers / alcohol wipes
note*	pasta strainer / gas shut off / will follow up with health dept once repaired
47C	handle missing on drawer of cookline
note*	good handwashing / glove use by staff

Person in Charge (Signature) [Signature]

Date 4/2/2024

Inspector (Signature) [Signature]

Date 4/2/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/2/2024

Establishment Maggie McFly's

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
chicken wings	40F	wic - cooked pasta	39F	quat sanitizer	200ppm
tomato	38F	sliced cheese	38F		
coleslaw	38F	pot roast	37F		
hamburger raw	37F	rice	36F	bakery cheesecake	36F
		ribs cooked	37F		
internal chicken	172F	mashed potato	135	restrooms hotwater	
rice in warmer	161F	potato soup	151F	women/men	115F/90F
		chili	168F	pudding pork	171F

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
	kiara@maggiemcflys.com
47c	drawer with hamburger meat not sealing properly - discussed using different until to maintain temperature until fixed
16PF	interior of microwave not clean
10PF	hand sink along cookline used as dump sink
16PF	Mixer not clean
note*	good date marking - discussed dates on sticker
49c	exterior of chip box at server area not clean
16PF	cutting board at server station not clean - removed / will order new cutting board
49c	shelf door at bar area not clean
note*	test strips available for sanitizer
51c	dump sink leaking at bar area - plumber to email quote for repair
16PF	soda gun (left of bar) not clean → use other dump sink at bar temporarily until repaired.
note*	DPH allergen poster provided this day
note*	Pest control reports reviewed, no issues

wic - ribs 39F / corn salsa 40F
 cooling chowder @ 166F
 WLF 20F
 quat in 3 bay 200-400ppm

Person in Charge (Signature)

Date 4/2/24

Inspector (Signature)

Date 4/2/2024

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 4/3/2024	
Establishment Mocha Emporium	Time In 2:15 AM (PM) Time Out 3:15 AM (PM)	
Address 194 Buckland Hill Dr. # 2166	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Adel / Esam Wahhas	Reinspection Other reinspection 4/5/24	

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
3 Employee Health Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
6 Good Hygienic Practices Proper eating, tasting, drinking, or tobacco products use				20 Proper cooling time and temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth				21 Proper hot holding temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
8 Preventing Contamination by Hands Hands clean and properly washed				22 Proper cold holding temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 Proper date marking and disposition									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessible				24 Time as a public health control: procedures and records									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
11 Approved Source Food obtained from approved source				25 Consumer Advisory Consumer advisory provided: raw/undercooked food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature				26 Highly Susceptible Population Pasteurized foods used; prohibited foods not offered									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated				27 Food/Color Additives and Toxic Substances Food additives: approved and properly used									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction				28 Toxic substances properly identified, stored & used									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				29 Conformance with Approved Procedures Compliance with variance/specialized process/ROP criteria/HACCP Plan									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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												
Safe Food and Water				Proper Use of Utensils								
OUT	N/A	N/O	V	OUT	N/A	N/O	V	COS	R	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Food Temperature Control Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Plant food properly cooked for hot holding				47 Utensils and Equipment Food and non-food contact surfaces cleanable, properly designed, constructed, and used								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Approved thawing methods used				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Thermometers provided and accurate				49 Non-food contact surfaces clean								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Food Identification Food properly labeled; original container				50 Physical Facilities Hot and cold water available; adequate pressure								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Prevention of Food Contamination Insects, rodents, and animals not present				51 Plumbing installed; proper backflow devices								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Contamination prevented during food preparation, storage & display				52 Sewage and waste water properly disposed								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Personal cleanliness				53 Toilet facilities: properly constructed, supplied, & clean								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Wiping cloths: properly used and stored				54 Garbage and refuse properly disposed; facilities maintained								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Washing fruits and vegetables				55 Physical facilities installed, maintained, and clean								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				56 Adequate ventilation and lighting; designated areas used								
				<input type="checkbox"/> 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) <i>[Signature]</i> Date 4/3/24				Violations documented				Date corrections due				#			
Person in Charge (Printed) Adel Wahhas (pic)				Priority Item Violations				4/6/24				3			
Inspector (Signature) <i>[Signature]</i> Date 4/3/2024				Priority Foundation Item Violations				4/13/24				4			
Inspector (Printed) Lauren Grandy				Core Item Violations				7/13/24				7			
				Risk Factor/Public Health Intervention Violations								4			
				Repeat Risk Factor/Public Health Intervention Violations								10			
				Good Retail Practices Violations								10			
				Requires Reinspection - check box if you intend to reinspect								<input checked="" type="checkbox"/>			

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.

reinspection: 4/5/2024

Food Establishment Inspection Report

LHD manchester Inspection Report Continuation Sheet Date 4/13/2024
 Establishment Macha Emporium Town Manchester reinspection 4/5/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cream cheese	43F			hot water	110F
milk	47F			bleach	50-100 ppm
half + half	41F				
milk	41F				
Beverage air Thermometer	38F			milk	47

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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 - Adel Wahhas
10 pF	no paper towels at hand sink in back of house (COS)
37c	unlabeled container in cold prep
✓ 45c	single use to go items stored on floor in back room
✓ 44c	coffee lids stored on ground under 3 bay sink
✓ 51p	no backflow preventer on hose at mop sink (hose bib)
✓ 39 pF	unclean dishware stored in clean dishware - comingled
✓ 16 pF / 49c	exterior/interior of ice machine not clean
49c	Floor in back of house not clean
16 pF	utensil drawer not clean at front counter
55c	jumbled drawers at front counter - declutter
43c	scoop stored in powder of product at front counter
notex	discussed labeling dirty/clean utensils for stirring drinks
notex	discussed licensed pest control service for pests - no activity observed during inspection
notex	thermometer present at in refrigeration - continue to monitor temps
15p	reuse of single use stirrers on order, owner to email invoice
✓ 28p	Medication stored next to pre-wrapped cookies (COS) ↳ discussed designated area for toxic substances/medication
notex	discussed dented can policy - designated area for dented cans needed
	milk voluntarily discarded. vlc Bev Air fridge up front not to be used for TCS foods until fixed. Provide Health Dept w/ work order.

Person in Charge (Signature) Date 4/13/24
 Inspector (Signature) Date 4/13/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 3/6/24

Establishment Stop & Shop

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Salmon	37F	Wings bar	142F	Hot Water H.S.	110F
Shrimp	38F	Wings bar	158F		
Scallops	38F	Clam Chowder	190F	Meatroom sink	124F
		Chicken Fingers	148F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- ✓ 20P ✓ Reviewed Shellyfish Tag - SOP tag written in book each open bag only muscles in bag w/ tag
- ✓ Reviewed Pot. Chicken cooked to 165°F or higher - New computer system logs on site. Management to have written S.O.P for Cooling Chickens for Chicken Salad - Email H&Dpt Chicken on counter @ 70° → Estimated 3 hrs out of "HEAT" - Product Discarded.
- * d.payne@manchester.ct.gov
- ✓ 10PF Sink splash guard damaged in Prep foods area - relocate stickers away from sink until corrected
- ✓ 55C Walk in Coolers / Freezers Condensers / ceilings unclean - Discussed floor cleaning (Kool Clean or like) to remove build-up. Seal concrete as needed (incl. former produce w/c)
- ✓ 55C Wall-tiles damaged/falling off / missing behind Delifryers - provide schedule for repair
- ✓ Discussed Chipped food trays → replace
- ✓ 49C Wing bar water well bins unclean
- ✓ 51C Produce room floor drains backed up - Check all floor drains for cleanliness
- ✓ 47C Seafood cracked containers covered ^{all new} discarded Discussed drying rack in dbli / clean storage




Person in Charge (Signature) [Signature]

Date 3-6-24

Inspector (Signature) Denise Payne

Date 3/6/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3																																																																																																																																																																																																																																																																																																																															
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<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Approved Source																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Time/Temperature Control for Safety																																																																																																																																																																																																																																																																																																																																	
<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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<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 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"/>																																																																																																																																																																																																																																																																																																																										
Consumer Advisory																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
Highly Susceptible Population																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
Food/Color Additives and Toxic Substances																																																																																																																																																																																																																																																																																																																																	
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Conformance with Approved Procedures																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
GOOD RETAIL PRACTICES																																																																																																																																																																																																																																																																																																																																	
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																																																																																																																																																																																																																																																																																																																																	
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																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;">Food Temperature Control</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;">Food Identification</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;">Prevention of Food Contamination</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage & display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/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"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	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"/>	Food Identification							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>Proper Use of Utensils</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td>In-use utensils: properly stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Utensils/equipment/linens: properly stored, dried, & handled</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Single-use/single-service articles: properly stored & used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;">Utensils and Equipment</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;">Physical Facilities</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Toilet facilities: properly constructed, supplied, & clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment					<input checked="" 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"/>	Warewashing facilities: installed, maintained and used; 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<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"/>																																																																																																																																																																																																																																																																																																																											
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<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
Physical Facilities																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	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"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<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"/>	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	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
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Inspector (Signature) <i>[Signature]</i> Date 5/20/24	Priority Item Violations	Immediate/3 days																																																																																																																																																																																																																																																																																																																															
Inspector (Printed) Denise Payne	Priority Foundation Item Violations	16 days																																																																																																																																																																																																																																																																																																																															
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	Good Retail Practices Violations																																																																																																																																																																																																																																																																																																																																
	Requires Reinspection - check box if you intend to reinspect	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																															

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.

Re-insp. 5/22/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 5/20/24
 Establishment Teriyaki Box Town Manchester 5/22/24 Reinsp.

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Shrimp	37F	Cream cheese	39F	Chlorine	50-100ppm.
Pork	40F				
Chicken	37F				
Chicken	38F	Beef Stew	168F		
Rice Noodle	38F	Miso soup	168F		
Noodles	40F	Mushroom soup	156F		
Salmon	38F				
Avocado	41F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | 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. |
|-------------|--|
| ✓ 11eP | No Sanitizer made - made this day Chlorine - 50ppm |
| ✓ 22P | Garlic/onion + spice in oil at room temp - discarded.
When onion is cooked and garlic is mixed with oil it is TCS => needs Refrigeration. |
| ✓ 30P | Exterior alley - Heavy debris, smoke butts trash. |
| ✓ 22P | Eggs on cookline @ room temp. -> discarded |
| ✓ 16P | Unclean spatulas in stagnant water - move to ware wash |
| ✓ 37c | Sauce bottles unclean / not labeled |
| * 47C | Cookline equipment (stove) shelf, equip Unclean |
| ✓ 16c | Cookline spice containers unclean - emptied. Wash
Rinse-Sanitize -> update labels prior to new prod |
| * 49C | Shelf over ^{cold} prep units unclean |
| 47P | Utensils unclean on stainless steel table on cookline. |
| 22P | Batter container not covered + dried out. Discarded |
| ✓ 44C | Tongs hung on oven handle |
| * 47C | Gaskets torn. Reaching/sushi w/c reaching |
| ✓ 52C | Sushi freezer - too much ice build-up (defrost) |
| ✓ 45C | Remove unused equipment |
| ✓ 22P | Open containers of jams - bottle states "refrigerate after opened" jams discarded |
| - | Bubba Tea in cooler -> pre chill backup contain |
| - | Temperature at sushi just at 41F * Monitor! |

Person in Charge (Signature) Date 5/20/24
 Inspector (Signature) D Payne Date 5/20/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 5/20/24

Establishment Teriyaki Box Town Manchester

Reinsp. 5-22-24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number 50PF Hot water not working at waitress station. Plumber on site
Schdl Repair

Item Number 8P 3 Bay sink used by staff to rinse hands.
Change gloves changing tasks / use only hand sink Soap + water to Wash

Item Number SQL * Cleanliness issue > Requires deep clean by wed the 22nd
Health Dpt to Re-inspect

Wall cover at sushi bar needs to be properly installed - adhered + trimmed out.

Item Number 38PF Back door - gap on bottom -> Door closed - will be addressed

Item Number 10PF Hand sink on cookline unclean

Owner to train ~~staff~~ staff : Sanitizing
: Cleaning
: Temperatures
SQL * Where to wash hands + how often

jumbled freezer - seafood/meat over rice
Black + Decker toaster oven; NOT commercial

Person in Charge (Signature) [Signature] Date 5/20/24
Inspector (Signature) [Signature] Date 5/20/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/>		Date: 5/6/24
Establishment Texas Roadhouse		Time In <input type="checkbox"/> AM/PM Time Out <input type="checkbox"/> AM/PM
Address 21 Redstone Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op <input type="checkbox"/>
Permit Holder		Reinspection <input type="checkbox"/> Other <input type="checkbox"/>



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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	B/C	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	R/P/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health															
<input 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 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 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 type="checkbox"/>	<input checked="" 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 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 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 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 type="checkbox"/>	<input checked="" 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			
Approved Source															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used			
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"/>	<input checked="" type="checkbox"/>	Utensils and Equipment							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	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 checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>				
Prevention of Food Contamination															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<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"/>				
Violations documented															
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <i>[Signature]</i>		Date 5/6/24		Violations documented				Date corrections due		#					
Person in Charge (Printed) Kyle Dube		5/6/24		Priority Item Violations				3 days		1					
Inspector (Signature) <i>[Signature]</i>		Date 5/6/24		Priority Foundation Item Violations				10 days		4					
Inspector (Printed) Denise Payne				Core Item Violations				90 days		5					
				Risk Factor/Public Health Intervention Violations						4					
				Repeat Risk Factor/Public Health Intervention Violations						4					
				Good Retail Practices Violations						5					
				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 Manchester

Inspection Report Continuation Sheet

Date 5/6/24

Establishment Texas Roadhouse Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Butter	40F	Mushrooms	173F	Hand sink	103F
Tomato	40F	Onions	180F	3 Bay	132F
Cheese	40F	Chili	168F	Lactid Acid ✓	
Salmon	39F	Mashed Pot's	159F		
Tomato	38F	Manhara	154F	Dish machine	>160F
Rice (Indiv)	40F	cooling in process @	66F		
Egg Crumble	39F	Ribs @	70F		
Milk	41F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | 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. |
|-------------|--|
| ✓ 10PF | Handsink blocked in ware wash - bag of towels. ^{clean.} Discussed access for washing btwn "dirty" wash "clean" dishes |
| ✓ 45C | Dry storage; bags sugar/seasoning on floor ^{just detatched} boxes of meat from today's delivery *Store properly as soon as possible. |
| ✓ 47 P | Interiors - upper ice machine unclean. |
| * 55C | Floor tiles + cove base in Walk-in freezer heavily damaged |
| 49C | Storage baskets (white) rusting |
| ✓ 55C | Walls generally with sauce splatter. WIC/Prep/Waitress Sta |
| ✓ 55c | Ceiling Vents unclean |
| ✓ 16PF | Unclean can opener holder + handle |
| ✓ 6C | Multiple "personal" food items on work surfaces |
| ✓ 38PF | Improper thawing in prep sink - 3 bins Not under running water |
| 38PF | Gnats @ glass storage |

Respond by Email - corrections by 5/16/24 - dpayne@manchesterct.gov

Good date marking observed - Discussed indiv bagged items. *Label on pan.

Discussed "cover" bar plates under bar.
 Cold; Arrara Steak Strip 38F / Small steak 37
 Steak case 37F

Cooked; Shrimp 145F Steak medium 136F

Person in Charge (Signature) [Signature] Date 5/6/24
 Inspector (Signature) D Payne Date 5/6/24

*see response email



Denise Payne

From: TXRH Manchester, CT #266 <store_manchesterct@TexasRoadhouse.com>
Sent: Wednesday, May 15, 2024 4:31 PM
To: Denise Payne
Subject: Manchester Texas Roadhouse

EXTERNAL MESSAGE - Don't just click it, put in a ticket!

This is Kyle. The kitchen manager you spoke with on 5/6/24 about or inspection.
I'm reaching out to address correction on some items during our inspection,

Hand sink blocked :

Addressed - Coached staff on keeping all hand sinks accessible and putting sign on the sinks.

Dry storage bags on floor:

Addressed - Coached team member and prep staff on proper procedure of portioning food and not having food items on the floor.

Ice Machine:

Addressed - Scheduled maintenance cleaning.

Floor Tiles:

In process - Looking into quotes on repairing floor tiles in freezer.

Wall Splatter:

Addressed- Coached staff and closers to be thorough in the process. Coaching on cleaning a mess as it is made instead of after the fact.

Ceiling Vents:

Corrected- Have been cleaned and a schedule has been made to maintain cleanliness.

Can Opener:


Corrected- Has been removed and cleaned thoroughly. Added to daily cleanliness assignment.

Personal Food/Items at work station:

Addressed: Coached staff on keeping their personal food/items separate from prep stations and having only closed lid containers below the station.

Improper thawing in prepsink:

Addressed- coached staff on running water thawing.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/23/2024
Establishment: TGI Fridays	 <p>Connecticut Department of Public Health</p>	Time In: 11:30 AM/PM Time Out: 1:00 AM/PM
Address: 209 Hale Road		LHD: Manchester
Town/City: Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder: CFPM: jeremy		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
1	<input checked="" type="checkbox"/> Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf
2	<input checked="" type="checkbox"/> Certified Food Protection Manager for Classes 2, 3, & 4	C
Employee Health		
3	<input checked="" type="checkbox"/> Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf
4	<input checked="" type="checkbox"/> Proper use of restriction and exclusion	P
5	<input checked="" type="checkbox"/> Written procedures for responding to vomiting and diarrheal events	Pf
Good Hygienic Practices		
6	<input checked="" type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use	P/C
7	<input checked="" type="checkbox"/> No discharge from eyes, nose, and mouth	C
Preventing Contamination by Hands		
8	<input checked="" type="checkbox"/> Hands clean and properly washed	P/Pf
9	<input checked="" type="checkbox"/> No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C
10	<input checked="" type="checkbox"/> Adequate handwashing sinks, properly supplied/accessible	Pf/C
Approved Source		
11	<input checked="" type="checkbox"/> Food obtained from approved source	P/Pf/C
12	<input checked="" type="checkbox"/> Food received at proper temperature	P/Pf
13	<input checked="" type="checkbox"/> Food in good condition, safe, and unadulterated	P/Pf
14	<input checked="" type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction	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
OUT	Proper Use of Utensils	V COS R
30	<input type="checkbox"/> Pasteurized eggs used where required	P
31	<input type="checkbox"/> Water and ice from approved source	P/Pf/C
32	<input type="checkbox"/> Variance obtained for specialized processing methods	Pf
Food Temperature Control		
33	<input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control	Pf/C
34	<input type="checkbox"/> Plant food properly cooked for hot holding	Pf
35	<input type="checkbox"/> Approved thawing methods used	Pf/C
36	<input type="checkbox"/> Thermometers provided and accurate	Pf/C
Food Identification		
37	<input checked="" type="checkbox"/> Food properly labeled; original container	Pf/C
Prevention of Food Contamination		
38	<input type="checkbox"/> Insects, rodents, and animals not present	Pf/C
39	<input checked="" type="checkbox"/> Contamination prevented during food preparation, storage & display	P/Pf/C
40	<input type="checkbox"/> Personal cleanliness	Pf/C
41	<input checked="" type="checkbox"/> Wiping cloths: properly used and stored	C
42	<input type="checkbox"/> Washing fruits and vegetables	P/Pf/C
Utensils and Equipment		
43	<input type="checkbox"/> In-use utensils: properly stored	C
44	<input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled	Pf/C
45	<input checked="" type="checkbox"/> Single-use/single-service articles: properly stored & used	Pf/C
46	<input type="checkbox"/> Gloves used properly	C
Physical Facilities		
47	<input checked="" type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C
48	<input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C
49	<input checked="" type="checkbox"/> Non-food contact surfaces clean	C
50	<input type="checkbox"/> Hot and cold water available; adequate pressure	Pf
51	<input checked="" type="checkbox"/> Plumbing installed; proper backflow devices	P/Pf/C
52	<input type="checkbox"/> Sewage and waste water properly disposed	P/Pf/C
53	<input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean	Pf/C
54	<input checked="" type="checkbox"/> Garbage and refuse properly disposed; facilities maintained	C
55	<input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean	P/Pf/C
56	<input type="checkbox"/> Adequate ventilation and lighting; designated areas used	C
	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f	C
Person in Charge (Signature) <i>[Signature]</i> Date 4/23/24 Person in Charge (Printed) Jeremy LaLonde Inspector (Signature) <i>[Signature]</i> Date 4/23/2024 Inspector (Printed) Lauren Grandy		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
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.		
Violations documented		Date corrections due
Priority Item Violations		4/23/24
Priority Foundation Item Violations		5/3/24
Core Item Violations		7/23/24
Risk Factor/Public Health Intervention Violations		#
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		19
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

reinspection: 5/8/2024

Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 4/23/2024

Establishment TGI Fridays

Town manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline: sliced cheese	40F	pasta (cooked)	40F	hot water (h.s)	113F
chicken wings	39F	raw shrimp	39F	great bucket	150ppr
raw chicken	39F	raw beef	41F	cookline	
cheese	41F				
cut tomato	41F	wic	38F	thawing salmon in wic	30F
salsa	40F	coleslaw	41F	raw chicken	41F
cut tomato	41F	ribs	40F		
cheesecake slice	35F	cooked chicken wing	40F	wif	-1F

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
	CPM - Jeremy
49C	Floors along cookline not clean - discussed under equipment
47PF	interior of microwave peeling/damaged
49C/16PF	interior/exterior of microwaves not clean - exterior of microwaves N/A
55C	ceiling tiles along cookline damaged/not clean - on order
47PF	lid of shaker damaged next to 6 burner stove
49C	vent/ceiling not clean by mapsink
54C	no trash at handsink by 3 bay
41C	unclean damp wiping cloths on prep table near prep sink
37C	liquid in prep container not labeled properly near prep sink
note	remove wrap on undercounter cold prep
16PF	prep sink not clean
16PF	interior of ice machine not clean
note	non commercial blenders - health dept to follow up with spec ↳ if not commercial must be removed
51C	drip/leak under 3 bay sink
49C	Floors of wif not clean
6 P	cigarettes in bucket on dish machine conveyor
49C	shelving in dry storage room not clean
49C	exterior of flour container in dry storage not clean
45C	coffee filters not protected in dry storage
54C	oil tank in dry storage leaking - call for repair - scheduled for this week - email invoice
49C	Floor in dry storage not clean

Person in Charge (Signature)

Date 4/23/24

Inspector (Signature)

Date 4/23/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/23/24

Establishment T.G.I.F

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
quat sanitizer bucket	200ppm	cookline:		dish machine	50-100 ppm
quat sanitizer 3 bay	400ppm	marinara sauce (hot)	180F		
WIF	0F	chicken raw	40F	hot water mens	96F
		salmon raw	40F	hot water womens	101F
WIC	39F	chicken wing	41F		
coleslaw	40F	cut tomato	41F		
wings	40F	shaved beef	40F		
cooling wings on speed rack @ 11:15	2:30 @ 50F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
✓ 45C	dry storage paper goods on floor in wrapping
✓ 49C	chemical storage shelving not clean
55C	cover base missing outside womens employee bathroom - discussed gROUT or sealing
✓ 51C	hand sink in womens employee restroom leaking
✓ 16PF	ice machine at server station not clean
✓ 51C	secure nozzle of 3 bay sink at bar
✓ note*	Food allergy poster provided this day
52C	ice cream scoop stored in stagnant water on cookline - corrected on site
52C	stagnant water behind 2 door standing cold prep along cookline

Person in Charge (Signature)

Date 4/23/24

Inspector (Signature)

Date 4/23/2024

*reinspection/
reopening

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/11/2024

Establishment Urban Air

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
sweet sour sauce ↳ cold prep @ 38F	41F				
WIF	-10F				
reach in cooler	38F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
48pf	no test strips for sink/surface cleaner sanitizer at 3 bay ↳ person in charge to reach out to Edlab for proper test strips
	Dani white + Tariq Fothergill (Mari) to take CFPM exam Friday 4/12/2024.
55c	door to warehouse - discussed door sweep
49c	chili from machine in front service area dripping - discussed turning off earlier
49c	exterior of ice machine not clean
	management cleaned establishment - Health Dept okay to open/operate this day. person in charge knowledgeable with cold, hot + cooking temperatures.
	Health Dept received application, fee, menu - will drop off Food service license Friday 4/12/24.
	email Lgrandy@manchesterct.gov or dpayne@manchesterct.gov with CFPM certificates for all staff when completed.

Person in Charge (Signature) [Signature]

Date 4/11/2024

Inspector (Signature) [Signature]

Date 4/11/2024

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/19/24

Establishment Al Madina Restaurant Time In 12:30 AM/PM Time Out 1:40 AM/PM

Address 246 Broad st. LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder Mohammed Azad 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						
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"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>
Employee Health						
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"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<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"/>
Good Hygienic Practices						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<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"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<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"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
Protection from Contamination						
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/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"/>
Time/Temperature Control for Safety						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>
Consumer Advisory						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
Highly Susceptible Population						
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
Food/Color Additives and Toxic Substances						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Conformance with Approved Procedures						
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<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	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				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods
Food Temperature Control				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate
Food Identification				
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container
Prevention of Food Contamination				
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables
Proper Use of Utensils				
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly
Utensils and Equipment				
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean
Physical Facilities				
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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) [Signature] Date 4-19-24

Person in Charge (Printed) _____

Inspector (Signature) [Signature] Date 4/19/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>4-29-24</u>	2
Core Item Violations	<u>7-19-24</u>	8
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		8
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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.

Reinspection 4/30/24

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/30/24		
Establishment Arbors of Hop Brook	Time In 11:45 AM PM Time Out 12:45 AM PM		
Address 403 W. Center St.	LHD Manchester		
Town/City Manchester	Purpose of Inspection: Routine Pre-op		
Permit Holder _____	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	Time/Temperature Control for Safety	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties V Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected V <input checked="" type="checkbox"/> P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Employee Health			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Good Hygienic Practices			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Consumer Advisory		
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Highly Susceptible Population	
Preventing Contamination by Hands			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Food/Color Additives and Toxic Substances	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Conformance with Approved Procedures	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Approved Source	
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	GOOD RETAIL PRACTICES	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	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		
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Safe Food and Water	Proper Use of Utensils	Utensils and Equipment
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			
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required P <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	43 <input type="checkbox"/> OUT In-use utensils: properly stored C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	47 <input type="checkbox"/> OUT Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	49 <input checked="" type="checkbox"/> OUT Non-food contact surfaces clean C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
31 <input type="checkbox"/> OUT Water and ice from approved source P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	44 <input type="checkbox"/> OUT Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	48 <input type="checkbox"/> OUT Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	50 <input type="checkbox"/> OUT Hot and cold water available; adequate pressure Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
32 <input type="checkbox"/> OUT Variance obtained for specialized processing methods Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	45 <input type="checkbox"/> OUT Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	51 <input type="checkbox"/> OUT Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	52 <input type="checkbox"/> OUT Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Food Temperature Control			
33 <input type="checkbox"/> OUT Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	46 <input type="checkbox"/> OUT Gloves used properly C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	53 <input type="checkbox"/> OUT Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	54 <input type="checkbox"/> OUT Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
34 <input type="checkbox"/> OUT Plant food properly cooked for hot holding Pf <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Physical Facilities		
35 <input type="checkbox"/> OUT Approved thawing methods used Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	55 <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	56 <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	56 <input type="checkbox"/> OUT Natural rubber latex gloves not used per CGS §19a-36f C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
36 <input type="checkbox"/> OUT Thermometers provided and accurate Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Violations documented		
37 <input checked="" type="checkbox"/> OUT Food properly labeled; original container Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Prevention of Food Contamination		
38 <input type="checkbox"/> OUT Insects, rodents, and animals not present Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Priority Item Violations	Date 5-3-24	# 2
39 <input type="checkbox"/> OUT Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Priority Foundation Item Violations		0
40 <input type="checkbox"/> OUT Personal cleanliness Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Core Item Violations	7-30-24	6
41 <input type="checkbox"/> OUT Wiping cloths: properly used and stored C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Risk Factor/Public Health Intervention Violations		2
42 <input type="checkbox"/> OUT Washing fruits and vegetables P/Pf/C <input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature) <i>[Signature]</i> Date 4/30/2024			
Person in Charge (Printed) Shawn Jarrois Date 4/30/2024			
Inspector (Signature) <i>[Signature]</i> Date 4/30/24			
Inspector (Printed) Jose Ramirez			
Good Retail Practices Violations 6			
Requires Reinspection - check box if you intend to reinspect			

Reinspection 5/7/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 4/30/24
 Establishment Arbors of Hop Brook Town Manchester Reinspection 5/7/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIC Traulsen		WIC Cheese cube	39F	Hand sink by WIC	138F
fruit salad	40F			quat bucket	400ppm
Hot hold tomato soup	170F			3 bay	138F
under counter cooler					
burger patty	41F				
WIC sausage	39F				
salmon	40F				
veal	40F				



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
	C.F.P.M Sean on site
37C	unlabeled squeeze bottles at cookline & seasoning shakers
49C	exterior WIF wall unclean
15P	WIF comingled beef & Pork WIF
15P	WIF ground meats stored comingled w/ whole cuts of meat
49C	WIC fan cover unclean
49C	speedrack in WIC unclean
49C	Ceiling lights in warewash area unclean
49C	Fan in warewash area unclean
Note	Not corrected upon arrival. Discussed w/ PIC why proper hierarchy must be implemented. PIC reorganized WIF while JR on site.
Note	Allergen notice posted on menu per PIC
Note	Enzyme spray used to control odor at grease trap by WIF
Note	Discussed proper storage of employee belongings
Note	Ecolab pest control monthly
Note	Provided allergen poster
Note	Test strips & thermometer available

Person in Charge (Signature) [Signature] Date 4/30/2024
 Inspector (Signature) [Signature] Date 4/30/24

Risk Category: 3		Food Establishment Inspection Report				Page 1 of 3										
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: 5/2/24												
Establishment Big Y Market				Time In 11:00 AM/PM Time Out 1:00 AM/PM												
Address 234 Tolland Tpke				LHD Manchester												
Town/City Manchester				Purpose of Inspection: <u>Routine</u> Pre-op												
Permit Holder _____				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			IN OUT N/A N/O		Protection from Contamination									
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Employee Health					Time/Temperature Control for Safety									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Good Hygienic Practices					Consumer Advisory									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Preventing Contamination by Hands					Highly Susceptible Population									
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances								
		Approved Source					Conformance with Approved Procedures									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input 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"/>	<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			OUT		Proper Use of Utensils									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Food Temperature Control					Utensils and Equipment									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Food Identification					Physical Facilities									
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Prevention of Food Contamination					Violations documented									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								Natural rubber latex gloves not used per CGS §19a-36f								
Person in Charge (Signature) <i>[Signature]</i> Date 5/2/24				Person in Charge (Printed) Rob Whelan				Violations documented				Date corrections due				
Inspector (Signature) <i>[Signature]</i> Date 5/2/24				Inspector (Printed) Jose Ramirez				Priority Item Violations				5-5-24				
								Priority Foundation Item Violations				20				
								Core Item Violations				8-2-24				
								Risk Factor/Public Health Intervention Violations				11				
								Repeat Risk Factor/Public Health Intervention Violations				1				
								Good Retail Practices Violations				12				
								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.																

Reinspection 5/7/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/2/24

Establishment Big Y Town Manchester

Reinspection 5/7/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Dairy Cooler ambient	38F	Seafood display		Hand sink butcher room	96F
W/F FFD ambient	10F	Calamari	39F	Butcher 3 bay Quat	0ppm
Meat W/C Sausage	41F	Fish COD	35F		400ppm
Butcher Display Bacon	38F	Salmon	35F		
ground beef	37F	Seafood W/C Salmon	34F	Hot bar hand sinks	105F
steak	36F	Deli display potatoe salad	39F	Sandwich cold prep tomatoes	40F
Chicken	40F	Chicken	36F	Salami	39F
Deli display salami	38F	Ham	36F	Cheese	39F

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
16P 49c	Butcher Room: 3 bay Quat at 0ppm (COS) remade to 400ppm Ceiling vent covers unclean
49c	Seafood W/F Floor unclean
39c	Ice build up on sealed boxes of Pizza
Note	Shellfish tags available
49c	Deli Area: Floor under display case unclean
Note	Quat bucket 200 ppm
Note	Deli W/C: Block cheese 39F
49c	W/C vent/fan cover unclean
39c	Bakery W/F ice build up on walls & pipe
49c	Bakery W/C gasket unclean
49c	Bakery W/C Fan unit unclean
47c	caulk behind 2 bay sink in Bakery backroom unclean/not cleanable
	Hot bar Area Display case: Fried chicken 136F 3 door RIC: chicken 40F, buffalo chicken 40F, cheese 40F
49c	3 door RIC (Hobart) gasket unclean
47c	3 door RIC (True) gasket damaged
Note	Pizza Cold Prep table: Sausage 40F, Pepperoni 40F Stromboli Hot Hold 162F Pizza Hot Hold 164F
Person in Charge (Signature)	Date <u>5/2/24</u>
Inspector (Signature)	Date <u>5/2/24</u>

Risk Category: 3 Food Establishment Inspection Report Page 1 of 3

Establishment type: Permanent Temporary Mobile Other _____ Date: 4/24/24

Establishment Buckland Hills Cinemas Time In 1:00 AM/PM Time Out 2:30 AM/PM

Address 99 Redstone Rd. LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder Bryan Knoepfel 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						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Employee Health						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>
Good Hygienic Practices						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input 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"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<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	V	COS	R
Safe Food and Water					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			P	<input type="checkbox"/>	<input type="checkbox"/>
31	<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"/>
32	<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"/>
Food Temperature Control					
33	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
34	<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"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<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"/>
Food Identification					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
40	<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"/>
41	<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"/>
42	<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"/>

IN	OUT	N/A	N/O	V	COS	R
Protection from Contamination						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food				P	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
21	<input checked="" 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"/>
22	<input checked="" 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"/>
23	<input checked="" 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"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Consumer Advisory						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Population						
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Food/Color Additives and Toxic Substances						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Conformance with Approved Procedures						
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

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

Person in Charge (Signature) [Signature] Date 4/24/2024

Person in Charge (Printed) Metissa Steller-Davis

Inspector (Signature) [Signature] Date 4/24/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	<u>4/27/24</u>	<u>3</u>
Priority Foundation Item Violations	<u>5/14/24</u>	<u>7</u>
Core Item Violations	<u>7/24/24</u>	<u>18</u>
Risk Factor/Public Health Intervention Violations		<u>6</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>22</u>
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

Reinspection 5/7/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/24/24



Establishment Buckland Hills Cinema Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Restaurant kitchen				Bathroom Hand sink	95F
under counter cooler					
chicken	40F				
Pepperoni	41F				
WIC					
cheese	40F				
Bacon	38F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Observations	Corrective Actions
		Reinspection 5/7/24
	111 Restaurant kitchen	Hand sink 112F
		3 bay 125F
49C	green wire shelving unclean (rolling) ✓	3 Bay quat 400ppm
49C	exterior of Dish machine unclean ✓	
16pf	table mounted can opener unclean ✓	
Note	Discussed cleaning cans before opening ✓	
16pf	interior of microwave at cookline unclean ✓	
49C	exterior of cookline equipment unclean ✓	
49C	gaskets unclean throughout ✓	
49C	interior of under counter cooler unclean ✓	
23P	chicken, pepperoni, marinara sauce not date marked (COS) Discarded	
37C	unlabeled container w/ white liquid ✓	
16pf	grill grates unclean	
13P	Squeeze bottles in WIC w/ mold (COS) Discarded	
49C	WIC shelving unclean	
	Pizza Hut area	undercounter cooler pepperoni 38F
49C	metal hanging containers unclean	shredded cheese 37F
49C	Gaskets unclean throughout	Hand sink 112F
49C	interior of hand sink unclean	
49C	Floor unclean throughout	
23P	Date marked chili use by 4/22 (made 4/15) (COS) Discarded	
Person in Charge (Signature)		Date <u>4/24/2024</u>
Inspector (Signature)		Date <u>4/24/24</u>

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/24/24

Establishment Buckland Hills Cinemas Town Manchester


TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

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.
	Reinspection 5/7/24
	Pizza Hut area
55PF	loose trash in cabinets under POS / all cabinets ✓
	Restaurant Bar
49C	floor unclean
	Main CONCESSION
55PF	loose trash in cabinets ✓
	Hot dog 165 F
49C	interior of hand sink unclean
55C	gaps/holes in lower cabinets
49C	walls/ceiling behind popcorn machines unclean
56C	Popcorn machine hood unclean. Due ^{over} 11/23
48C	interior of 3 bay unclean
49C	Floor by Syrup Station unclean
38PF	Drain Flies present throughout ✓
38PF	Pest droppings present in lower cabinets ✓
	Inspection report to be requested from pest control by PIC
Note	Provided allergen poster today
Note	Discussed proper date marking
Note	Discussed overall cleaning needed
Note	Terminex pest control monthly
Person in Charge (Signature)	Date <u>4/24/2024</u>
Inspector (Signature)	Date <u>4/24/24</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/8/24
Establishment Calun Cafe		Time In 12:00 AM/PM Time Out 1:30 AM/PM
Address 194 Buckland Hills Dr.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Alex		Reinspection Other _____



Connecticut Department of Public Health

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 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water	V	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control	V	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils	V	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification	V	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment	V	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination	V	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities	V	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															

Person in Charge (Signature) 	Date 5/8/24	
Person in Charge (Printed) Alex		
Inspector (Signature) 	Date 5/8/24	
Inspector (Printed) Jose Ramirez		

Violations documented	Date corrections due	#
Priority Item Violations	5-11-24	4
Priority Foundation Item Violations	5-18-24	2
Core Item Violations	6-8-24	8
Risk Factor/Public Health Intervention Violations		6
Repeat Risk Factor/Public Health Intervention Violations		8
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

reinspection 5/24/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/8/24

Establishment Ca Sun Cafe

Town Manchester

reinspection 5/24/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold cabinet		W/C Potatoes	38F	Hand sink by mop sink	105F
Chicken	135F	Chicken	40F	Chlorine bucket	0 ppm
rice	139F	Chicken	37F	remade	100 ppm
Cold prep table		Pork	38F	Hand sink front line	111F
spare ribs	40F	2 door RIF ambient	-3F		
Spring rolls	41F	Front display rice	142F	Front display chicken	140F
Chicken cooked to	185F	noodles	159F	Chicken	136F
Rice cooked to	167F	Potatoes	145F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number shi yu (CFPM) on site

- (49c) Interior of hand sink by mop sink unclean
- (49c) Caulk behind 3 bay sink unclean. PIC states that black colored caulk was used. Instructed PIC to replace black caulk w/ white caulk.
- (16PF) White plastic bins on prep table by mop sink unclean.
- (37C) unlabeled squeeze bottles throughout - COS
- * (49c) exterior of equipment unclean throughout (RIF, grill, wok, Fryer, warmer)
- (49c) Shelf under grill unclean.
- (16PF) (49c) interior & exterior of rice bin by rear entrance unclean
- (49c) walls throughout unclean + doors
- (16P) Chlorine bucket at 0ppm. (COS) remade to 100ppm
- (28P) Medication (nasal sprays) stored on shelf above prep table. (COS)
- (28P) Windex spray stored next to to go containers under hot bar (COS)
- (41c) unclean rags/paper towels stored on prep tables throughout
- (15P) jumbled meats in reach in freezer (pork, seafood, cheese all in the same bin)

Note All Core "C" violations must be corrected by 6/8/24

Note Exterior of equipment must be cleaned within 30 days

Note continue to replace ceiling tiles as needed

Note Discussed how/when to properly prepare sanitizer

Note Test strips & thermometer available

Person in Charge (Signature)

Date 5/8/24

Inspector (Signature)

Date 5/8/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/30/24	
Establishment Center Perk	Time In 10:00 AM PM Time Out 11:30 AM PM	
Address 639 Main St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Christine Bedrossian	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/P/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 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"/>	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 cooling time and temperatures	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 hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold 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 date marking and disposition	P/Pf	<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"/>	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"/>	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"/>	Consumer Advisory			
<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 provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<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"/>
Conformance with Approved Procedures															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" 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"/>

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 checked="" 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	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.											

Person in Charge (Signature) <i>Christine Bedrossian</i>	Date 4/30/24
Person in Charge (Printed) Christine Bedrossian	
Inspector (Signature) <i>José Ramirez</i>	Date 4/30/24
Inspector (Printed) José Ramirez	

Violations documented	Date corrections due	#
Priority Item Violations	5-3-24	1
Priority Foundation Item Violations	5-10-24	1
Core Item Violations		20
Risk Factor/Public Health Intervention Violations		20
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		0
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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.

Reinspection 5/7/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/30/24

Establishment Center Perk

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold Prep table		Cold Prep table by soda		Hand sink by 2 bay	95F
cream cheese	39F	cantalope	36F	Dish machine chlorine	0ppm
Turkey	39F	Butter	41F	Employee BR Sink	104F
2 door RIC cookline		Half & Half	38F		
Chilli	41F	Hash	38F		
Sweet potatoes	41F	Diced tomatoes	41F		
1 door RIC ambient	-20F	Sliced cheese	41F		
2 door RIC by warewash					
^{shell} egg	40F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Reinspection 5/7/24

- 16PF Interior of microwave unclean ✓
- 16P Dish Machine chlorine at 0ppm
- Note Dish machine 0ppm
- Note 2 Bay Sink by dish machine chlorine 100ppm
- Note PIC states dish machine was serviced last weekend and was working properly. Tech to be called back. Dishes to be sanitized in 2 bay after washed in machine.
- Note Good glove use & hand washing observed
- Note 2 door RIC (Foster) at 41F. All TCS foods moved into other coolers until Foster unit temp goes down after PIC adjusted temp. dial.
- Note Dish machine has chlorine, but pump is not drawing it into machine. Call tech to service dish machine. until then, sanitize dishes in 2 bay sink with chlorine after they are washed in machine.
- Note Dumpster area clean
- Note Thermometer/test strips available
- Note Provided allergen poster


Person in Charge (Signature) Christin Paul

Date 4/30/2024

Inspector (Signature) [Signature]

Date 4/30/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/8/24	
Establishment Chuck E Cheese	Time In 11:30 AM PM Time Out 12:30 AM PM	
Address 82 Buckland St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Tabitha Reilly Griffin	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				Time/Temperature Control for Safety										
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													Compliance with variance/specialized process/ROP criteria/HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<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	V	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				Utensils and Equipment										
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
													Natural rubber latex gloves not used per CGS §19a-36f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>[Signature]</i>	Date 4/8/24	
Person in Charge (Printed) Tabitha Reilly Griffin		
Inspector (Signature) <i>[Signature]</i>	Date 4/8/24	
Inspector (Printed) Jose Ramirez		

Violations documented	Date corrections due	#
Priority Item Violations	4-11-24	3
Priority Foundation Item Violations	4-18-24	1
Core Item Violations		0
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		

Reinspection 4/11/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/8/24

Establishment Chuck E Cheese

Town Manchester

Reinspection 4/11/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table ranch	40F	WIC shredded cheese	40F	Hand sink by 2 bay	124F
butter	39F	Pizza cooked to	200F	Dish machine chlorine	50ppm
1 door RIC True cheese	39F	Salad self serve		quat spray	150ppm
Pizza station		Potatoe salad	40F	Hand sink at bar	100F
shredded mozz	41F	Boiled eggs	41F	Hand sink Bathroom	130F
Sausage	20F	Cottage cheese	41F		
Chicken	20F				
Sauce	41F				


OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
	Tabitha (CFPM) on site
28P	Cleaning spray stored above food at pizza station (COS)
51P	Soda station leaking into bucket. work order placed, tech scheduled to arrive at 2pm today. ✓
51P	Customer Bathroom hand sink 130F/leaking at faucet base 123F
16PF	Soda station unclean behind nozzle area ✓
	Plumber will be called to fix. wasnt adjusted enough the first time
Note	Provided allergen poster
Note	Discussed monitoring dumpster area for loose trash
Note	Test strips & Food thermometer available
Note	Discussed proper date marking
Note	Ecolab monthly pest control

Person in Charge (Signature) [Signature]
 Inspector (Signature) [Signature]

Date 4/8/24
 Date 4/8/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: Permanent Temporary Mobile Other _____	Date: 4/11/24	
Establishment Cosmic Omelet	Time In 10 AM/PM	Time Out 11:30 AM/PM
Address 485 Hartford Road, unit D		
Town/City Manchester	LHD Manchester	
Permit Holder Tracy Devine	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						
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"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>
Employee Health						
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"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<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"/>
Good Hygienic Practices						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<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"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<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"/>
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"/>
Protection from Contamination						
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"/>
Time/Temperature Control for Safety						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>
Consumer Advisory						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
Highly Susceptible Population						
26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>
Conformance with Approved Procedures						
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<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	V	COS	R
Safe Food and Water					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf
Food Temperature Control					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C
Food Identification					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C
Prevention of Food Contamination					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C
Proper Use of Utensils					
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	Pf/C
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C
Utensils and Equipment					
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C
Physical Facilities					
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C
56	<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	C

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

Person in Charge (Signature) *[Signature]* Date **4/11/24**

Person in Charge (Printed) _____

Inspector (Signature) *[Signature]* Date **4/11/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	4/11/24	3
Core Item Violations	4/11/24	10
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		10
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

reinspection 4/11/24

Reinspection 4/11/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/1/24

Establishment Cosmic Omelet

Town Manchester

Reinspection 4/1/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
W/C pico	38F	2 door RIC		Hand sink by grill	96F
5 sliced tomatoes	41F	shredded cheddar	41F	quat bucket	400ppm
sliced cheese	40F	cold prep table		Hot hold home fries	148F
Sausage	40F	sliced ham	38F	Hand sink employee BR	100F
W/F ambient	2F	roast beef	37F		
eggs cooked to	168F	ham	39F		
2 door RIC home fries	36F	cold drawer cheese	39F		
corned beef hash	35F	cheese	38F		

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
	Tracy (CFPM) on site
54C	loose trash on ground by dumpsters
49C	W/C ceiling & fan covers unclean
37C	unlabeled squeeze bottles at cookline
49C	exterior of equipment at cookline unclean
28F	Cleaning chemicals stored next to food at cook line (C25)
47C	absorbant pads lining bottom of W/C under counter coolers
45C	single use cup used as scoop in breading container.
47C	pipes behind grill wrapped in plastic
10PF	No paper towels at front counter hand sink ✓
16PF	Mixer unclean; not cleaned, has not been used. To be cleaned today
49C	exterior of ice machine unclean
47C	plastic food containers on wire shelf is damaged.
49C	wet nesting on wire shelf by ice machine
10PF	No paper towels in employee bathroom ✓
55C	non cleanable ceiling tiles at cookline
Note	Discussed proper date marking procedure ✓
Note	provided allergen poster
Note	Discussed pest control (as needed)



Person in Charge (Signature) [Signature] Date _____

Inspector (Signature) [Signature] Date 4/1/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 5/1/24

Establishment ELKS lodge Time In 11:00 AM Time Out 11:45 AM

Address 30 Bissell LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder Kendra Drew 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 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"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" 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"/>

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"/>
<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"/>	<input type="checkbox"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	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 checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<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"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) Kendra A Date 5/1/24

Person in Charge (Printed) _____

Inspector (Signature) Jose Ramirez Date _____

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>5-11-24</u>	<u>4</u>
Core Item Violations	<u>8-1-24</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		<u>3</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>2</u>
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.

Reinspection 5/13/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/1/24

Establishment Elks Lodge

Town Manchester

Reinspection 5/1/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
under counter cooler at bar				Chlorine bucket at bar	100ppm
milk	35F				
Cold prep table at bar					
Hot dog	40F				
2 door RIC					
cole slaw	39F				
cheese	39F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
16PF	Soda gun nozzle at bar interior unclean To be cleaned now
16PF	interior of microwave at cookline unclean To be cleaned today now
56C	Hood unclean. Due to be cleaned - May ^{2nd} 2024 Scheduled per PIC
23PF	Date Food in 2 door RIC not properly date marked ✓
48PF	No test strips available. Test strips locked in office, not accessible. Provided PIC w/ test strips until office unlocked. keep test strips accessible
Note	Provided allergen poster
Note	discussed proper hierarchy
Note	discussed proper date marking

Person in Charge (Signature) *Kenny R*

Date 5/1/24

Inspector (Signature) *[Signature]*

Date 5/1/24

Risk Category: **3** Food Establishment Inspection Report Page 1 of **2**

Establishment type: **Permanent** Temporary Mobile Other _____ Date: **3/28/24**

Establishment **Ganymead** Time In **1:00** AM/PM Time Out **2:00** AM/PM

Address **360 Middle Tpk West** LHD **Manchester**

Town/City **Manchester** Purpose of Inspection: **Routine** Pre-op

Permit Holder **Benjamin Phillips** 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						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Employee Health						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>
Good Hygienic Practices						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				P/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input 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"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food				P	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18	<input checked="" 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"/>
19	<input checked="" 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"/>
20	<input checked="" 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"/>
21	<input checked="" 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"/>
22	<input checked="" 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"/>
23	<input checked="" 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"/>
24	<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"/>
Consumer Advisory						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Highly Susceptible Population						
26	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Food/Color Additives and Toxic Substances						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Conformance with Approved Procedures						
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

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	V	COS	R
Safe Food and Water					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required			P	<input type="checkbox"/>	<input type="checkbox"/>
31	<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"/>
32	<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"/>
Food Temperature Control					
33	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
34	<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"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<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"/>
Food Identification					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
40	<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"/>
41	<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"/>
42	<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"/>
Proper Use of Utensils					
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-use utensils: properly stored			C	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils/equipment/linens: properly stored, dried, & handled			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves used properly			C	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment					
47	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-food contact surfaces clean			C	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities					
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
54	<input checked="" type="checkbox"/>	<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"/>
55	<input type="checkbox"/>	<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"/>
56	<input type="checkbox"/>	<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"/>
Natural rubber latex gloves not used per CGS §19a-36f				<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) *[Signature]* Date **3/28/24**

Person in Charge (Printed) **Benjamin Phillips**

Inspector (Signature) *[Signature]* Date **3/28/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	3-31-24	1
Priority Foundation Item Violations	4-7-24	1
Core Item Violations	6-28-24	4
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		4
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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.

Reinspection 4/9/24

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 3

Establishment type: Permanent Temporary Mobile Other _____ Date: 5/14/24

Establishment Quattro Michis Time In 2:00 AM/PM Time Out 3:30 AM/PM

Address 171 B Spencer St LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder EMMANUEL ATHISAYAM 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessibile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) [Signature] Date 5/15/24

Person in Charge (Printed) _____

Inspector (Signature) [Signature] Date 5/14/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	<u>5-17-24</u>	<u>4</u>
Priority Foundation Item Violations	<u>5-24-24</u>	<u>4</u>
Core Item Violations	<u>8-14-24</u>	<u>10</u>
Risk Factor/Public Health Intervention Violations		<u>10</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>8</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

reinspection 5/17/24

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 Manchester

Inspection Report Continuation Sheet

Date 5/14/24

Establishment Guntur Mirchis

Town Manchester

reinspection 5/17/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table		Hot hold soup	152F	Hand sink in kitchen	120F
goat	38F	soup	150F	customer BR sink	110F
cheese	41F	white rice	140F		
chicken	41F	W/C yellow rice	35F		
shrimp	38F				
1 door R/C					
white sauce	39F				
chicken cooked to	171F				



OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | 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. |
|-------------|--|
| 1PF | PIC not knowledgable |
| 2C | NO CFPM on site |
| 10PF | NO Soap at hand sink in kitchen |
| 49C | Interior of hand sink in kitchen unclean - silicone caulk purchase to be done next week |
| 15P | Bowl of raw chicken stored on trash can - new "food only" trash can |
| 37C | Unlabeled containers of seasonings unlabeled throughout & squeeze bottles |
| 15C | Containers of food uncovered throughout - all covered w/ lids or seran |
| 41C | Wet rags stored on prep tables |
| 43C | Scoop handles stored in product throughout - scoops on top |
| 45C | reuse of single use containers throughout |
| 15P | raw chicken stored over RTE food in reach ins throughout |
| 39P | Blender stored on floor at cookline - on milkcrate |
| 38C | Rear entrance of kitchen kept open with no screen door |
| 44C | Pots stored on floor under 3 bay sink |
| 15P | Buckets of sauce stored on floor by prep sink |
| 23PF | Food not properly date marked throughout |
| 15C | Employee food not separated from customer food in W/C |
| 10PF | No toilet paper in customer Bathroom |

Note provided allergen poster

ice wands purchased

Person in Charge (Signature) [Signature]

Date 5/15/24

Inspector (Signature) [Signature]

Date 5/14/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/14/24

Establishment Guntur Mirchis Town Manchester

reinspection 5/17

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

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.
Note	At least 1 CFPM must be on site during all operating hours. Send as many employees needed to CFPM training to ensure all shifts are covered. Employee(s) must obtain CFPM certification by 6/14/24. This is a repeat violation. There was no CFPM present during the last inspection on 1-9-24.
Note	All employees must be trained on proper cooling, date marking, and storage of food. Submit documentation to health department by 6/14/24 w/ type of training provided, topics covered, and signatures of all food handling employees acknowledging they have been trained and understand the information on safe food handling practices & requirements.
Note	Provided PIC w/ printed handouts for date marking, cooling, hierarchy & cross contamination.
Note	Discussed inspection report w/ owner on 5/15/24
Note	Failure to comply with the instructions written above may result in closure of the restaurant until fully compliant. Please call Jose at 860-647-3198 if you have any questions.

Person in Charge (Signature)

Date 5/15/24

Inspector (Signature)

Date 5/14/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/4/24
Establishment: Jade Garden		Time In: 1:00 AM (PM) Time Out: 2:00 AM (PM)
Address: 534 Middle Tpke East unit C		LHD: Manchester
Town/City: Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder: Jie Lin		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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
Supervision								Protection from Contamination							
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			Food separated and protected				Pf				
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4				C			Food-contact surfaces: cleaned & sanitized				P/Pf/C				
Employee Health								Time/Temperature Control for Safety							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			Proper cooking time and temperatures				P/Pf/C				
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion				P			Proper reheating procedures for hot holding				P				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Written procedures for responding to vomiting and diarrheal events				Pf			Proper cooling time and temperatures				P				
Good Hygienic Practices								Consumer Advisory							
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, testing, drinking, or tobacco products use				P/C			Proper hot holding temperatures				P				
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No discharge from eyes, nose, and mouth				C			Proper cold holding temperatures				P				
Preventing Contamination by Hands								Highly Susceptible Population							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed				P/Pf			Proper date marking and disposition				P/Pf				
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				24	<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			Time as a public health control: procedures and records				P/Pf/C				
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Food/Color Additives and Toxic Substances								
Adequate handwashing sinks, properly supplied/accessible				P/C			25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Source								Consumer advisory provided: raw/undercooked food				Pf			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source				P/Pf/C			Pasteurized foods used; prohibited foods not offered				P/C				
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food received at proper temperature				P/Pf			Food additives: approved and properly used				P				
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, and unadulterated				P/Pf			Toxic substances properly identified, stored & used				P/Pf/C				
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Conformance with Approved Procedures								
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C			29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							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	V	COS	R	OUT	V	COS	R						
Safe Food and Water								Proper Use of Utensils							
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required				P			In-use utensils: properly stored				C				
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source				P/Pf/C			Utensils/equipment/linens: properly stored, dried, & handled				Pf/C				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods				Pf			Single-use/single-service articles: properly stored & used				Pf/C				
Food Temperature Control								Utensils and Equipment							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control				Pf/C			Gloves used properly				C				
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding				Pf			Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C				
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used				Pf/C			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Thermometers provided and accurate				Pf/C			Non-food contact surfaces clean				C				
Food Identification								Physical Facilities							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food properly labeled; original container				Pf/C			Hot and cold water available; adequate pressure				Pf				
Prevention of Food Contamination								51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Plumbing installed; proper backflow devices				P/Pf/C				
Insects, rodents, and animals not present				Pf/C			52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Sewage and waste water properly disposed				P/Pf/C				
Contamination prevented during food preparation, storage & display				P/Pf/C			53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Toilet facilities: properly constructed, supplied, & clean				Pf/C				
Personal cleanliness				Pf/C			54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Garbage and refuse properly disposed; facilities maintained				C				
Wiping cloths: properly used and stored				C			55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Physical facilities installed, maintained, and clean				P/Pf/C				
Washing fruits and vegetables				P/Pf/C			56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Adequate ventilation and lighting; designated areas used				C				
							Natural rubber latex gloves not used per CGS §19a-36f				C				

Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>[Signature]</i>	Date	4/4/24
Person in Charge (Printed)		
Inspector (Signature) <i>[Signature]</i>	Date	4/4/24
Inspector (Printed) Jose Ramirez		

Violations documented	Date corrections due	#
Priority Item Violations	4-7-24	2
Priority Foundation Item Violations	COS	1
Core Item Violations	7-4-24	4
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

Reinspection 4/9/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/4/24

Establishment Jade Garden Town Manchester

Reinspection 4/9/11

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold rice	160 F	door RIC by Fryer		Hand sink By 3 bay	110 F
Cold prep table	38 F	egg roll	40 F	Employee BR hand sink	100 F
chicken	38 F	chicken	39 F		
shrimp	32 F	Beef	39 F		
Beef	38 F	WIC chicken	37 F		
noodles	38 F	Beef	37 F		
ribs	38 F	Dumplings	37 F		
		noodles	39 F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	Description
	Sie Lin (CFPM) on site
37C	unlabeled squeeze bottles throughout
10PF	utensils stored in hand sink (COS)
37C	unlabeled containers of seasonings/seeds/nuts throughout
45C	reuse single use containers as scoops throughout
289	unlabeled spray bottles w/ cleaning chemicals by 3 bay (COS)
15C	Containers of food uncovered in WIC ✓
15P	RTE Food stored next to raw meat in WIC ✓

- Note No cooking or cooling at time of inspection.
- Note All food must be covered unless it is cooling.
- Note Good glove use & hand washing observed
- Note Discussed proper hierarchy. RTE Food on top, seafood/whole meats below, ground meats below, chicken on bottom.
- Note Provided allergen poster

Person in Charge (Signature) [Signature] Date 4/4/24
 Inspector (Signature) [Signature] Date 4/4/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 4/18/24
Establishment Machu Pichu		Time In 12:00 AM/PM Time Out 1:40 AM/PM
Address 846 Main St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Emma Franco		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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
Supervision															
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Person/Alternate Person in charge present, demonstrates knowledge and performs duties															
2	<input checked="" type="checkbox"/>	<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															
Employee Health															
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Management, food employee and conditional employee; knowledge, responsibilities and reporting															
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper use of restriction and exclusion															
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Written procedures for responding to vomiting and diarrheal events															
Good Hygienic Practices															
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper eating, tasting, drinking, or tobacco products use															
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
No discharge from eyes, nose, and mouth															
Preventing Contamination by Hands															
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Hands clean and properly washed															
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input 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															
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Adequate handwashing sinks, properly supplied/accessible															
Approved Source															
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food obtained from approved source															
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food received at proper temperature															
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food in good condition, safe, and unadulterated															
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Required records available: molluscan shellfish identification, parasite destruction															
Protection from Contamination															
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food separated and protected															
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food-contact surfaces: cleaned & sanitized															
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper disposition of returned, previously served, reconditioned, and unsafe food															
Time/Temperature Control for Safety															
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper cooking time and temperatures															
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper reheating procedures for hot holding															
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper cooling time and temperatures															
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper hot holding temperatures															
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper cold holding temperatures															
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper date marking and disposition															
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Time as a public health control: procedures and records															
Consumer Advisory															
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Consumer advisory provided: raw/undercooked food															
Highly Susceptible Population															
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Pasteurized foods used; prohibited foods not offered															
Food/Color Additives and Toxic Substances															
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food additives: approved and properly used															
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Toxic substances properly identified, stored & used															
Conformance with Approved Procedures															
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Compliance with variance/specialized process/ROP criteria/HACCP Plan															

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	V	COS	R	OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	
Safe Food and Water															
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Pasteurized eggs used where required															
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Water and ice from approved source															
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Variance obtained for specialized processing methods															
Food Temperature Control															
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper cooling methods used; adequate equipment for temperature control															
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Plant food properly cooked for hot holding															
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Approved thawing methods used															
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Thermometers provided and accurate															
Food Identification															
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food properly labeled; original container															
Prevention of Food Contamination															
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Insects, rodents, and animals not present															
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Contamination prevented during food preparation, storage & display															
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Personal cleanliness															
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Wiping cloths: properly used and stored															
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Washing fruits and vegetables															
Proper Use of Utensils															
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
In-use utensils: properly stored															
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Utensils/equipment/linens: properly stored, dried, & handled															
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Single-use/single-service articles: properly stored & used															
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Gloves used properly															
Utensils and Equipment															
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food and non-food contact surfaces cleanable, properly designed, constructed, and used															
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available															
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Non-food contact surfaces clean															
Physical Facilities															
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Hot and cold water available; adequate pressure															
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Plumbing installed; proper backflow devices															
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Sewage and waste water properly disposed															
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Toilet facilities: properly constructed, supplied, & clean															
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Garbage and refuse properly disposed; facilities maintained															
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Physical facilities installed, maintained, and clean															
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Adequate ventilation and lighting; designated areas used															
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) **Emma Franco** Date **4/18/24**

Person in Charge (Printed) _____

Inspector (Signature) **José Ramirez** Date **4/18/24**

Inspector (Printed) **José Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	4-21-24	2
Priority Foundation Item Violations	4-28-24	2
Core Item Violations	7-18-24	15
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		2
Good Retail Practices Violations		17
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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.

Reinspection 4-21-24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/18/24

Establishment Machu Picchu Town Manchester

Reinspection 4-21-24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table		hot hold rice	160	Hand sink by 3 bay	105F
raw Chicken	41F			Customer BR sink	102F
WIC chicken	41F				
Clams	41F				
Calamari	41F				
Chicken	41F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

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.
	Emma CFPM on site
49C	Floor under equipment unclean throughout ✓
41C	Wet rag stored on counter ✓
49C	interior of hand sink by 3 bay unclean ✓
56C	cell phone stored on clean plate (CoS)
43C	tongs stored on oven handle ✓
37C	unlabeled squeeze bottles and containers of seasonings ✓
49C/47C	bottom shelf left of stove unclean/uncleanable
56C	Hood baffles unclean. was due to be cleaned 3/27/24
49C	WIC fan cover unclean ✓
49C/47C	WIC floor damaged/uncleanable ✓
15C	Food uncovered in WIC ✓
39PF	Nesting of food containers in WIC ✓
13P	raw chicken stored over produce in WIC ✓
45C	reuse of single use containers to stored food ✓
35PF	Fish thawing in stagnant water, must thaw under cold running water or ✓ in WIC
55P	Buckets of oil/sludge stored in basement ✓
39C	Ice build up in chest freezer, clean by 5/18/24 ✓
Note	Remove clutter & oil buckets from basement within 30 days.
Note	Discussed proper thawing
Note	Wet rags must be stored in sanitizer solution
Note	Provided allergen poster
Note	Discussed proper hierarchy


Person in Charge (Signature) Emma Picchu

Date 4/18/24

Inspector (Signature) [Signature]

Date 4/18/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 4/22/24
Establishment Market Grille		Time In 12:30 AM/PM Time Out 1:45 AM/PM
Address 110 Buckland Hills Dr.		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder Helmar Wolf		Reinspection Other _____



Connecticut Department of Public Health

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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4													
Employee Health													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events													
Good Hygienic Practices													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible													
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated													
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction													
GOOD RETAIL PRACTICES													
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
Safe Food and Water													
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required													
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source													
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods													
Food Temperature Control													
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control													
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding													
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used													
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Thermometers provided and accurate													
Food Identification													
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food properly labeled; original container													
Prevention of Food Contamination													
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Insects, rodents, and animals not present													
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display													
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Personal cleanliness													
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wiping cloths: properly used and stored													
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Washing fruits and vegetables													
Proper Use of Utensils													
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
In-use utensils: properly stored													
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Utensils/equipment/linens: properly stored, dried, & handled													
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Single-use/single-service articles: properly stored & used													
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Gloves used properly													
Utensils and Equipment													
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food and non-food contact surfaces cleanable, properly designed, constructed, and used													
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available													
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Non-food contact surfaces clean													
Physical Facilities													
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hot and cold water available; adequate pressure													
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Plumbing installed; proper backflow devices													
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Sewage and waste water properly disposed													
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Toilet facilities: properly constructed, supplied, & clean													
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Garbage and refuse properly disposed; facilities maintained													
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Physical facilities installed, maintained, and clean													
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Adequate ventilation and lighting; designated areas used													
<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f													
Violations documented			Date corrections due		#								
Priority Item Violations			4-25-24		2								
Priority Foundation Item Violations			5-2-24		7								
Core Item Violations			7-22-24		9								
Risk Factor/Public Health Intervention Violations					8								
Repeat Risk Factor/Public Health Intervention Violations													
Good Retail Practices Violations					10								
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>													
Person in Charge (Signature) <i>Ara James</i>	Date 4/22/24												
Person in Charge (Printed)													
Inspector (Signature) <i>Jose Ramirez</i>	Date 4/22/24												
Inspector (Printed) Jose Ramirez													

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/22/24

Establishment Market Grille

Town Manchester

Reinspection 5/8/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
under counter cooler		W/F ambient	8 F	Hand sink servers	109 F
butter ball	41 F	Cold prep table cookline		quat bucket	200 ppm
Hot hold clam chowder	138 F	Sliced cheese	62 F	salad station eggs	40 F
Cold hold Cole slaw	38 F	Butter	41 F	cheese	41 F
W/C short ribs	37 F	Cold drawer salmon	40 F	Cold drawer steak	40 F
Soup	37 F	noodle	40 F	Cold prep table	
Sliced cheese	40 F	Chicken cooked to	168 F	Sliced tomato	40 F
Shrimp	35 F	Hot hold gravy	152 F	hand sink at bar	110 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	Temp
	Milton CFPM on site (chef)	
49c	Floor drain in expoline area unclean	
37c	unlabeled containers w/ various granulars at cookline	
44c	Jumbled utensils in drawer by 3 bay	
51c	Plumbing under 3 bay leaking. Parts ordered / Dish machine spray nozzle leaking	
16PF	interior & exterior of microwave at cookline unclean ✓	
49c	ceiling at cookline unclean	
22P	Sliced cheese at 62 F at cold prep table at cookline. COS discarded	↓ 39 F, 40 F
109F	Hand sink by ice machine used as dump sink / pan stored over bar sink ✓	
16PF	interior of ice machine unclean unclean, clean & send pic	
49c	exterior of ice machine unclean	
44c	wet nesting of hotel pans on shelf by warewash	
47PF	Plastic hotel pan melted / cracked. COS discarded	
45C	single use containers used as scoop in quinoa bin	
49c	Rear side of double oven unclean	
15P	Salad bowls nesting on salad cold drawer ✓	
16PF	Soda gun holder at bar unclean unclean, clean & send pic	
10PF	No paper towels at bar hand sinks ✓	
16PF	Soda gun nozzle interior unclean unclean, clean & send pic	
Note	Milton (CFPM) very knowledgeable on food safety	
Note	Good glove use & hand washing observed	
Note	Shell fish tags available	
Note	Provided allergen poster	



Person in Charge (Signature) [Signature]

Date 4/22/24

Inspector (Signature) [Signature]

Date 4/22/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 5/8/24
Establishment Sams Food Store		Time In 2:45 AM/PM Time Out 3:45 AM/PM
Address 55 Oakland St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder Waleed		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	V	COS	R		
Supervision								
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4								
Employee Health								
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting								
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Written procedures for responding to vomiting and diarrheal events								
Good Hygienic Practices								
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use								
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
No discharge from eyes, nose, and mouth								
Preventing Contamination by Hands								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed								
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate handwashing sinks, properly supplied/accessible								
Approved Source								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source								
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Food received at proper temperature								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, and unadulterated								
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Required records available: molluscan shellfish identification, parasite destruction								
Protection from Contamination								
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food separated and protected								
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food-contact surfaces: cleaned & sanitized								
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper disposition of returned, previously served, reconditioned, and unsafe food								
Time/Temperature Control for Safety								
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cooking time and temperatures								
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper reheating procedures for hot holding								
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cooling time and temperatures								
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper hot holding temperatures								
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cold holding temperatures								
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Proper date marking and disposition								
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Time as a public health control: procedures and records								
Consumer Advisory								
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Consumer advisory provided: raw/undercooked food								
Highly Susceptible Population								
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Pasteurized foods used; prohibited foods not offered								
Food/Color Additives and Toxic Substances								
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Food additives: approved and properly used								
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Toxic substances properly identified, stored & used								
Conformance with Approved Procedures								
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Compliance with variance/specialized process/ROP criteria/HACCP Plan								

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

Violations documented	Date corrections due	#
Priority Item Violations	5-11-24	2
Priority Foundation Item Violations	5-18-24	1
Core Item Violations	8/8/24	11
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		12
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

Person in Charge (Signature) <i>Waleed</i>	Date 5/8/24
Person in Charge (Printed) <i>Waleed</i>	
Inspector (Signature) <i>José Ramirez</i>	Date 5/8/24
Inspector (Printed) <i>José Ramirez</i>	

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.

reinspection: 5/24/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/8/24

Establishment Sams Food Store Town Manchester

reinspection: 5/24/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold chicken	135	WIC Cheese	41F	Employee BR Sink	100F
chicken	141F	Chicken wings	62F	Hand Sink by 3bay	100F
Fries	151F				
Cold hold dispenser					
milk	39F				
half & half	39F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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.

- | 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. |
|-------------|--|
| | Waleed (CFPM) on site |
| ✓ 10PF | No paper towels in employee bathroom - put on dispenser |
| ✓ 55C | Wet mops stored on floor by mop sink |
| ✗ 51P | WIC Floor drain under 3 bay clogged / slow to drain |
| 49C | 3 bay sink unclean - 3 bay faucet needs to be able to reach all bays |
| ✓ 49C | 2 door RIF (Norlake) interior and exterior unclean. (unused) |
| ✓ 49C | Ceiling vents unclean in back room |
| 49C | Floor under fryer unclean |
| 49C | FRP wall by fryer unclean |
| 45C | Coffee filters not covered or inverted at coffee station |
| 49C | WIC Floor unclean |
| 49C | WIC Shelves unclean |
| ✓ 49C | WIC Fan covers unclean |
| ✓ 23P | raw chicken wings in WIC at 62F. (COS) Discarded |
| 56C | Employee food not separated from establishment food (farm eggs) |

Note All 'C' violations must be corrected by 6/8/24.
call HVAC tech today to address temperature in WIC.

Note Discussed changing tongs every 4 hours or sooner as needed.

Note Thorough cleaning needed throughout

Note Test strips & thermometer available

Note Provided allergen poster

Person in Charge (Signature) Date 5/8/24

Inspector (Signature) Date 5/8/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other	Date: 3/26/24	
Establishment Woodbridge PIZZA	Time In 12:00 AM/PM Time Out 1:30 AM/PM	
Address 489 Middle Tpke East	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder	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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4													
Employee Health													
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Written procedures for responding to vomiting and diarrheal events													
Good Hygienic Practices													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper eating, tasting, drinking, or tobacco products use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input 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													
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate handwashing sinks, properly supplied/accessible													
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Required records available: molluscan shellfish identification, parasite destruction													

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	V	COS	R	OUT	V	COS	R
Safe Food and Water									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required									
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source									
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods									
Food Temperature Control									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control									
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding									
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used									
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate									
Food Identification									
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container									
Prevention of Food Contamination									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present									
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display									
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness									
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored									
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables									
Physical Facilities									
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water available; adequate pressure									
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing installed; proper backflow devices									
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Sewage and waste water properly disposed									
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities: properly constructed, supplied, & clean									
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Garbage and refuse properly disposed; facilities maintained									
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Physical facilities installed, maintained, and clean									
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used									
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) <i>[Signature]</i>	Date 03-26-24
Person in Charge (Printed) Elias Semeno	
Inspector (Signature) <i>[Signature]</i>	Date 3/26/24
Inspector (Printed) Bose Ramirez	

Violations documented	Date corrections due	#
Priority Item Violations	3/29/24	4
Priority Foundation Item Violations	4/5/24	4
Core Item Violations	6/26/24	12
Risk Factor/Public Health Intervention Violations		5
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		15
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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.

Reinspection 4/15/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 3/26/24
 Establishment Woodbridge Pizza Town Manchester Reinspection 4/15/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIC AtoSa		Pizza station		Hand sink by 3 bay	130F
Swiss cheese	38F	cheese pizza	38F	Employee BR sink	105F
Pizza	41F	mozz	40F	Hot hold meatballs	170F
Pizza station		Sliced tomatoes	41F	marinara	165F
Breaded chicken	41F	under counter cooler		sausage	165F
Shredded cheese	40F	by stove burger	38F	WIC Pasta	41F
Shredded mozz	41F	roast beef	38F	Chicken	41F
Ham	37F	Chicken wings	53F	Ham	40F

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.
	Elias CFPM on site Chicken wings 53F
	Sanitizer chl. bucket 100ppm
45C	Pizza boxes in dry storage stored on floor
16PF	Interior of ice machine unclean
49C	exterior of AtoSa RIC unclean
49C	Shelving unclean in dry storage
10PF	Squeegee stored in hand sink by ice machine ✓
55C	holes in wall in employee bathroom
55C	hole in ceiling above mop sink
55C	wet mop not hung by mop sink
16PF	exterior of mixer unclean ✓
45C	to go container used as scoop in salt bin & sugar bin
37C	unlabeled squeeze bottles throughout
15P	Food not covered in RIC throughout ✓
49C	Interior of all hand sinks unclean
43C	tongs stored on handle of oven
49C	Gasket of under counter cooler by stove, unclean
22P	Chicken wings in under counter cooler by stove at 53F. (COS) Discarded
22P	Chicken wings Chicken wings in WIC at 53F. stored in WIC last night. (COS) Discarded.
	Call plumber today
44C	wet nesting of hotel pans by 3 bay
48PF	No test strips available. (COS) ↓ 159F
51P	customer bathroom hot water @ 148°F, max allowed 115°F

Person in Charge (Signature) [Signature] Date 3-26-24
 Inspector (Signature) [Signature] Date 3/26/24

