



Manchester Health Department

479 Main Street

Manchester, CT 06040

* Walk-Thru

Establishment: Adelbrook	Date of Inspection: 7/2/2024
	dry storage to be added - closets in gym room
	Floors, walls, ceiling in tact. To use dunnage racks for shelving, commercial NSF or equivalent. All closets to remain locked. sprinklers in closets - must be 18" below sprinklers.
	Window to be made smaller - reach out to building and Fire Marshal office for requirements. No size limit or restriction from health.
	cabinets to be removed in kitchen + replaced with stainless steel NSF/equivalent shelving. All work to be done on vacation/break schedule - not operating during construction
	discussed adding shelving above dish machine / 3 bay ↳ NSF/commercial equipment required.
	reach out to Health dept once construction completed and prior to use.
Initial (Inspector) L.G.	Initial (Person in Charge) J.D.

MANCHESTER FIRE DEPARTMENT

INSPECTION REPORT

BURGER CLASS, 194 BUCKLAND HILLS DR, BLDG THE SHOPPES AT BUCKLAND HILLS - STE 2060, MANCHESTER CT 06042



DETAILS

Inspection Date: 06/25/2024 | Inspection Type: INSPECTION - Assembly | Inspection Number: 19005 | Shift: Day | Station: STATION 7 | 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: 87 | Violations: 7 | N/A Codes: 79

STATUS	CODE	DESCRIPTION
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FAIL	17A- 4.3.2.1 - Discharge Nozzle Caps	All discharge nozzles shall be provided with caps or other suitable devices to prevent the entrance of grease vapors, moisture, environmental contaminants, or other foreign materials into the piping. Location: Nozzle caps are not properly attached and the system is required to be inspected.
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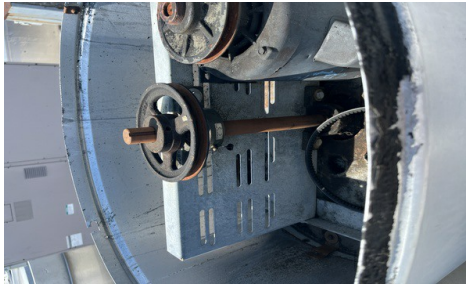
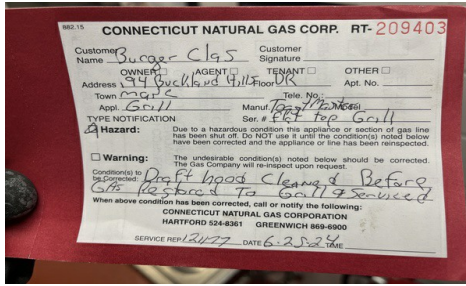


FAIL	50.2.1.3 - General.	The following equipment shall be kept in working condition: (1)Cooking equipment(2)Hoods(3)Ducts(4)Fans(5)Fire-extinguishing equipment(6)Special effluent or energy control equipment[96:4.1.3] Location: Not Provided Original Comment: Up blast hood is not functioning properly. This requires maintenance by a trained technician. Cooking shall not be performed on the flat top griddle until this repair has been made.
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STATUS

CODE

DESCRIPTION



FAIL

50.2.1.3 - General.

The following equipment shall be kept in working condition: (1)Cooking equipment(2)Hoods(3)Ducts(4)Fans(5)Fire-extinguishing equipment(6)Special effluent or energy control equipment[96:4.1.3]

Location: Flat top griddle

Original Comment: Flat top griddle is missing its required control knobs.



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 hoods in this establishment were due for inspection/ cleaning in April 2024. Please have the hoods inspected and or cleaned in the next 7 days.

STATUS	CODE	DESCRIPTION
FAIL	50.6.6.1 - Cleaning of Exhaust Systems.	<p>If upon inspection, the exhaust system is found to be contaminated with deposits from grease-laden vapors, the contaminated portions of the exhaust system shall be cleaned by a properly trained qualified, and certified person(s) acceptable to the AHJ. [96:12.6.1]</p> <p>Location: Not Provided</p> <p>Original Comment: The hoods in this establishment were due for inspection/cleaning in April 2024. Please have the hoods inspected and or cleaned in the next 7 days.</p>
FAIL	7.1.10.1 - Maintenance of the Means of Egress (Shall Be Unobstructed)	<p>Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>Location: back storage area.</p> <p>Original Comment: The egress path from the area of the 3 bay sink is reduced because of the addition of a additional refrigerator. A 36 inch path must be maintained.</p>
		
FAIL	NFPA 1 2022 CT - 11.1.2.2.1* - Electrical Deemed Potentially Unsafe by AHJ	<p>Where the AHJ determines that there is sufficient evidence that existing electrical wiring, fixtures, appliances, or equipment is potentially unsafe, the AHJ is authorized to require an evaluation of the existing electrical wiring, fixtures, appliances, or equipment, or portion thereof, by a qualified person.</p> <p>Location: Electrical panel</p> <p>Original Comment: Building department has, "tagged out" breakers that power the up blast fan due to excessive tripping. The fan/hood and electrical panel shall be evaluated and repaired by qualified technicians.</p>

STATUS

CODE

DESCRIPTION

882-15 CONNECTICUT NATURAL GAS CORP. RT-209403

Customer Name: Bobby Lee Customer Signature: _____
 Address: 14 Buckland Hill Apt. No.: _____
 Town: Meriden Floor: _____
 Appl. GC11 Manuf. GC11 Ser. # GC11
 TYPE NOTIFICATION: _____
 Hazard: _____
 Warning: _____
 Conditions to be corrected: Drift hood cleaned before GC11 replaced to GC11 service
 When above condition has been corrected, call or notify the following:
 CONNECTICUT NATURAL GAS CORPORATION
 HARTFORD 524-851 GREENWICH 869-8900
 SERVICE REP: 2477 DATE: 6-25-24 TIME: _____



REINSPECTION DATE

07/02/2024

CONTACT SIGNATURE

Bobby Lee

Reason for not collecting a signature: NA

INSPECTOR SIGNATURE

ROGER THRALL
Signed on: 06/25/2024 @ 16:08

QUESTIONS ABOUT YOUR INSPECTION?

ROGER THRALL
rthrall@manchesterct.gov
8606473282

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 6/3/2024

Establishment Teriyaki Madness Town Manchester Final construction

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot water - prep	110°F				
hot water - H.S.	90°F				
quat sanitizer	200ppm				
2 door Freezer	-9°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	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.
	Ken Shanke - PIC
	move handwash soap soap from prep sink to hand sink
	no paper towels in dispenser
	handwash sink signs required
	discussed steam table options for lids/covers
	Thermometers required in refrigerators ✓
	thin probe Thermometers / alcohol wipes ✓
	bay Marie leaking/condensation
	remove wrap for food processor.
	test strips for quat sanitizer available ✓
	large stock pot to be removed - too large for wash, rinse, sanitize
	mop sink ✓
	leaking/condensation from walk in cooler
	door of wic not closing properly
	condensation line from wic not disposing in drain
	dumpster to be shared - multiple pick-ups during week
	soap, paper towels, handwash sign required in restrooms
	hangers for cleaning equipment required
	Follow up with Fire/building for their requirements/approvals
	bread rack/speed rack required in wic
	Training Thurs - Sun. June 10 th @ 10 AM - pre-operational / June 11 th FSL discussed.

Person in Charge (Signature)	Date <u>6/3/24</u>
Inspector (Signature) <u>L. Monay</u>	Date <u>6/3/2024</u>

Connecticut Department of Public Health

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>7/2/2024</u>					
Establishment <u>Andi's pizza</u>				Time In <u>11</u> <u>AM</u> /PM Time Out <u>12</u> <u>AM</u> /PM					
Address <u>290 B Broad St.</u>				LHD <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op			
Town/City <u>Manchester</u>				Reinspection _____		Other _____			
Permit Holder <u>Andi/Heather</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		
<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; 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									
<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 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"/>		
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 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"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<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 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 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									
<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	P/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"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.									
Person in Charge (Signature) <u>Heather Gosselin</u>		Date <u>7/2/24</u>							
Person in Charge (Printed) <u>Heather Gosselin</u>									
Inspector (Signature) <u>L. Grandy</u>		Date <u>7/2/24</u>							
Inspector (Printed) <u>Lauren Grandy</u>									
Violations documented		Date corrections due		#					
Priority Item Violations		<u>7/5/2024</u>		<u>3</u>					
Priority Foundation Item Violations		<u>7/12/2024</u>		<u>1</u>					
Core Item Violations		<u>10/2/2024</u>		<u>5</u>					
Risk Factor/Public Health Intervention Violations				<u>3</u>					
Repeat Risk Factor/Public Health Intervention Violations				<u>6</u>					
Good Retail Practices Violations				<u>6</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 7/2/2024
 Establishment Andi's pizza Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
w/c - chicken wing	39F	Bay Marie - cheese	40F	pizza cold prep	
picled pork	39F	Ham	39F	sausage	39F
Ham	40F	Chicken raw	39F	cheese	40F
Salami	40F	sliced tomato	40F	shrimp	39F
2 door Freezer	0F	internal chix grided	167F	restroom handwash	90F
Chest Freezer	0F			handwash	87F
				3 bay	110F

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: Andi/Heather on site
15p	chicken wings not protected in w/c
15p	eggs (shelled) above tomatoes in w/c
55c	clutter in room next to Chest Freezer - remove excess equipment / equipment not being used
50pF	prep sink plumbing not functioning - plumber to come next week
15p	Food in 2 door Freezer not protected
47c	handles damaged of 2 door Freezer
37c	unlabeled squeeze bottles along cookline
note*	good glove use observed by staff
55c	cover base / tile missing by pizza oven
note*	delivery received at time of visit - putting food product away
note*	ceiling tiles replaced ✓
note*	great date marking of food product
note*	overall clean + organized
49c	gaskets of 2 door undercounter across from grill not clean
note*	Food thermometer / test strips available
	# 7/16/24 back from vacation

Person in Charge (Signature) [Signature] Date 7/2/2024
 Inspector (Signature) [Signature] Date 7/2/2024

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 7/15/24

Establishment: Anthony's Jamaican Rest Time In _____ AM/PM Time Out _____ AM/PM

Address: 346 West Middle Tpk 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										
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"/>	15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	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"/>	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"/>	17	<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"/>	Proper use of restriction and exclusion	P	<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"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<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"/>
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"/>	20	<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"/>	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"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<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"/>	22	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	Conformance with Approved Procedures							
Approved Source				Good Retail Practices										
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<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							
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	OUT N/A N/O Safe Food and Water							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	43	<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"/>	44	<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"/>	45	<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				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"/>	46	<input type="checkbox"/>	<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"/>	Physical Facilities						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<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"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/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"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				Physical Facilities									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	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"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/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"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	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"/>	Natural rubber latex gloves not used per CGS §19a-36f						

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

Person in Charge (Signature) _____ Date 7-15-24

Person in Charge (Printed) Anthony Francis

Inspector (Signature) Denise Payne Date 7/15/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations	<u>COS</u>	
Priority Foundation Item Violations		<u>1</u>
Core Item Violations	<u>ASAP/90days</u>	<u>4</u>
Risk Factor/Public Health Intervention Violations		<u>2</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.

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/15/24

Establishment Anthony's Jamaican Rest Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Fried Chicken	165°F	Butter	40°F	Chlorine Sanit	100ppm
Beef	151°F	Beef	41°F	test strips on site	
White Rice	153°F				
Chicken Stew	159°F	Fully Cooked		Thermometers	✓
Steak Stew	160°F	Fried Chicken	179°F	Hand sink hot water	111°F
Ox tail	148°F	Hard Pie	197°F		
Chicken hand pie	158°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	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.
49C	Gasket on 2 door reach in torn
55C	Ceiling tiles over service counter leak/stained Must be replaced with washable tiles.
15C	Containers/Pots stored on floor in kitchen * Discussed a table or cart on wheels.
21P	Product (ox tail) at steam table → Water vaporized and ox tail @ 111°F → Reheat to 165°F then correct steam table setup
55C	Door to kitchen unclear. Reheat @ 185°F (185)
Note	Generally much cleaner → continue on items on lower shelves in kitchen
	→ Bowl/not sink to leave sink avail for thawing
*	Discussed Prep basting/seasoning → place in <u>small</u> containers and put into freezer to chill down to 41°F before putting in Reach in. → Thaw in Prep sink only.
	Bullet mixer not approved - if empl. only, it must be clean
	Tiles removed at service counter. Sub floor exposed - Owner to provide spec sheet on floors for approval.
*	Repairs must include cove base + addition FRP trim at Steam Table


Person in Charge (Signature)

Denise Payne

Date 7/15/24

Inspector (Signature)

Date 7/15/24

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>7/19/2024</u>			
Establishment: <u>Army/Navy Club</u>		Time In: <u>10</u> AM/PM Time Out: <u>11</u> AM/PM			
Address: <u>1090 Main Street</u>		LHD: <u>Manchester</u>			
Town/City: <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder: <u>Terri K. (onsite)</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	IN OUT N/A N/O			
V COS R		Protection from Contamination			
1	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Person/Alternate Person in charge present, demonstrates knowledge and performs duties	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"/> <input type="checkbox"/>
2	<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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized	F/P/C	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	<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 checked="" type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion	P	Time/Temperature Control for Safety		
5	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written procedures for responding to vomiting and diarrheal events	Pf	18	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper cooking time and temperatures	P/Pf/C
6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use	P/C	19	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper reheating procedures for hot holding	P
7	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> No discharge from eyes, nose, and mouth	C	20	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper cooling time and temperatures	P
8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Hands clean and properly washed	P/Pf	21	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper hot holding temperatures	P
9	<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	22	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper cold holding temperatures	P
10	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate handwashing sinks, properly supplied/accessible	Pf/C	23	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper date marking and disposition	P/Pf
11	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source	P/Pf/C	24	<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
12	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature	P/Pf	Consumer Advisory		
13	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, and unadulterated	P/Pf	25	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food	Pf
14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	Highly Susceptible Population		
GOOD RETAIL PRACTICES			26	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered	P/C
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"/> <input type="checkbox"/> Pasteurized eggs used where required	P	43	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In-use utensils: properly stored	C
31	<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"/> <input type="checkbox"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled	Pf/C
32	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Variance obtained for specialized processing methods	Pf	45	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: properly stored & used	P/C
33	<input type="checkbox"/> <input 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"/> <input type="checkbox"/> <input type="checkbox"/> Gloves used properly	C
34	<input type="checkbox"/> <input 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"/> Approved thawing methods used	Pf/C	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
36	<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"/> <input type="checkbox"/> <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C
Food Identification			49	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean	C
37	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	Pf/C	Physical Facilities		
Prevention of Food Contamination			50	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure	Pf
38	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, and animals not present	Pf/C	51	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices	P/Pf/C
39	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination prevented during food preparation, storage & display	P/Pf/C	52	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage and waste water properly disposed	P/Pf/C
40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness	Pf/C	53	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean	Pf/C
41	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used and stored	C	54	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained	C
42	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washing fruits and vegetables	P/Pf/C	55	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and clean	P/Pf/C
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	C
Person in Charge (Signature): <u>Sally Keesler</u>	Date: <u>7/19/2024</u>	Violations documented			
Person in Charge (Printed): <u>Terri Keesler</u>	Date: <u>7/19/2024</u>	Date corrections due			
Inspector (Signature): <u>L. Grandy</u>	Date: <u>7/19/2024</u>	Priority Item Violations		#	
Inspector (Printed): <u>Lauren Grandy</u>		Priority Foundation Item Violations	<u>7/29/2024</u>	<u>1</u>	
		Core Item Violations	<u>10/19/2024</u>	<u>A</u>	
		Risk Factor/Public Health Intervention Violations			
		Repeat Risk Factor/Public Health Intervention Violations			
		Good Retail Practices Violations			
		Requires Reinspection - check box if you intend to reinspect			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.					

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/19/2024

Establishment Army/Navy Club Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC	39F			handsink H.W.	85F
cheese	38F			Hot water	110F
not dog	38F			↳ 3 bay	
Freezer	0F			hot water mens	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.
49C	exterior of fryers not clean
49C	Fan cover in WIC not clean
16PF	interior top of ice machine not clean
49C	exterior of plastic bins not clean in bar
55C	missing cover base/tile in mens restroom

Overall very clean and organized
 no cooking at time of visit
 test strips and thermometers available

Person in Charge (Signature) Sara Keesler
 Inspector (Signature) L. Stondy

Date 7/19/2024
 Date 7/19/2024

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7-23-24
Establishment Artisinal Burger Company		Time In 2:00 AM/PM Time Out 3:30 AM/PM
Address 1436 Pleasant Valley 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

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 checked="" 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 checked="" 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 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				Proper cooling time and temperatures									
Good Hygienic Practices				Food/Color Additives and Toxic Substances									
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				Food additives: approved and properly used									
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				Toxic substances properly identified, stored & used									
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances						
Adequate handwashing sinks, properly supplied/accessibile				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				Compliance with variance/specialized process/ROP criteria/HACCP Plan									
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES						
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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						
Food in good condition, safe, and unadulterated				Safe Food and Water									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				Pasteurized eggs used where required									

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source				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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods				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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				Single-use/single-service articles: properly stored & used						
33	<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"/>
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"/>	Utensils and Equipment			
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"/>	47	<input 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 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"/>
Thermometers provided and accurate				Non-food contact surfaces clean						
Food Identification				Physical Facilities						
37	<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"/>
Food properly labeled; original container				Hot and cold water available; adequate pressure						
Prevention of Food Contamination				Plumbing installed; proper backflow devices						
38	<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"/>
Insects, rodents, and animals not present				Sewage and waste water properly disposed						
39	<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"/>
Contamination prevented during food preparation, storage & display				Toilet facilities: properly constructed, supplied, & clean						
40	<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"/>
Personal cleanliness				Garbage and refuse properly disposed; facilities maintained						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored				Physical facilities installed, maintained, and clean						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables				Adequate ventilation and lighting; designated areas used						
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						

Person in Charge (Signature) *Joel D. Brown* Date **7-23-24**

Person in Charge (Printed) **JOEL D. BROWN**

Inspector (Signature) *Jose Ramirez* Date **7-23-24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	8-3-24	1
Core Item Violations	10-23-24	5
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		5
Good Retail Practices Violations		5

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 7/23/24

Establishment Artisinal Burger Company Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Crab cakes	39F	Cook line sliced tomatoes	40F	Hand sink Back line	110F
Cheese Sauce	39F	Pepparoni	40F	Custom BR sink	90F
Salmon burger	39F	raw chicken	36F		
burger patty	39F	ranch	38F		
Sliced cheese	39F	Cold drawer burger	40F		
W/F ambient	-10F	Hot Hold Cheese sauce	140F		
Shrimp cooked to	180F				
Hot hold bisque	140F				

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



- | 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 |
|-------------|---|
| A3C | Scoop handle buried in flour bin |
| 37C | unlabeled squeeze bottles & shakers at cookline |
| 16PF/49C | interior & exterior of ice machine unclean |
| 44C | Wet nesting of storage containers on green wire shelving |
| 16PF | Soda dispenser nozzles unclean at expo line |
| 10PF | expo line hand sink used as dump sink |
| 16PF | interior of glass cooler at bar unclean / standing water |
| 45C | Single use container used as scoop in floor by soda syrups |

Note Discussed increasing cleaning frequency of food contact surfaces.

Note Monthly pest control. No current pest issues.

Note Good glove use & hand washing observed

Note Test strips & thermometer available

Person in Charge (Signature) [Signature] Date 7/23/24

Inspector (Signature) [Signature] Date 7/23/24

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>6/28/24</u>																
Establishment <u>Bajas Fresh Grill</u>				Time In <u>10</u> <u>AM</u> / <u>PM</u> Time Out <u>11:30</u> <u>AM</u> / <u>PM</u>																
Address <u>1062 Tollard Tpke</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																				
<p><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></p> <p>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> <p>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</p>																				
IN		OUT		N/A		N/O		Supervision		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"/>	<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	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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	P	<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	Pf	<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"/>						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"/>					
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"/>	<input type="checkbox"/>	<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"/>	<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	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10	<input checked="" type="checkbox"/>	<input checked="" 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"/>					
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12	<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"/>					
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"/>	<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	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
GOOD RETAIL PRACTICES																				
<p><i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i></p> <p>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</p>																				
OUT		N/A		N/O		Safe Food and Water		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"/>	<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"/>	<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"/>	<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"/>	<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	Pf	<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	Pf/C	<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	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<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"/>	<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	P/Pf/C	<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	Pf/C	<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	C	<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	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<p>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</p>																				
Person in Charge (Signature) <u>Luis</u>				Date <u>6/28/24</u>																
Person in Charge (Printed) <u>Luis</u>																				
Inspector (Signature) <u>L. Grandy</u>				Date <u>6/28/24</u>																
Inspector (Printed) <u>Lauren Grandy</u>																				
Violations documented																				
Priority Item Violations							<u>7/1/24</u>							<u>2</u>						
Priority Foundation Item Violations																				
Core Item Violations							<u>9/28/24</u>							<u>5</u>						
Risk Factor/Public Health Intervention Violations														<u>3</u>						
Repeat Risk Factor/Public Health Intervention Violations																				
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 6/28/2024

Establishment Bajas Fresh Grill

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
3 door freezer	-7F	cook Frontline : sour cream	39F	handwash sink	92F
bay mare cookline	37F	pico de gallo	40F	3 bay sink	110F
raw shrimp	39F	chicken	40F	sanitizer	
chicken wing	40F	shrimp	40F		
CV + tomato	41F			hot holding	179F
raw steak	39F	2 door cold prep		steak	168F
3 door freezer	2F	corn salsa	39F	queso on stove top	179F
3 door freezer	0F	pico	37F		

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
49c	interior of 3 door freezer along cookline not clean
15p	French Fries, chicken tenders in 3 door freezer not protected
10c	no trash at handwash sinks
45c	to go container used as scoop in raw shrimp in 3 door bay mare
47c	cover of drain damaged by 3 bay sink
22p	Tomatoes at room sitting at room temperature at 65F - voluntarily discarded by staff (cos)
47c	non-commercial microwave above prep table
	overall very clean + organized
	good handwashing / glove use
	good storage of equipment / utensils
	test strips available
	food thermometer available
	good date marking of food product
	no cooling at time of visit
	email lgrandy@manchesterct.gov with corrective actions to be above violations

Person in Charge (Signature)

Date 6/28/24

Inspector (Signature) L. Grandy

Date 6/28/24

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

Establishment type: Permanent Temporary Mobile Other Date: 7/5/2024

Establishment Barnes + Noble Starbucks Time In 11:30 AM/PM Time Out 12:00 AM/PM

Address 270 Buckland Hills Dr. # 1024 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

Table with columns for item number, compliance status (IN, OUT, N/A, N/O), violation type (V, COS, R), and description of risk factors and interventions.

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

Table with columns for item number, compliance status (OUT, N/A, N/O), violation type (V, COS, R), and description of good retail practices.

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

Person in Charge (Signature), Date, Inspector (Signature), Date, and Violations documented table.

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: 7/9/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 7/5/2024
 Establishment Barnes + Noble Starbucks Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIF	-6F	under counter		quat sanitizer	200ppm
		half + half	37F	43 bay	
WIC	34F				
half + half	41F	single door undercounter		hot water handsink	108F
		cream cheese	38F		
Front counter	39F				
Cheesecake	42F	Bathroom hot water	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.
2C	no CFPM on site during time of inspection ↳ 30 days to have someone sign up for CFPM
49C	Floor under 3 bay sink not clean
38PF	Fruit Flies / drain Flies under 3 bay sink + map by Front Unit - work order placed
55C	strong odor from back by mop sink
49C	Floors not clean wif
39C	Boxes of to go containers stored on floor in back of house
55C	Back of house area very cluttered
10PF	no soap dispenser at handsink next to ice machine
10PF	no paper towels at handsink next to ice machine
49C	3 bay sink not clean
16P	quat sanitizer bucket at 0ppm -
49C	interior of cabinets in front not clean
note X	thermometer on site
45P	single container with single service utensils not clean, single service spoons/knives not clean - discarded by person in charge (cos)
note X	good labeling of food product
48C	no test strips available for quat sanitizer
	lgandy@manchesterct.gov
	reinspection - July 9th, 2024

Person in Charge (Signature) Mashina Stanchina Date 7/5/2024
 Inspector (Signature) A. Grandy Date 7/5/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____	Date: 6/20/24	
Establishment: Between Rounds	Time In: 2:30 AM/PM (PM) Time Out: 4:00 AM/PM (PM)	
Address: 1540 A Pleasant Valley Rd	LHD: Manchester	
Town/City: Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder: Ajay Mathew	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 checked="" type="checkbox"/>		
1	OUT			Pf		
1	OUT					
2	OUT			C		
Employee Health						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
3	OUT			P/Pf		
4	OUT			P		
5	OUT			Pf		
Good Hygienic Practices						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
6	OUT			Pf		
7	OUT			C		
Preventing Contamination by Hands						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
8	OUT			P/Pf		
9	OUT			P/Pf/C		
10	OUT			Pf/C		
Approved Source						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
11	OUT			P/Pf/C		
12	OUT			P/Pf		
13	OUT			P/Pf		
14	OUT			P/Pf/C		

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 checked="" type="checkbox"/>					
15	OUT					
16	OUT					
17	OUT					
Time/Temperature Control for Safety						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
18	OUT					
19	OUT					
20	OUT					
21	OUT					
22	OUT					
23	OUT					
24	OUT					
Consumer Advisory						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
25	OUT					
Highly Susceptible Population						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
26	OUT					
Food/Color Additives and Toxic Substances						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
27	OUT					
28	OUT					
Conformance with Approved Procedures						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
29	OUT					

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
30	OUT				
31	OUT				
32	OUT				
Food Temperature Control					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
33	OUT				
34	OUT				
35	OUT				
36	OUT				
Food Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
37	OUT				
Prevention of Food Contamination					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
38	OUT				
39	OUT				
40	OUT				
41	OUT				
42	OUT				

OUT	N/A	N/O	Mark in appropriate box for COS and/or R	COS=corrected on-site during inspection	R=repeat violation
Proper Use of Utensils					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
43	OUT				
44	OUT				
45	OUT				
46	OUT				
Utensils and Equipment					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
47	OUT				
48	OUT				
49	OUT				
Physical Facilities					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
50	OUT				
51	OUT				
52	OUT				
53	OUT				
54	OUT				
55	OUT				
56	OUT				

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

Person in Charge (Signature) *Ajay Mathew* Date **6/20/24**

Person in Charge (Printed) **Ajay Mathew**

Inspector (Signature) *L. Grandy* Date **6/20/24**

Inspector (Printed) **Lauren Grandy**

Violations documented	Date corrections due	#
Priority Item Violations	ASAP - 6/23/24	4
Priority Foundation Item Violations	6/30/24	4
Core Item Violations	9/20/24	14
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.

Reinspection - as soon as HVAC to repair refrigeration

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/20/2024

Establishment Between Rounds

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC		cream cheese	40F	cheese undercounter	42F
locks	36F			turkey undercounter	43F
chicken	35F	bay Marie (right)			
American cheese	37F	cream cheese	44F	bay Marie (left)	
WIF	0F	cut tomato	45F	Ham cube	49F
		roast beef	43F	Lox (salmon)	46F
		sausage	48F	Cheese	51F
Butter at room temp	78F	cheese	53F	Half half	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.
51C	Faucet of back handsink leaking
45C	Wash, rinse, sanitizing single use containers in 3 bay
6C	uncovered employee beverage at front counter
23PF	no date marking of food product in WIC
49C	Floors of WIC not clean
49C	exterior of white bins w/ toppings not clean
39C	boxes stored on floor of WIF
49C	FLOOR OF WIF not clean
54C	excess cardboard/trash stored in back of house
16PF	exterior of bread loaf pans/sheet pans extremely unclean
49C	Floors throughout not clean
49C	interior of cabinets not clean throughout
16PF	interior of microwave not clean
49C	shelving with microwave not clean
47PF	cutting boards extremely unclean/heavily gauged
43C	Knives wedged/stored in bay Marie
45C	coffee filters stored unprotected on coffee beans
22P	Butter stored at room temperature at 78F - to be voluntarily
21P	discarded by person in charge
16P	NO quat sanitizer in bucket at 0ppm (C05)
16P	quat sanitizer at 0ppm in 3 bay - owner made new sanitizer (C05)
1PF/2	no CFPM on site - owner: ajay called in by health Dept.

Person in Charge (Signature) [Signature]

Date 6/20/2024

Inspector (Signature) L. Shandy

Date 6/20/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/20/2024

Establishment Between Rounds

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
egg under unit	49F				

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.
✓ 22p	Bay Marie (left + right) not functioning properly. Food product ranging between 43-53F. Food product being voluntarily discarded by owner at time of visit.
*	person in charge to voluntarily close this day - hvac called to come out to fix units - owner to remain closed until refrigeration to be repaired. call Health Dept for re-opening inspection - 860-647-3173.
*	No using units up front (bay marie) to be used until repaired and can maintain temp 41F or below for temp health dept to follow-up for re-opening inspection
	<p>Lgrandy@manchesterct.gov 860-647-3192</p>

Person in Charge (Signature)

[Handwritten Signature]

Date

6/20/24

Inspector (Signature)

[Handwritten Signature]

Date

6/20/24

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>5/30/24</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 _____	



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
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 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 checked="" 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 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/C	<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	<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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>
Pasteurized eggs used where required				In-use utensils: properly stored					
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled					
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used					
Food Temperature Control				Gloves used properly					
33	<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				Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Plant food properly cooked for hot holding				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Approved thawing methods used				Non-food contact surfaces clean					
36	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	P/Pf/C	<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"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Insects, rodents, and animals not present				Garbage and refuse properly disposed; facilities maintained					
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display				Physical facilities installed, maintained, and clean					
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	C	<input type="checkbox"/>
Personal cleanliness				Adequate ventilation and lighting; designated areas used					
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	P/Pf/C	<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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	C	<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>[Signature]</u>	Date <u>05/30/24</u>
Person in Charge (Printed) _____	
Inspector (Signature) <u>[Signature]</u>	Date <u>5/30/24</u>
Inspector (Printed) <u>Derise Payne</u>	

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 [Signature]

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/30/24

Establishment Brazilian Gula Grill Town Manchester

Follow up 6/2/24

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 Sanitizer 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.
*	Hot water not Above 85°F → Adjust; Reinspect on 6/2/24 at next event. *Still having issue
45C	Single use cup w/ out handle
37c	Squeeze bottles not labeled *Repeat labelling this day
49c	Basket for napkins not smooth/easily cleanable Wood Shelf Not approvable - discussed Plastic Cutting board No board used - still not approved material
5PF	Written procedures not on truck (Vomit/diarrhea) ✓
	Trigildare-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)

revised 5/31/24

Person in Charge (Signature) [Signature]

Date 5/30/24

Inspector (Signature) [Signature]

Date 5/30/24

*Lic. given this day

Risk Category: 4 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 6/26/24

Establishment Bright path Time In 12 AM/PM Time Out 12:30 AM/PM

Address 452 Tolland Ave 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									
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							Proper disposition of returned, previously served, reconditioned, and unsafe food						
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							Time/Temperature Control for Safety						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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"/>
Proper use of restriction and exclusion							Proper cooking time and temperatures						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding						
Good Hygienic Practices							Proper cooling time and temperatures						
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/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"/>
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"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Food additives: approved and properly used						
12	<input checked="" 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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							Toxic substances properly identified, stored & used						
13	<input checked="" 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 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"/>	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"/>	<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"/>	<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							Gloves used properly						
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							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"/>	47	<input 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"/>	48	<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							Priority Item Violations						

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

Person in Charge (Signature) [Signature] Date 6/26/24

Person in Charge (Printed) Katrina Meli

Inspector (Signature) [Signature] Date 6/26/24

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	<u>9/26/2024</u>	<u>2</u>
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
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.

Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 6/26/24

Establishment Bright path Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
TRUE Freezer	-4			handsink H.W.	99F
				3 bay H.W	110F
True 2 door	36F				
cheese	39F				
milk	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
	tyler on site
NOTE*	overall good hierarchy
NOTE*	staff in training for safe - Lgrandy@manchesterct.gov
49c	exterior of bins on shelf not clean
49c	interior of Freezer not clean
NOTE*	Food thermometer available
NOTE*	overall clean + organized!
NOTE*	no temperatures for food product ~ @ end of lunch when passing out/delivering to rooms



Person in Charge (Signature) <i>[Signature]</i>	Date <u>6/26/24</u>
Inspector (Signature) <i>L. Grandy</i>	Date <u>6/26/24</u>

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____	Date: 7-9-24	
Establishment Burger Class	Time In 11:00 AM/PM Time Out 12:30 AM/PM	
Address 194 Buckland Hills	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Saisha Tpanapally	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 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<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"/>
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"/>
7	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<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"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<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"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<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"/>
14	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>
17	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input 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 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 type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
Highly Susceptible Population						
26	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>
28	<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						
29	<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	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 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 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"/>	Single-use/single-service articles: properly stored & used	P/C
46	<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"/>	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 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 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"/>	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	

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

Person in Charge (Signature) **Varsha** Date **9/07/2024**

Person in Charge (Printed) _____

Inspector (Signature) **Jose Ramirez** Date **7-9-24**

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		<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 7-9-24

Establishment Burger class

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
under counter cooler front counter				Hand sink by grill	90F
milk	41F				
Cold drawer grill					
chicken	40F				
Cold prep table by WIC					
chicken wings	52F				
Fries	41F				
Chicken patty	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.
	No paper towels at hand sink by grill
	Bottle of bleach stored in hand sink at front counter
	Missing ceiling tiles throughout
	unlabeled containers of ice cream syrup
	no air gap at dump sink by soda machine
	Dipper well leaking into bucket
	under front counter unclean
	Ceiling unclean throughout
	ice build up on food product in 2 door RIF Avantco
	Floor drain under shelving unclean w/ standing liquid, missing cover
	interior of cold drawers under grill unclean
	unlabeled squeeze bottles throughout
	Cold prep table gasket damaged
	Container of moldy substance stored in cold prep table
	cell phone stored on prep table
	Cleaning Chemical spray stored above cold prep table
	WIC interior unclean (unused)
	Chicken wings in cold prep table by WIC at 52F. (COS) Discarded
	Cold prep table by WIC ambient 50F
	unused shelves/equipment stored in hallway
	Green cutting board gauged

Person in Charge (Signature) [Signature]

Date 7-9-24

Inspector (Signature) [Signature]

Date 7-9-24

Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 7/9/24

Establishment Burger class 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.
	Routine inspection ceased due to closure. Full re-inspection required prior to opening.
	3-bay sink out of service, deemed unsafe/tagged out of service by building dept. Prep sink water turned off completely also out of service.
	owner, Bobby, to call a plumber immediately for repair.
	Call Health Dept or email jramirez@manchesterct.gov when repairs are complete.
	cold prep tables also not functioning properly. call to get serviced. Do not store any food in either unit until fixed.
	voluntarily closed this day, spoke w/ Bobby (owner) on phone.
	DO NOT re-open until inspected by Health Dept.

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

Date 7-9-24
 Date 7-9-24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other _____		Date: 7-10-24	
Establishment Burger Class		Time In 10:30 AM PM Time Out 12:00 AM PM	
Address 194 Buckland Hills Dr.		LHD Manchester	
Town/City Manchester		Purpose of Inspection: Routine Pre-op	
Permit Holder Kevin Salguero		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 checked="" 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 checked="" 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 checked="" 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"/>		
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"/>	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"/>		
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"/>	21 <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"/>		
Good Hygienic Practices			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/>	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"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/>	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"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
Preventing Contamination by Hands			
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/>	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"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/>	Consumer Advisory		
10 <input checked="" 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/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	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 Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
Approved Source			
11 <input checked="" type="checkbox"/> IN <input checked="" 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"/>	Highly Susceptible Population		
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/>	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/>		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/>	Food/Color Additives and Toxic Substances		
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"/>	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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"/>		
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 C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	47 <input checked="" type="checkbox"/> IN <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 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 type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input 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"/> 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 checked="" type="checkbox"/> IN <input checked="" 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"/> 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"/>	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
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"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Physical Facilities		
35 <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"/>	50 <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"/>		
36 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	51 <input checked="" type="checkbox"/> IN <input checked="" 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"/>		
Food Identification			
37 <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"/>	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"/>		
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"/> 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"/>		
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"/> 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"/>		
40 <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"/>	55 <input checked="" type="checkbox"/> IN <input checked="" 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"/>		
41 <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"/>	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"/>		
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"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f 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) <i>[Signature]</i> Date 7-10-24	Violations documented		
Person in Charge (Printed) Kevin S	Date corrections due		
Inspector (Signature) <i>[Signature]</i> Date 7-10-24	Priority Item Violations	7-13-24 # 2	
Inspector (Printed) Jose Ramirez	Priority Foundation Item Violations	7-20-24 # 2	
	Core Item Violations	10-10-24 # 5	
	Risk Factor/Public Health Intervention Violations	# 2	
	Repeat Risk Factor/Public Health Intervention Violations	# 2	
	Good Retail Practices Violations	# 7	
	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 7/10/24

Establishment Burger class

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC chicken	38°F				
sliced cheese	38°F				
sliced tomatoes	38°F				
fries	38°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.
	Kevin - CFPM on site
49C	WIC fan covers unclean
36PF	no thin-probe thermometer
10PF	no paper towel dispenser at hand sink, PIC states part ordered → to arrive today
51P	no air gap on dump sink up front, faucet hose must be removed / shortened to create gap above sink flood line
51C	dipper well leaking, PIC states part ordered
47C	gaskets damaged throughout, gasket parts ordered
28P	break dust cleaner stored in unused WIC, remove immediately.
55C	clutter / unused equipment in hallway. PIC states it will be removed within 2 weeks.
49C	under front counter area unclean
Note	OK to reopen <u>JR</u>
Note	HVAC repaired / serviced both cold prep units. Ensure its at 41°F ^{before restocking}
Note	Duct tape repairs throughout not approved, work on repairing items (ice machine, reach in doors, w/grill drawers). Submit corrected repairs to health dept.
Person in Charge (Signature)	Date <u>7-10-24</u>
Inspector (Signature)	Date <u>7-10-24</u>

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 6/18/24
Establishment Charley's Grilled Subs		Time In 11:00 AM/PM Time Out 12:30 AM/PM
Address 194 Buckland Hills Dr. #2058		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Sung Woo		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
IN OUT N/A N/O	Employee Health	V COS R
IN OUT N/A N/O	Good Hygienic Practices	V COS R
IN OUT N/A N/O	Preventing Contamination by Hands	V COS R
IN OUT N/A N/O	Approved Source	V COS R
IN OUT N/A N/O	Good Retail Practices	V COS R
OUT N/A N/O	Safe Food and Water	V COS R
OUT N/A N/O	Food Temperature Control	V COS R
OUT N/A N/O	Food Identification	V COS R
OUT N/A N/O	Prevention of Food Contamination	V COS R
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	Proper Use of Utensils	V COS R
OUT N/A N/O	Utensils and Equipment	V COS R
OUT N/A N/O	Physical Facilities	V COS R
Violations documented Date corrections due #		
Priority Item Violations 6-21-24 2		
Priority Foundation Item Violations 6-28-24 4		
Core Item Violations 6-28-24 16		
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		
Person in Charge (Signature) <i>Miguel Rivera</i> Date 6/18/24 Person in Charge (Printed) Miguel Rivera Inspector (Signature) <i>José Ramirez</i> Date 6/18/24 Inspector (Printed) José Ramirez		
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 6/18/24

Establishment Charley's Grilled Subs Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table chicken	41F	Hot Hold cheese sauce	138F	Hand sink by ice machine	95F
Steak	31F	W/C Sliced cheese	41F		
Shredded cheese	41F	Sliced tomatoes	41F		
Mozz sticks	41F	Chicken	27F		
Raw chicken	32F				
Sliced cheese	41F				
Sliced tomatoes	39F				
Hot hold fries	135F				

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
	Kevin, manager on site (not CFPM)
49C	Metal cart on cookline unclean
2C	NO CFPM on site, Miguel (CFPM) arrived midway through inspection (cos)
10PF	NO Soap at hand sink by ice machine
10PF	NO paper towels at hand sink by ice machine
37C	unlabeled Squeeze bottles at front service line
23PF	Food not properly date marked.
38PF	live roaches under Soda station by POS
49C	Ceiling tiles unclean throughout
49C	exterior of equipment at cookline unclean
47RE	Shelving under Soda station at cookline damaged/uncleanable
52P	Grease trap missing cover/unclean/emptying into uncovered bucket
49C	Walls unclean throughout
55C	FRP not sealed to wall throughout
47RE	W/F Gasket damaged
49C	W/F Floor unclean
47RE	exposed insulation in W/F
47RE	W/C Gasket damaged
47C	Shelving in W/C peeling
37C	containers of food not labeled throughout
49C	Floors unclean throughout, especially under equipment

Note Ice machine not in use. New unit arrives in a few weeks. Using Burger class.

Note Multiple glue traps full of live roaches at front line. Traps replaced ^{every} 2 days

Person in Charge (Signature) Miguel Rivera

Date 6/18/24

Inspector (Signature) [Signature]

Date 6/18/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/18/24

Establishment Charley's Grilled Subs Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Health Dept Cell					
866-734-6009					

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.
49C	Storage room floor unclean.
16P	NO sanitizer prepared. <u>COS</u>
Notes	Discussed proper date marking. All ready to eat refrigerated Foods must be date marked and discarded or used within 7 days. Foods not date marked during reinspection will need to be discarded.
Note	PLC states pest control service treats every 4 weeks. Pest control report not available. PLC instructed to email Jramirez@manchesterct.gov pest control reports by 6/21/24.
Note	Overall unclean. Thorough cleaning needed. Floors, walls, ceiling, and exterior of all other equipment must be cleaned and maintained. Address all core "C" violations regarding cleanliness in 10 days. (6/28)
Note	Hood baffles are clean. PLC states baffles are cleaned daily. Hood was due to be cleaned April 2024.
Note	Send more employees to CFPM training to ensure a CFPM is on site during all operating hours.
Note	Spoke with Bobby, owner, voluntarily closing for the day. Health Dept. to reinspection when cleanliness issues are addressed. prior to reopening Health Dept approval required.
Person in Charge (Signature)	<u>Miguel Garcia</u> Date <u>6/18/24</u>
Inspector (Signature)	<u>Jeremi</u> Date <u>6/18/24</u>

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____	Date: 7/2/24	
Establishment Cheeks Chicken & waffles	Time In 2:00 AM/PM Time Out 3:30 AM/PM	
Address 648 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									
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 3 Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> <input type="checkbox"/> 4 Proper use of restriction and exclusion P <input type="checkbox"/> <input type="checkbox"/> 5 Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> <input type="checkbox"/>							17 Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> <input type="checkbox"/>						
							Time/Temperature Control for Safety 18 Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> <input type="checkbox"/> 19 Proper reheating procedures for hot holding P <input type="checkbox"/> <input type="checkbox"/> 20 Proper cooling time and temperatures P <input type="checkbox"/> <input type="checkbox"/> 21 Proper hot holding temperatures P <input type="checkbox"/> <input type="checkbox"/> 22 Proper cold holding temperatures P <input type="checkbox"/> <input type="checkbox"/> 23 Proper date marking and disposition P/Pf <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"/>						
Good Hygienic Practices 6 Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> <input type="checkbox"/> 7 No discharge from eyes, nose, and mouth C <input type="checkbox"/> <input type="checkbox"/>							Consumer Advisory 25 Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> <input type="checkbox"/> Highly Susceptible Population 26 Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> <input type="checkbox"/>						
Preventing Contamination by Hands 8 Hands clean and properly washed P/Pf <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"/> 10 Adequate handwashing sinks, properly supplied/accessible P/C <input type="checkbox"/> <input type="checkbox"/>							Food/Color Additives and Toxic Substances 27 Food additives: approved and properly used P <input type="checkbox"/> <input type="checkbox"/> 28 Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> <input type="checkbox"/>						
Approved Source 11 Food obtained from approved source P/Pf/C <input type="checkbox"/> <input type="checkbox"/> 12 Food received at proper temperature P/Pf <input type="checkbox"/> <input type="checkbox"/> 13 Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> <input type="checkbox"/> 14 Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> <input type="checkbox"/>							Conformance with Approved Procedures 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

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

Person in Charge (Signature) *M. A. ...* Date **7-2-24**

Person in Charge (Printed) **Haseeb Ahmed**

Inspector (Signature) *Jose Ramirez* Date **7/2/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	7/5/24	3
Priority Foundation Item Violations	7/12/24	3
Core Item Violations	10/2/24	27
Risk Factor/Public Health Intervention Violations		5
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		28

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 7/2/24

Establishment Cheeks Chicken Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door R/C North American Chicken	38F			Hand Sink by 3 bay Bathroom Sink	110F 102F

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.
	Haseeb CFPM on site
43C	Scoop buried in white flour bin
52P	Grease trap not operating. Strong odor.
38PF	Flies present around 3 bay. Heavy presense.
37C	unlabeled containers unlabeled dry granulars throughout
41C	Wet rag Stored on prep table by prep sink, throughout
49C	Walls unclean throughout
49C	exterior of Flour bins unclean
49C	Shelving above 3 bay unclean
15C	Container of dry batter on prep table not covered
49C	exterior of equipment unclean
49C	gaskets unclean throughout
49C	interior of 1 door R/C unclean, throughout
49C	Shelving unclean throughout
39C	Containers of oil & ketchup stored on floor
55C	Storage room Full of garbage/clutter
55C	holes in wall in storage room
38C	large gap in rear door not Screened
10C	Paper towels not in dispenser in bathroom
49C	Utility room Floor unclean, lined w/ cardboard
38PF	rodent droppings present in utility room
16P	NO Sanitizer prepared

Person in Charge (Signature) M. Beal

Date 07/02/24

Inspector (Signature) Jose

Date 7-2-24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-2-24

Establishment cheeks chicken Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Sliced tomatoes	38F				
Chicken	37F				
Cheese	37F				
Mac & Cheese	34F				
door RIC True					
raw chicken	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.

Item Number	Description
39C	Ice build up in chest freezer
49C	Shelving in WIC unclean
39C	Food stored on floor in WIC
23PF	Food not properly date marked
49C	WIC Floor unclean
49C	Shelving under prep tables unclean
47C	gasket damaged on chest freezer by WIC
37C	unlabeled squeeze bottles at cook line
28P	Cleaning chemicals stored w/ Food products
47C	Non commercial toaster at cook line
56C	lights above cookline not shielded
56C	Hood baffles unclean
<p>Note WIC Maszeeb scheduled to meet at office at 1pm. come prepared with a completed application and payment.</p>	

Person in Charge (Signature) M. Asch

Date 7-2-24

Inspector (Signature) [Signature]

Date 7-2-24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7-29-24
Establishment Chez Ben		Time In 1:00 AM/PM Time Out 2:00 AM/PM
Address 927 Center St		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Joel Quirion		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"/>		Pf	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<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"/>		C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<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"/>		P/Pf	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<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"/>		P	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Proper use of restriction and exclusion						Proper reheating procedures for hot holding					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use						Food additives: approved and properly used					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
No discharge from eyes, nose, and mouth						Toxic substances properly identified, stored & used					
Preventing Contamination by Hands						Conformance with Approved Procedures					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>
Hands clean and properly washed						Compliance with variance/specialized process/ROP criteria/HACCP Plan					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Food obtained from approved source						Food additives: approved and properly used					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
Food received at proper temperature						Toxic substances properly identified, stored & used					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	GOOD RETAIL PRACTICES					
Food in good condition, safe, and unadulterated						Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<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					
Required records available: molluscan shellfish identification, parasite destruction						OUT N/A/N/O Safe Food and Water					

Safe Food and Water				Proper Use of Utensils							
OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R
30	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>
Pasteurized eggs used where required						In-use utensils: properly stored					
31	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>
Water and ice from approved source						Utensils/equipment/linens: properly stored, dried, & handled					
32	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<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"/>		Pf/C	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<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"/>		Pf	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>
Plant food properly cooked for hot holding						Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
35	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>
Approved thawing methods used						Non-food contact surfaces clean					
36	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Physical Facilities					
Thermometers provided and accurate						50 <input type="checkbox"/> Hot and cold water available; adequate pressure					
Food Identification						51 <input type="checkbox"/> Plumbing installed; proper backflow devices					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	52 <input type="checkbox"/> Sewage and waste water properly disposed					
Food properly labeled; original container						53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean					
Prevention of Food Contamination						54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained					
38	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	55 <input type="checkbox"/> Physical facilities installed, maintained, and clean					
Insects, rodents, and animals not present						56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used					
39	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f					
Contamination prevented during food preparation, storage & display						Violations documented					
40	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Priority Item Violations _____					
Personal cleanliness						Priority Foundation Item Violations 8-10-24					
41	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	Core Item Violations 10-29-24					
Wiping cloths: properly used and stored						Risk Factor/Public Health Intervention Violations _____					
42	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations _____					
Washing fruits and vegetables						Good Retail Practices Violations 5					

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

Person in Charge (Signature) <i>Joel Quirion</i> Date 7-29-24	Violations documented	Date corrections due	#
Person in Charge (Printed)	Priority Item Violations		0
Inspector (Signature) <i>Jose Ramirez</i> Date 7-29-24	Priority Foundation Item Violations	8-10-24	1
Inspector (Printed) Jose Ramirez	Core Item Violations	10-29-24	5
	Risk Factor/Public Health Intervention Violations		1
	Repeat Risk Factor/Public Health Intervention Violations		
	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 7-29-24

Establishment Chez Ben

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot Hold Potatoes	195F	Hot Hold gravy	140F	Hand sink by W/C	126F
Burger cooked to 1	198F	W/C Potatoes	39F	Dish machine chlorine	100ppm
Cold Prep table		meat pie	39F	Customer BR sink	115F
Sliced cheese	40F	egg salad	39F		
diced ham	41F	diced ham	38F		
raw beef	40F	door RIC True			
tuna salad	41F	cream	35F		
kielbasa	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.
49c	shelving in back storage unclean
49c	pipes around hood unclean
37c	unlabeled squeeze bottles at cookline
49c	interior of frigidaire R/F unclean
169F	interior of drawer under subway toaster unclean
44c	equipment drying on wet rags on prep table
Note	Discussed only keeping small quantities of food by grill as needed.
Note	Discussed proper date marking.
Note	Discussed proper cooling. 135F → 70F in 2 hours. 70F → 41F in 4 additional hours.
Note	Discussed no bare hand contact w/ ready to eat foods. Bare hand contact w/ ready to eat food → Food must be discarded.
Note	Test strips & thermometer available
Person in Charge (Signature)	<u>Jeff Quinn</u>
Inspector (Signature)	<u>Jeff Quinn</u>
Date	<u>7-29-24</u>
Date	<u>7-29-24</u>

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7/16/2024
Establishment courtyard		Time In 10:30 AM Time Out 11:00 AM
Address 225 Slater St		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op _____
Permit Holder Heather Lodge (CFPM)		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 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 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 cold 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	22 <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
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 checked="" 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 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	24 <input checked="" 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 checked="" 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 checked="" 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 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	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
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	GOOD RETAIL PRACTICES	
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	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 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	Safe Food and Water	Proper Use of Utensils
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"/> OUT In-use utensils: properly stored
	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 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 checked="" type="checkbox"/> OUT Single-use/single-service articles: properly stored & used
	Food Temperature Control	46 <input type="checkbox"/> OUT Gloves used properly
33 <input type="checkbox"/> OUT Proper cooling methods used; adequate equipment for temperature control	33 <input type="checkbox"/> OUT Plant food properly cooked for hot holding	Utensils and Equipment
34 <input type="checkbox"/> OUT Approved thawing methods used	34 <input type="checkbox"/> OUT Thermometers provided and accurate	47 <input type="checkbox"/> OUT Food and non-food contact surfaces cleanable, properly designed, constructed, and used
35 <input type="checkbox"/> OUT Food properly labeled; original container	Food Identification	48 <input type="checkbox"/> OUT Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
36 <input type="checkbox"/> OUT Insects, rodents, and animals not present	Prevention of Food Contamination	49 <input type="checkbox"/> OUT Non-food contact surfaces clean
37 <input type="checkbox"/> OUT Contamination prevented during food preparation, storage & display	37 <input type="checkbox"/> OUT Wiping cloths: properly used and stored	Physical Facilities
38 <input type="checkbox"/> OUT Personal cleanliness	38 <input type="checkbox"/> OUT Washing fruits and vegetables	50 <input type="checkbox"/> OUT Hot and cold water available; adequate pressure
39 <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used		51 <input type="checkbox"/> OUT Plumbing installed; proper backflow devices
40 <input type="checkbox"/> OUT Natural rubber latex gloves not used per CGS §19a-36f		52 <input type="checkbox"/> OUT Sewage and waste water properly disposed
		53 <input type="checkbox"/> OUT Toilet facilities: properly constructed, supplied, & clean
		54 <input checked="" type="checkbox"/> OUT Garbage and refuse properly disposed; facilities maintained
		55 <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean
		56 <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used
		57 <input type="checkbox"/> OUT Natural rubber latex gloves not used per CGS §19a-36f
Person in Charge (Signature) <i>[Signature]</i> Date 7/16/24 Person in Charge (Printed) Heather Lodge Inspector (Signature) <i>[Signature]</i> Date 7/16/24 Inspector (Printed) Lauren Grandy		Violations documented 3 Priority Item Violations 1 Priority Foundation Item Violations 1 Core Item Violations 1 Risk Factor/Public Health Intervention Violations 10/16/2024 Repeat Risk Factor/Public Health Intervention Violations 1 Good Retail Practices Violations 3 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.		

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/16/2024

Establishment courtyard-slater

Town Manchester

TEMPERATURE OBSERVATIONS

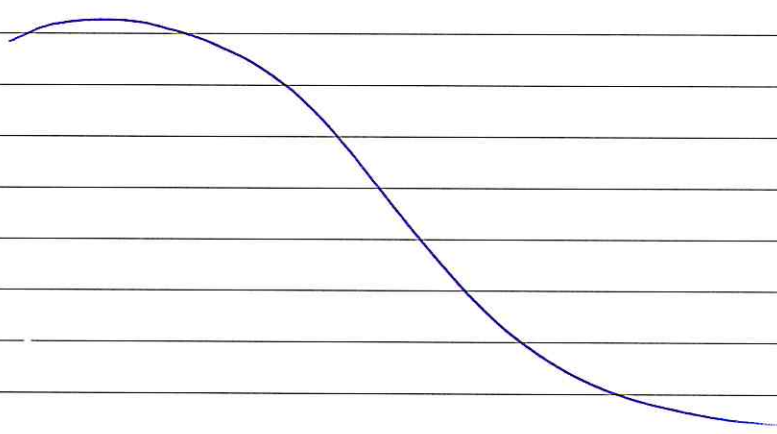
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bacon - hot	135F	Front bay Make cut strawberries	40F	quat sanitizer ↳ 3 bay	200ppm
2 door cold prep	36F	yogurt	40F		
butter	40F	cut cantalope	39F		
cream cheese	40F				
2 door freezer	-7F				



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	Observations and Corrective Actions
	CFPM: Heather Lodge
45c	coffee filters not protected above coffee machine
	Thermometer available
	good equipment / utensil storage
	no cooking at time of visit
54c	broom / cleaning equipment stored on ground of kitchen
45c	To go boxes stored on floor by back storage room
	test strips available
	overall very clean + organized



Person in Charge (Signature)

Date 7/16/24

Inspector (Signature)

Date 7/16/2024

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 6/4/24
Establishment Crab Catcher		Time In 2:00 AM/PM Time Out 3:30 AM/PM
Address 410 MTW		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Xiang Biochen		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
V COS R		Protection from Contamination
V COS R		V COS R
IN OUT N/A N/O		Time/Temperature Control for Safety
V COS R		V COS R
IN OUT N/A N/O		Consumer Advisory
V COS R		Highly Susceptible Population
IN OUT N/A N/O		Food/Color Additives and Toxic Substances
V COS R		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	OUT
V COS R		Proper Use of Utensils
V COS R		V COS R
OUT N/A N/O		Utensils and Equipment
V COS R		V COS R
OUT N/A N/O		Physical Facilities
V COS R		V COS R
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) _____	Date 06/04/24	
Person in Charge (Printed) Xiangbin Chen		
Inspector (Signature) _____	Date 6/4/24	
Inspector (Printed) Jose Ramirez		
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 6/4/24

Establishment Crab Catcher

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table		hot hold rice	142°F	hand sink (back)	95°F
Sausage	41F	Cold prep table Fish	36F	Chlorine bucket	120 PPM
boiled eggs	41F	breaded Shrimp	35F	3 bay sink	120F
Potatoes	41F	1 door Pepsi B/C coleslaw	40F	employee BR sink	92F
Shrimp	40F	W/C raw chicken wing	39F	Hand sink server station	95F
MUSCLES	41F	Sausage	38F	Hand sink at bar	100F
cooked Corn	41F	Crab leg	41F	customer BR sink	95F
raw chicken	37F	cut melon	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.
37C	unlabeled spices on speedrack by stove + bottles on cookline
15P	chicken over seafood + beef in WIF
49C	floor in WIF not clean
56C	hood unclean, was due 5/27/24, PIC to schedule ASAP
49C	Gaskets unclean throughout
43C	tongs stored on on oven handle
49C	Floor unclean under cookline equipment
23PF	Food not properly date marked throughout
49C	exterior of ice machine unclean
49C	exterior of seasoning bins unclean (by ice machine)
16PF	handheld can opener unclean
56C	W/C light not bright enough
49C	W/C shelving unclean
43C	rice spoon stored in stagnant water by rice cooker
55C	Damaged floor tiles by rear 3 bay sink
51P	No hose bib vacuum breaker at mop sink
47PF	Yellow cutting board gauged
Note	2-door reach in on cookline not in use x2
49C	Shelving unclean throughout
28P	unlabeled spray bottle w/ cleaning chemical
Note	Discussed cooling
Note	provided allergen poster

Person in Charge (Signature) _____

Date 6/04/24

Inspector (Signature) JSZ

Date 6/4/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 7-9-24	
Establishment Creamy Rolls Ice Cream	Time In 3:00 AM/PM Time Out 4:00 AM/PM	
Address 699 Main St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Daniel Davila	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/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 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							Time/Temperature Control for Safety						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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"/>
Proper use of restriction and exclusion							Proper cooking time and temperatures						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding						
Good Hygienic Practices							Proper cooling time and temperatures						
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/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"/>
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"/>	21	<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							Proper date marking and disposition						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							Time as a public health control: procedures and records						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Consumer Advisory						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible							Consumer advisory provided: raw/undercooked food						
Approved Source							Highly Susceptible Population						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Pasteurized foods used; prohibited foods not offered						
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<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"/>
Food received at proper temperature							Food/Color Additives and Toxic Substances						
13	<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"/>
Food in good condition, safe, and unadulterated							Food additives: approved and properly used						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction							Toxic substances properly identified, stored & used						
GOOD RETAIL PRACTICES							Conformance with Approved Procedures						
<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				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>				
Safe Food and Water							Proper Use of Utensils						
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"/>				
Pasteurized eggs used where required							In-use utensils: properly stored						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled						
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used						
Food Temperature Control							Gloves used properly						
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							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"/>	47	<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"/>	48	<input checked="" 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 checked="" 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"/>				
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"/>				
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"/>				
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"/>				
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							Date corrections due						
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							#						
Person in Charge (Signature) <i>Heather Wing</i> Date 7-9-24							Priority Item Violations 7-11-24						
Person in Charge (Printed) <i>Heather Wing</i>							Priority Foundation Item Violations 7-19-24						
Inspector (Signature) <i>Jose Ramirez</i> Date 7-9-24							Core Item Violations 0						
Inspector (Printed) <i>Jose Ramirez</i>							Risk Factor/Public Health Intervention Violations 0						
							Repeat Risk Factor/Public Health Intervention Violations 0						
							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.

Food Establishment Inspection Report

Page 2 of 2


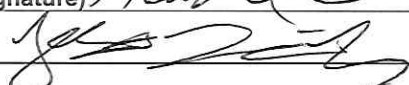
LHD Manchester Inspection Report Continuation Sheet Date 7/9/24
 Establishment Creamy Rolls Ice Cream Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
door RIC cream	41F			handsink by 3 bay	111 F
				Quat 3 bay	150 PPM

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.
51P	Customer bathroom handsink at 135F
48PF	No test strips available
Note	Discussed signing up more employees for the CFPM course
Note	Discussed Form 1A & 1B
Note	Discussed proper date marking. All RTE Foods that are refrigerated must be date marked and used or discarded within 7 days.
Note	Provided allergen poster
Note	Thermometer available

Person in Charge (Signature)  Date 7-9-24
 Inspector (Signature)  Date 7-9-24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 6/3/24

Establishment: Cumberland Farms Time In _____ AM/PM Time Out _____ AM/PM

Address: 3 Middle Tpk 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	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"/>	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"/>
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"/>	17	<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"/>	Proper use of restriction and exclusion	P	<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"/>
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"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	20	<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"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<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"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input 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"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<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	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
11	<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"/>	Consumer advisory provided: raw/undercooked food	Pf	<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"/>	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"/>
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"/>	27	<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"/>	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"/>	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"/>	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"/>
31	<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"/>
32	<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	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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	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	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	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	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	Plumbing installed; proper backflow devices	P/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"/>	52	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	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	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	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							56	Adequate ventilation and lighting; designated areas used	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) [Signature] Date 6/3/24

Person in Charge (Printed) Byron Miller 6/3/24

Inspector (Signature) [Signature] Date 6/3/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	<u>90 days or as noted</u>	6
Risk Factor/Public Health Intervention Violations		8
Repeat Risk Factor/Public Health Intervention Violations		0
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.

See response notes

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/3/24

Establishment Cumberland Farms Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot Dog	38F	Sausage Eggs + Cheese	40F	Hot Water	113F
Butter	40F	Hot Dog	145F		
Cream Cheese	37F	Chicken + Waffle	160F	Quat @ 3 bay	150F
		Egg roll	158F	* min.	
		Hot Dog	148F		

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.

- 49c Floors, generally, under handsink, ovens, trash (counter) backroom, unclean
- 47c Under counter drawers unclean
- 41c Brooms not stored properly
- 49c Counter drains stained, unclean
- 45c filters uncover/protected
- 49c AGRU unclean

Discussed open boxes of frozen food OK box open if covered/wrapped inside.

*Forms 1A + 1B are Required or C.F. forms address same information
 — Notify health dept by 6/7/24 in process

State Allergen poster present

Allergen statement posted this day by manager.

** Allergen in menu items not avail → check with corporate or create onsite log/reference. by 6/7/24.

* Pizza holding process - to be provide as well as roller setup

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

Date 6/3/24
 Date 6/3/24

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>6/13/24</u>	
Establishment <u>Dominos</u>	Time In _____ AM/PM	Time Out _____ AM/PM
Address <u>23 Main 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
Supervision						
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"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="radio"/>
Employee Health						
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"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	P	<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"/>
Good Hygienic Practices						
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	C	<input type="radio"/>
Preventing Contamination by Hands						
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed	P/Pf	<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"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="radio"/>
Approved Source						
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	P/Pf/C	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	P/Pf	<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"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="radio"/>
Protection from Contamination						
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	P/C	<input type="radio"/>
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="radio"/>
Time/Temperature Control for Safety						
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures	P/Pf/C	<input type="radio"/>
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding	P	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures	P	<input type="radio"/>
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures	P	<input type="radio"/>
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures	P	<input type="radio"/>
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition	P/Pf	<input type="radio"/>
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="radio"/>
Consumer Advisory						
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="radio"/>
Highly Susceptible Population						
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="radio"/>
Food/Color Additives and Toxic Substances						
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used	P	<input type="radio"/>
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="radio"/>
Conformance with Approved Procedures						
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<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
Safe Food and Water					
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	P
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source	P/Pf/C
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	Pf
Food Temperature Control					
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding	Pf
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used	Pf/C
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate	Pf/C
Food Identification					
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container	Pf/C
Prevention of Food Contamination					
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present	Pf/C
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display	P/Pf/C
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness	Pf/C
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored	C
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables	P/Pf/C
Proper Use of Utensils					
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In-use utensils: properly stored	C
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C
45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Single-use/single-service articles: properly stored & used	Pf/C
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gloves used properly	C
Utensils and Equipment					
47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C
49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-food contact surfaces clean	C
Physical Facilities					
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hot and cold water available; adequate pressure	Pf
51	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plumbing installed; proper backflow devices	P/Pf/C
52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sewage and waste water properly disposed	P/Pf/C
53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C
54	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Garbage and refuse properly disposed; facilities maintained	C
55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical facilities installed, maintained, and clean	P/Pf/C
56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate ventilation and lighting; designated areas used	C
	<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) Jay Osario Date 6/13/24

Person in Charge (Printed) Jay Osario

Inspector (Signature) D Payne Date 6/13/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<u>90 days</u>	<u>2</u>
Risk Factor/Public Health Intervention Violations		
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.

*notify health dpt of repair
dpayne@manchestortct.gov*

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/13/24

Establishment Dominos

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sliced Cheese		No hot holding		Hot water	125F
Chicken breaded				3bay	
Chicken wings				Quat	150F
Shredded Cheese					
Shredded Cheese	37				

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 ANSI system ✓
54c	Dumpsters not covered/closed
51c	3 Bay faucet leaking
	Discussed new 3 Bay setup - fill old screw holes with caulk - smooth caulk sink @ FRP
	Discussed Allergens - Posted notice ✓ - menu w/ allergens by ingredients ✓
	Date Marking → All TCS gets cooked
	Discussed handling + cutting of cookie/brownie bars No Bare hand contact / utensils used. → All cooked to order
	Discussed Cleaning process for pans - Reduce build-up
	Manager to review Company IA/IB Ill worker document notify HDpt in 1 week document are established

Person in Charge (Signature) [Signature]

Inspector (Signature) [Signature]

Date 6/13/24

Date 6/13/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7/18/24
Establishment Dunkin Donuts - Center		Time In 2:30 AM/PM Time Out 3:15 AM/PM
Address 244 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

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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"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	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"/>
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"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	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"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<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"/>	22	<input checked="" type="checkbox"/>	<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"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<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"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic substances properly identified, stored & used	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"/>	Conformance with Approved Procedures						
Approved Source				GOOD RETAIL PRACTICES									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>						
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<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						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	OUT N/A N/O						
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"/>	Safe Food and Water						

Safe Food and Water				Proper Use of Utensils								
OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<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	P/Pf/C
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<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
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C
Food Identification				Physical Facilities								
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf
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"/>	Priority Item Violations					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	Priority Foundation Item Violations					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	Core Item Violations					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<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.				Good Retail Practices Violations								
Person in Charge (Signature) <i>Vylan Thompson</i> Date 7/18/2024				Requires Reinspection - check box if you intend to reinspect								
Person in Charge (Printed) Vylan Thompson				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	7/29/24	1
Core Item Violations	10/18/24	7
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		7

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 7/18/24

Establishment Dunkin Donuts Town Manchester

TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
milk in undercounter	41F	bay Marie		hot water H.S.	91F
dairy dispenser		sausage	41F	3 bay	114F
cream	39F	Cheese	40F	quat bucket	200ppm
drive thru cold prep		wic		quat 3 bay	400 ppm
egg	39F	egg			
hashbrown	28F				

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.
52c	bucket with stagnant water under cambro ice bin
43c 40ppm	spoons for mixing drinks stored in stagnant water
49c	exterior of ice machine not clean
49c	walk in cooler floors not clean under shelving
55c	metal cove base in walk in seperating from wall
52c	ice build up in walk in freezer
2c	no CFPM at time of visit - 90 days to obtain
note *	discuss flooring in walk in freezer
36pF	no thin probe thermometer at time of visit
	Health dept to reach out to CFPM opails regarding inspection
	↳ email lgrandy@manchesterct.gov with corrective actions
	no pest control issues per pest control report
	no hot holding at time of visit
	overall very clean + organized!

Person in Charge (Signature) Dyle Prager T Date 7/18/24
Inspector (Signature) L. Grandy Date 7/18/24

Risk Category: 2		Food Establishment Inspection Report				Page 1 of 2																																																																																																	
Establishment type: Permanent Temporary Mobile Other _____		Date: 7/16/24		Time In 12:00 AM/PM Time Out 1:00 AM/PM																																																																																																			
Establishment Dunkin Donuts - oakland				LHD Manchester																																																																																																			
Address 81 Oakland St.				Purpose of Inspection: Routine Pre-op _____																																																																																																			
Town/City Manchester				Reinspection _____ Other _____																																																																																																			
Permit Holder Derek Pacheco																																																																																																							
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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																																																																																																							
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<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"/>	Garbage and refuse properly disposed; facilities maintained	C	<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 checked="" 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"/>																																																																																																	
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Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Requires Reinspection - check box if you intend to reinspect																																																																																																			
Person in Charge (Signature) <i>K. Saibou</i> Date 7/16/24		Person in Charge (Printed) Kaisha Saibou		Inspector (Signature) <i>Jose Ramirez</i> Date 7/16-24		Inspector (Printed) Jose Ramirez																																																																																																	
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Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/16/24

Establishment Dunkin Donuts (Oakland) Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIF ambient	40F	Cold prep table egg	41F	3 bay Sink	120F
WIC ambient	38F	Sausage	39F	3 bay Quat	400ppm
WIC Milk	41F	quiche	41F		
2 door RIC Turbo		Cream cheese	39F	under counter cooler	
Sausage patty	40F	cream cheese cold prep table		cream	39F
wrap	41F	sliced cheese	50F	Milk dispenser cream	41F
egg patty	33F	individual cream cheese	57F	Quat bucket	400ppm
			57F	Customer BR sink	125F

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>Kaisha CFPM on site</u>
<u>10PF</u>	<u>interior of hand sink by ovens unclean/used as dump sink</u>
<u>49C</u>	<u>WIF ceiling/walls unclean</u>
<u>56C</u>	<u>Employee Food commingled w/ restaurant food in WIC</u>
<u>49C</u>	<u>WIC floor unclean</u>
<u>49C</u>	<u>standing liquid under dry storage shelving</u>
<u>47C</u>	<u>caulk behind 3 bay unclean/uncleanable. must be white.</u>
<u>49C</u>	<u>exterior of ice bin (Cambro) unclean</u>
<u>22P</u>	<u>sliced cheese & individual cream cheese at > 41F. (CoS) discarded</u>
<u>16PF</u>	<u>Front front line prep tables unclean w/ syrup build up</u>
<u>16PF</u>	<u>Metal speed well w/ lids unclean. (CoS) lids discarded</u>
<u>39C</u>	<u>ice build up & standing water in drive thru beverage cooler</u>
<u>49C</u>	<u>Floors unclean throughout/under equipment</u>
<u>51P</u>	<u>Customer Bathroom sink 125F.</u>
	<u>Note Customer Bathroom handsink must be 85-115F.</u>
	<u>Note Discussed increasing cleaning frequency of floors and food contact surfaces.</u>
	<u>Note Instructed PIC to not use cold prep table w/ cream cheese until unit in 41F or below.</u>
	<u>Note Test strips & thermometer available</u>

Person in Charge (Signature) H. Savory
 Inspector (Signature) [Signature]

Date 7-16-24
 Date 7-16-24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 7/31/24

Establishment Dunkin Donuts - Tolland Time In 11:45 AM Time Out 12:30 AM

Address 1205 Tolland Tpke LHD Manchester

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

Permit Holder Mario Medeiros 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 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 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"/>	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 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 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"/>					<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 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 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 checked="" 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 checked="" 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 checked="" 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) Ashley Ram Date 7/31/24

Person in Charge (Printed) Ashley Ram

Inspector (Signature) Jose Ramirez Date 7/31/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	<u>8/3/24</u>	<u>3</u>
Priority Foundation Item Violations	<u>8/10/24</u>	<u>1</u>
Core Item Violations	<u>10/31/24</u>	<u>3</u>
Risk Factor/Public Health Intervention Violations		<u>3</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>4</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 7/31/24

Establishment Dunkin Donuts - Tolland Town manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
under counter cooler		Drive thru cold prep table		Hand Sink drive thru	85 F
Almond Milk	37 F	egg	41 F	Quat Bucket	400 ppm
Cream dispenser	41 F	Sausage	41 F	3 bay sink	137 F
WIC eggs	33 F	cheese	41 F		
Sausage	34 F	Scrambled egg	40 F		
Cheese	40 F	Drive thru Hot Hold			
		egg	150 F		
		Sausage	157 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	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. Ashley (manager) exp. last month. must correct by 8/31/24
49C	interior/exterior of hand sink at drive thru unclean
28P	unlabeled spray bottle w/ sanitizer
52C	standing water on floor by sliding door cooler
16P	3 Bay Quat > 400 ppm
53PF	customer bathrooms (both) unclean
51P	customer bathroom sinks at 160 F

Note Contact Ecolab to adjust quat dispenser. until then, dilute quat w/ water and test w/ test strips. Quat must be 150 ppm - 400 ppm.

Note CFPM must be on site during all operating hours. CFPM must be provided by 8/31/24.

Note Customer bathrooms are both at 160 F. Hand Sinks in customer bathrooms must be 85 F - 115 F. Both bathrooms must be placed out of order immediately until fixed. No dine-in allowed while bathrooms are out of service. Call health dept. when fixed. Do not reopen bathrooms or allow dine in until health department reinspects and approves.

Note Test strips & thermometer available

Person in Charge (Signature)

Date

Inspector (Signature)

Date 7/31/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 7/15/24

Establishment EA Teriyaki Time In 2:45 AM/PM Time Out 3:45 AM/PM

Address 194 Buckland Hills dr #2056 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 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 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 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	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"/>	Highly Susceptible Population	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/Color Additives and Toxic Substances	P	<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"/>	<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 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"/>
<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	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"/>	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 checked="" 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 checked="" 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"/>	Contamination prevented during food preparation, storage & display	P/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"/>	Personal cleanliness	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"/>	Wiping cloths: properly used and stored	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"/>	Washing fruits and vegetables	P/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"/>					<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"/>

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

Person in Charge (Signature) Reina Date 07/15/2024

Person in Charge (Printed) _____

Inspector (Signature) Jose Ramirez Date 7/15/24

Inspector (Printed) _____

Violations documented	Date corrections due	#
Priority Item Violations	<u>7/17/24</u>	<u>2</u>
Priority Foundation Item Violations	<u>7/25/24</u>	<u>4</u>
Core Item Violations	<u>10/15/24</u>	<u>10</u>
Risk Factor/Public Health Intervention Violations		<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>12</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 7-15-24

Establishment EA Teriyaki Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIC chicken	40F	Hot Hold grill chicken	154F	Hand sink by ice	120F
raw Beef	37F	rice	144F		
Marinated raw chicken	41F	Spring roll	145F		
under counter cooler		Cold drawer chicken	32F		
Chicken	41F	Shrimp	37F		
Hot Hold rice	170F	Beef	36F		
Brown rice	180F	Hot Hold noodles	152F		
WIC Chicken	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.
50PF	No Hot water at 3 bay
49C	interior of under counter cooler unclean
16PF	interior of ice machine unclean
43C	Scoop Handle buried in Flour bin
37C	unlabeled squeeze bottles throughout
49C	exterior of flour bin unclean
10PF	equipment stored in hand sink by 3 bay
47C	Caulk around 3 bay unclean/not cleanable
51P	No hose bib vacuum breaker at mop sink
16P	No sanitizer made. (COS)
49C	interior & exterior of cook line equipment unclean
49C	standing liquid on floor in storage room
10PF	No paper towels at hand sink by WIC
49C	Shelving throughout unclean
49C	WIC ceiling unclean
49C	Ceiling vent above 3 bay unclean.
Note	Do not use under counter reach in until it is serviced and holding food at 41F or below.
Note	Hot water must be available by 7-16-24 10:00am. Cannot open unless hot water is available at 3 bay and inspected by health dept. R
Person in Charge (Signature)	<u>Reina</u>
Inspector (Signature)	<u>[Signature]</u>
Date	<u>07/15/2024</u>
Date	<u>7-15-24</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 6/27/24
Establishment Elsol Dei		Time In 11 AM/PM Time Out 12:30 AM/PM
Address 631 Main Street		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Javier-Notonsite		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	IN OUT N/A/N/O	IN OUT N/A/N/O
1 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	15 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	18 <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	Proper cooking time and temperatures
2 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	16 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <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
Employee Health	17 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <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	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting	Consumer Advisory	22 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
4 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Proper use of restriction and exclusion	Consumer advisory provided: raw/undercooked food	24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Highly Susceptible Population	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Good Hygienic Practices	Food/Color Additives and Toxic Substances	28 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	27 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use	Food additives: approved and properly used	
7 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
No discharge from eyes, nose, and mouth	Toxic substances properly identified, stored & used	
Preventing Contamination by Hands	Conformance with Approved Procedures	
8 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Hands clean and properly washed	Compliance with variance/specialized process/ROP criteria/HACCP Plan	
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		
10 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Adequate handwashing sinks, properly supplied/accessible		
Approved Source		
11 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Food obtained from approved source		
12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Food received at proper temperature		
13 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		
Food in good condition, safe, and unadulterated		
14 <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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	OUT	OUT
30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	47 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pasteurized eggs used where required	In-use utensils: properly stored	Food and non-food contact surfaces cleanable, properly designed, constructed, and used
31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	48 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Water and ice from approved source	44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
32 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	49 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Variance obtained for specialized processing methods	45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Non-food contact surfaces clean
Food Temperature Control	46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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		
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 checked="" 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"/>		
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		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) Janet Rangel Date 6-27-24	Violations documented	
Person in Charge (Printed) Janet Rangel	Priority Item Violations 7/1/24	
Inspector (Signature) L. Grandy Date 6/27/24	Priority Foundation Item Violations 7/7/24	
Inspector (Printed) Lauren Grandy	Core Item Violations 9/27/24	
	Risk Factor/Public Health Intervention Violations 9	
	Repeat Risk Factor/Public Health Intervention Violations 11	
	Good Retail Practices Violations 11	
	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: Monday July 1st 2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/27/24

Establishment El Sol Deli

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Marie pico	58F	Bay Marie pico	40F	handsink HW	14F
empanada steak	54F	chicken	41F		
empanada chix	55F	chorizo	40F	bleach sanitizer -50	100ppm
sour cream	53-58F	beef	41F	wic	38F
internal chicken	177F	empanada	41F	shrimp	41F
rice at bay Marie (nesting)	56F			chorizo	41F
undercounter freezer	0F	1/3 Freezer	-7F	empanada	41F
		2 door Freezer	-10F		

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.
	manager on site (Not CFPM): Janet
10 PF	spoons/cup (to go) stored in handwash sink (COS)
190-36F	latex gloves present - discarded / present in back storage (COS)
15 p	ice not protected in undercounter freezer
37c	squeeze bottles not labeled at bay Marie at cookline
39 PF	food on ground in walk in cooler
52c	walk in cooler vent leaking/dripping - hvac to repair
10 PF	no soap at back handsink near empanada prep
55c	cleaning equipments stored on floor in mop room
56c	employee backpack stored on soda in back of house
47c	Milk crates used as shelving in wic
22p	2 door bay Marie not holding temperature - pico 58F, steak empanada 54F, chix empanada 55F, 1 containers sour cream between 53-58F, all food product discarded voluntarily by person in charge - owner to place work order for repair - not to use unit until repaired
22p	Rice nesting in bay Marie at 56F - discarded voluntarily (COS)
36 PF	no thin probe thermometer on site
1 PF/2c	no certified food protection manager on site / person in charge knowledgeable in food safety
53 PF	toilet paper not in dispenser in restroom
53 PF	paper towel not in dispenser in restroom
47 PF	oven used as prep table not under hood - to be removed from establishment.

Person in Charge (Signature) Janet Rangel

Date 6-27-24

Inspector (Signature) L. Gandy

Date 6/27/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/27/24

Establishment ELSOI deli 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.
13p	no ice machine - ice being made in freezer - not approved ↳ discussed commercial NSF or equivalent ice machine
55c	clutter/trash bags being stored in basement - remove clutter/trash
6p	coffee without lid stored on prep table while making empanadas
NOTE*	health dept requested CFPM to be present - not available during time of inspection.
NOTE*	no cooling, hot holding, reheating at time of inspection.
*	staff (at least 2) that is on site, 30 hrs or more per week, in managerial position must obtain CFPM in 30 days from this date. Health dept to email approved ANSI courses to:
	Follow-up on cookies at front of house

Person in Charge (Signature)

Date 6-27-24

Inspector (Signature) L. Grandy Janakowski

Date 6/27/24

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

Establishment type: **Permanent** Temporary Mobile Other _____ Date: **7/1/24**
 Establishment **Filomena's** Time In **12:30 AM/PM** Time Out **1:45 AM/PM**
 Address **775 main St.** LHD **Manchester**
 Town/City **Manchester** Purpose of Inspection: **Routine** Pre-op
 Permit Holder **Michael Kelley** 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"/>	Food separated and protected						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"/>	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"/>					
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"/>	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"/>					
4	<input checked="" 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																	
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"/>	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"/>					
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"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding						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"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Hands clean and properly washed						P/Pf	<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"/>					
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"/>	Proper cold holding temperatures						P	<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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition						Pf	<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"/>	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"/>	<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"/>	Consumer Advisory																	
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"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food						Pf	<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"/>	Highly Susceptible Population																	
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"/>	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 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"/>	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"/>	Utensils and Equipment																		
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used						Pf/C	<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"/>								
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate						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"/>								
Food Identification																														
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container						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"/>								
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"/>	Physical Facilities																		
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display						P/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"/>								
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness						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"/>								
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored						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"/>								
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables						P/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"/>								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																														
Person in Charge (Signature) <i>[Signature]</i> Date 7-1-24										Violations documented																				
Person in Charge (Printed) Michael A. Kelley										Priority Item Violations					Date corrections due					#										
Inspector (Signature) <i>[Signature]</i> Date 7/1/24										Priority Foundation Item Violations					7-11-24					0										
Inspector (Printed) Jose Ramirez										Core Item Violations					7-11-24					5										
										Risk Factor/Public Health Intervention Violations					3															
										Repeat Risk Factor/Public Health Intervention Violations					4															
										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 7-1-24
 Establishment Filomena's Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
W/F ambient	13F	Cold prep table PIZZ station		Hand sink by warewash	110F
WIC Mozz	38F	Bacon	40F	Hand sink by PIZZA station	100F
chicken wing	38F	sliced tomatoes	39F	Customer BR sink	115F
Salami	38F	Sausage	38F		
Ham	38F	Shredded cheese	39F	Hot hold meatballs	140F
Turkey	38F	cold prep table Pasta	40F	marinara	140F
Basement 2 door RIF	8F	red sauce	38F		
Chicken cooked to	195F	cream	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
10PF	No paper towels at hand sink by warewash
15C	Food uncovered in RIF
49C	WIC Floor unclean
38C	Basement Bay door open w/ no screen
37C	unlabeled Squeeze bottles throughout
49C	FRP next to and behind behind grill unclean
23PF	Food not properly date marked throughout
<p>Note all 'c' violations above must be corrected by 7-11-24. 'PF' also due 7-11-24</p> <p>Note All ready-to-eat refrigerated foods must be date marked & held for no more than 7 days unless frozen.</p> <p>Note overall cleanliness much improved. Continue to monitor and clean under & between equipment.</p> <p>Note Good glove use & handwashing observed</p> <p>Note Test strips & thermometer available</p> <p>Note Discussed allergen poster. Available on CT DPH website</p>	
Person in Charge (Signature)	Date <u>7-1-24</u>
Inspector (Signature)	Date <u>7-1-24</u>



Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7/8/24
Establishment Frontera Grill		Time In _____ AM/PM Time Out _____ AM/PM
Address 170 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

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 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"/>	<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									
<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									
<input 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"/>	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"/>	Highly Susceptible Population				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances									
<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	<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/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 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/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/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

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"/>	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 type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control				Utensils and Equipment						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input checked="" type="checkbox"/>	P/Pf/C	<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 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	Physical Facilities				<input type="checkbox"/>	C	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>	Pf/C	<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/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 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"/>	<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"/>	<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	<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 **7/8/24**

Person in Charge (Printed) _____

Inspector (Signature) *Denise Payne* Date **7/8/24**

Inspector (Printed) *Denise Payne*

Violations documented	Date corrections due	#
Priority Item Violations	immediately - Sicall	1
Priority Foundation Item Violations	10 days 5/18	3
Core Item Violations	90 days	11
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		7
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 7/8/24

Establishment Frontera Grill

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cheese 40/41 F		Rice	156 F	Hot Water	116 F
Tomato	40 F	Chicken	165 F		
Pico	38 F	Tacomat	160 F	Dish Machine	> 160 F
Chicken	39 F	Pork	150 F		
Pico	39 F	Chicken-cooked	136 F	Sani bh empty - changed	
Indiv. Salsa	40 F	Beef - cooked	137 F	after HDpt ✓	
		Rich Auto Sham	142 F		

*Discussed hot 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.
6C	Employee beverages without lids (Kitchen area + prep area)
37c	Bottles on cookline not labelled / old labels not removed
47c	Torn gaskets, generally
49c	Gaskets w/c wirts, Reachins, w/c unclean
15C	Nesting Cilantro in ice burg lettuce tray
44c	Knives unclean on wall storage unit / measure cup unclean
49c	Knife holder on wall unclean
39c	Ice build up on 2 door freezer doors and shelves
43c	Pan, no handle, unclean in Container of black beans
47c	Cardboard as rack liners in w/c, not approved + unclean
55PF	w/c Vents unclean w/dust
47c	Foil covering rusting rack on soda dispenser
47PF	Interior ice machine unclean
38PF	Gnats at desert cooler / Hand sink and dry storage
22P	Walk in cooler at 50-55°F
Disc.	Cooked Chicken 7/7/24 @ 50-52°F
	✓ Rice @ 42°F
Disc.	Beef cooked 7/7/24 52°F
	✓ Sauce - 42°F
	✓ Beef whole 42°F
	✓ ok to relocate to another unit.
	Therm: +2°
Disc.	Pork 55°F

manager checking temps - discarding temp product
 service call made



Person in Charge (Signature) [Signature]

Inspector (Signature) [Signature]

Date 7/8/24

Date 7/8/24

Denise Payne

From: Leonardo Quintero <leauqui@icloud.com>
Sent: Tuesday, July 9, 2024 2:44 PM
To: Denise Payne
Subject: Fallow up frontera grill Manchester


[You don't often get email from leauqui@icloud.com. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification>]

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

Hi Denise !! This is Leo just want to lett you know the fridge was fix last night



Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7/31/24
Establishment Georgias Kitchen		Time In _____ AM/PM Time Out _____ AM/PM
Address 642 Hilliard		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									
IN	OUT	N/A	N/O	IN	OUT	N/A	N/O	IN	OUT	N/A	N/O						
1				15				18									
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Proper cooking time and temperatures									
2				16				19									
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Proper reheating procedures for hot holding									
3				17				20									
Employee Health				Proper disposition of returned, previously served, reconditioned, and unsafe food				Proper cooling time and temperatures									
3				18				21									
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P				Proper hot holding temperatures									
4				19				22									
Proper use of restriction and exclusion				P				Proper cold holding temperatures									
5				20				23									
Written procedures for responding to vomiting and diarrheal events				P				Proper date marking and disposition									
6				21				24									
Good Hygienic Practices				P				Time as a public health control: procedures and records									
6				22				25									
Proper eating, tasting, drinking, or tobacco products use				P/C				Consumer Advisory									
7				23				25									
No discharge from eyes, nose, and mouth				C				Highly Susceptible Population									
8				24				26									
Preventing Contamination by Hands				P/Pf				Pasteurized foods used; prohibited foods not offered									
8				25				27									
Hands clean and properly washed				P/Pf				Food/Color Additives and Toxic Substances									
9				26				27									
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C				Food additives: approved and properly used									
10				27				28									
Adequate handwashing sinks, properly supplied/accessible				P/C				Toxic substances properly identified, stored & used									
11				28				29									
Approved Source				P/Pf/C				Conformance with Approved Procedures									
11				29				29									
Food obtained from approved source				P/Pf/C				Compliance with variance/specialized process/ROP criteria/HACCP Plan									
12				GOOD RETAIL PRACTICES													
12				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
13				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				Safe Food and Water				Proper Use of Utensils				Utensils and Equipment					
13				OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R
13				30			P			43				43			
Pasteurized eggs used where required				P				In-use utensils: properly stored				C					
14				31			P/Pf/C			44				44			
Water and ice from approved source				P/Pf/C				Utensils/equipment/linens: properly stored, dried, & handled				P/Pf/C					
15				32			Pf			45				45			
Variance obtained for specialized processing methods				Pf				Single-use/single-service articles: properly stored & used				P/C					
16				33			Pf/C			46				46			
Food Temperature Control				P/C				Gloves used properly				C					
17				34			Pf			Physical Facilities				P			
Proper cooling methods used; adequate equipment for temperature control				P/C				Hot and cold water available; adequate pressure				Pf					
18				35			Pf			50				50			
Plant food properly cooked for hot holding				P/C				Plumbing installed; proper backflow devices				P/Pf/C					
19				36			Pf/C			51				51			
Approved thawing methods used				P/C				Sewage and waste water properly disposed				P/Pf/C					
20				Food Identification				Prevention of Food Contamination				Toilet facilities: properly constructed, supplied, & clean					
20				37			Pf/C			52				52			
Thermometers provided and accurate				P/C				Food properly labeled; original container				P/C					
21				38			P/C			53				53			
Prevention of Food Contamination				P/C				Insects, rodents, and animals not present				P/C					
22				39			P/Pf/C			54				54			
Contamination prevented during food preparation, storage & display				P/Pf/C				Personal cleanliness				P/C					
23				40			Pf/C			55				55			
Wiping cloths: properly used and stored				C				Physical facilities installed, maintained, and clean				P/Pf/C					
24				41			C			56				56			
Washing fruits and vegetables				P/Pf/C				Adequate ventilation and lighting; designated areas used				C					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Violations documented				Date corrections due				#					
Person in Charge (Signature) Aburd Date 7/31/24				Priority Item Violations				Immed/Training				5					
Person in Charge (Printed) Allison Bourd				Priority Foundation Item Violations				10 days				1					
Inspector (Signature) Denise Payne Date 7/31/24				Core Item Violations				90 days				1					
Inspector (Printed) Denise Payne				Risk Factor/Public Health Intervention Violations								4					
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								2					
				Good Retail Practices Violations								2					
				Requires Reinspection - check box if you intend to reinspect								yes					

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/31/24

Establishment Georgies Kitchen Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Butter	41F	"Prep day"		Hand sink hot water	87F
Sour cream	41F	No Service this day			
Ribs	35F				

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.
	CFCM on site
	Kitchen hot water @ 94F - must be a min. 110F - ^{Hot water switch off - turned on this day}
38C	Loading dock door open to kitchen, Exterior door open without screens
8P	No handwashing after returning to work by staff smoking outdoors
	Unclean towel/wet under pasta drainage
44PF	Multiple damaged Utensil - spatulas, discarded
22P	Prepped Chicken at 85F from this morning - discarded
20P	Cooked Ribs not coded properly - discarded - CFCM/owner to retrain All staff on proper food safety and procedures. Owner to document trainings. - send to HDpt in book
15P	Tumbled Foods in Reach in Coolers
20P	Cooked Mac n Cheese @ 84F - discarded.
	Discussed Food Deliveries - RST delivery service not use boxes previously for other items than food.
	Discussed possible Walk-in Cooler.
	Reviewed Date Marking Requirements
	Temp air condition Rental on site - Discussed temporary approval however permanent cooling to be planned.
	No ill workers IA/IB on site
	Allergens posted - Menu ingred * needs to be complete
Person in Charge (Signature)	<u>Alford</u> Date <u>7/31/24</u>
Inspector (Signature)	<u>Denise Robert Payne</u> Date <u>7/31/24</u>

Risk Category: <u>2</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: Permanent Temporary <u>Mobile</u> Other _____	Date: <u>7/31/24</u>	
Establishment <u>Hungary Lion</u>	Time In <u>4</u> AM/PM Time Out <u>4:30</u> AM/PM	
Address <u>itinerant</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									
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 3 Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> <input type="checkbox"/> 4 Proper use of restriction and exclusion P <input type="checkbox"/> <input type="checkbox"/> 5 Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> <input type="checkbox"/>							17 Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> <input type="checkbox"/>						
							Good Hygienic Practices 6 Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> <input type="checkbox"/> 7 No discharge from eyes, nose, and mouth C <input type="checkbox"/> <input type="checkbox"/>						
Preventing Contamination by Hands 8 Hands clean and properly washed P/Pf <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"/> 10 Adequate handwashing sinks, properly supplied/accessible Pf/C <input type="checkbox"/> <input type="checkbox"/>							Consumer Advisory 25 Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> <input type="checkbox"/>						
							Approved Source 11 Food obtained from approved source P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 Food received at proper temperature P/Pf <input type="checkbox"/> <input type="checkbox"/> 13 Food in good condition, safe, and unadulterated P/Pf <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"/>						
Good Retail Practices 30 Pasteurized eggs used where required P <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"/> 32 Variance obtained for specialized processing methods Pf <input type="checkbox"/> <input type="checkbox"/>							Food/Color Additives and Toxic Substances 27 Food additives: approved and properly used P <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"/>						
							Prevention of Food Contamination 33 Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> <input type="checkbox"/> 34 Plant food properly cooked for hot holding Pf <input type="checkbox"/> <input type="checkbox"/> 35 Approved thawing methods used Pf/C <input type="checkbox"/> <input type="checkbox"/> 36 Thermometers provided and accurate 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	
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>	
Pasteurized eggs used where required							In-use utensils: properly stored			
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled			
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>	
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 Pf/C <input type="checkbox"/> <input type="checkbox"/> 34 Plant food properly cooked for hot holding Pf <input type="checkbox"/> <input type="checkbox"/> 35 Approved thawing methods used Pf/C <input type="checkbox"/> <input type="checkbox"/> 36 Thermometers provided and accurate Pf/C <input type="checkbox"/> <input type="checkbox"/>							46 <input type="checkbox"/> Gloves used properly C <input type="checkbox"/> <input type="checkbox"/>			
							Utensils and Equipment 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"/> 48 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"/> Non-food contact surfaces clean C <input type="checkbox"/> <input type="checkbox"/>			
Food Identification 37 Food properly labeled; original container Pf/C <input type="checkbox"/> <input type="checkbox"/>							Physical Facilities 50 Hot and cold water available; adequate pressure Pf <input type="checkbox"/> <input type="checkbox"/> 51 Plumbing installed; proper backflow devices 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"/> 53 Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> <input type="checkbox"/> 54 Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> <input type="checkbox"/> 55 Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 56 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			
							Prevention of Food Contamination 38 Insects, rodents, and animals not present Pf/C <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"/> 40 Personal cleanliness Pf/C <input type="checkbox"/> <input type="checkbox"/> 41 Wiping cloths: properly used and stored C <input type="checkbox"/> <input type="checkbox"/> 42 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) Kyle Killay Date 7/31/24

Person in Charge (Printed) Kyle Killay

Inspector (Signature) L. Remaly Date 7/31/24

Inspector (Printed) Lauren Oranday

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<u>10/31/24</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 7/31/24

Establishment Hungry Lion

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold raw steak	40F			quat sanitizer spray	200 ppm
cut tomato	40F				
brown rice	168F				

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*	omit/diarrhea available
note*	thermometer/alcohol wipes available
note*	very clean + organized
note*	test strips available for sanitizer
49c	hood baffles not clean

Person in Charge (Signature) Ryan Milroy

Inspector (Signature) L. Lemery

Date 7/31/24

Date 7/31/24

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


Establishment type: Permanent Temporary Mobile Other **Date:** 7/31/24

Establishment: Husky pizza **Time In:** 11 AM/PM **Time Out:** 12:30 AM/PM

Address: 46 West Center Street **LHD:** Manchester

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

Permit Holder: Hasan **Reinspection:** Other



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<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"/>
Preventing Contamination by Hands						
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	R/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	R	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C
39	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	Pf/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 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 checked="" 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 checked="" 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 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) *Hasan* Date 7/31/24

Person in Charge (Printed)

Inspector (Signature) *L. Grandy* Date 7/31/24

Inspector (Printed) *Lauren Grandy*

Violations documented	Date corrections due	#
Priority Item Violations	8/3/24	4
Priority Foundation Item Violations	8/19/24	11
Core Item Violations	10/31/24	12
Risk Factor/Public Health Intervention Violations		6
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		21
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: August 5, 2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/31/24

Establishment Husky Pizza

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
meatballs hot	135°F	walk in cooler	-	hot water - h.s.	120°F
internal chix wing	220°F	cut tomato	41°F	3 bay hot water	112°F
		raw chicken	40°F		
Bay Maile		ham	39°F	pizza	
chicken wing	41°F	provolone cheese	39°F	cut tomato	39°F
ham	40°F			pepperoni	40°F
boiled egg	41°F			marinara	39°F
sliced tomato	41°F			ham	38°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
51pF	pipe leaking into bucket next to stove top/handsink
49c	gaskets of 2 door Freezer not clean
37pF	squeeze bottles with condiments not labeled
15p	Food not protected in 2 door under counter Freezer
47pF	Tops of squeeze bottles damaged/broken - discarded ^{to be}
416pF	interior/exterior of microwave not clean
16pF	counter w/ flour breading not clean
49c	hood of oven not clean
41c	dirty wiping cloths stored under grill
47c	undersheving shelving in walk in cooler rusted - discussed timeline for replacement
23pF	discussed date marking with person in charge
49c	Floors in walk in cooler undersheving not clean
37pF	squeeze bottle with clear liquid not labeled on preptable
45p	to go containers used as scoops in seasoning containers
49c	gaskets of undercounter pizza cold prep not clean
16pF	pizza cutter not clean + stored on unclean pizza prep counter cas
41c	Towel stored under racks at pizza station
note	dish machine not in service
37pF	white granulars under slicer not labeled
38pF	Fruit flies present by can return area
28p	chemicals stored above food (onions) across from 3 door Freezer

Person in Charge (Signature) [Signature]

Date 7/31/2024

Inspector (Signature) [Signature]

Date 7/31/2024

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 7/31/2024

Establishment Husky Pizza Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cake display	38F			sanitizer bucket chlorine	50-100 ppm

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.
51c	mop sink faucet leaking
15p	dry pasta in basement, opened, not protected in basement
39c	soda cans/bottles of ranch stored on floor in basement
49c	ceiling area not clean in basement
49c	cabinets at front serving area not clean
55c	leaking air conditioning pipes from ceiling (condensation) → reach out to licensed HVAC for repair
note#	Test strips available
note#	Thermometer available
48pf	chlorine bucket < 200 ppm ~ person in charge re-made sanitizer bucket with health dept. 50-100 ppm cos
note#	good tong used to grab pizza from front case to reheat
	reinspection scheduled 8/5/2024 -
	August 12 th , 2024 - Hasan back (Aug 15/16)

Person in Charge (Signature)	Date <u>7/31/2024</u>
Inspector (Signature)	Date <u>7/31/24</u>

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 7/31/24

Establishment Jersey mikes Subs Time In 10:30 AM/PM Time Out 11:45 AM/PM

Address 1500A Pleasant Valley rd. LHD Manchester

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

Permit Holder Ken Schanke 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 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	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 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 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"/>	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 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"/>	Single-use/single-service articles: properly stored & used	P/C
46	<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"/>	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 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"/>	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	

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

Person in Charge (Signature) [Signature] Date 7/31/24

Person in Charge (Printed) Stacy Poirier

Inspector (Signature) [Signature] Date 7/31/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>8/10/24</u>	1
Core Item Violations	<u>10/31/24</u>	10
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		9
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 7/31/24

Establishment Jersey Mikes Subs Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC sliced tomatoes	41F	Display cooler		Hand sink	116F
Salami	39F	Turkey	41F	Quat Bucket	400ppm
Block cheese	39F	Tuna salad	41F	Customer BR Sink	95F
Roast beef	39F	Beef	41F		
Cold Prep table					
Sliced cheese	40F				
Sliced 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.
	Otaidah CFPM on site
49c	Floor under equipment unclean
49c	Wall behind prep sink unclean
49c	Floor drain under prep sink unclean
49c	WIF Floor unclean
15C	Food (bread) in WIF not covered
49c	Interior & exterior of cabinets at front line unclean
41c	Wet rag stored on prep table
49c	Shelving above 3 bay unclean
49c	Walls at front line unclean
49c	interior of cabinets under soda station unclean
16PF	ice dispenser at soda station unclean.
Note	Discussed increasing cleaning frequency as needed
Note	Good glove use & handwashing observed
Note	Test strips & thermometer available


Person in Charge (Signature) [Signature]

Date 7/31/24

Inspector (Signature) [Signature]

Date 7/31/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>7/17/24</u>
Establishment <u>Kentucky Fried chicken</u>		Time In <u>11:30 AM</u> Time Out <u>12:30 AM</u>
Address <u>307 W middle Tpke</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Shahidul Chowdhury</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	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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 type="checkbox"/>	15				<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"/>	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 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	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"/>	50 Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38 Insects, rodents, and animals not present	P/C	<input type="checkbox"/>	<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"/>	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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43				<input type="checkbox"/>	56 Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44				<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) <u>[Signature]</u>	Date <u>07-17-24</u>	
Person in Charge (Printed) <u>SHAHID</u>		
Inspector (Signature) <u>[Signature]</u>	Date <u>7/17/24</u>	
Inspector (Printed) <u>Jose Ramirez</u>		

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>7/27/24</u>	2
Core Item Violations	<u>10/14/24</u>	1
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		0
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.

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 7/17/24
 Establishment KFC Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot Hold ^{chicken} nuggets	152F	Hot hold chicken wing	140F	Quat Bucket	200ppm
mashed potatoes	160F	Macc & Cheese	170F	Hand Sink drive thru	112F
WIC left side		Chicken thigh	147F	customer BR sink	92F
chicken	41F	Cold hold Cole slaw	41F		
chicken	37F	Chicken cooked to	190F		
chicken	39F				
WIC Right side ambient	55F				
WIF ambient	10F				

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.
38PF	Drain Flies present mop sink area & Customer soda machine/cabinets
49C	Floor drains (2) behind ice machine unclean
16PF	wire Shelving above Hot Hold line unclean

Note PIC stated temps are recorded every 2 hours and recorded.

Note Good glove use observed

Note under counter cooler ambient temp 48F. All food moved to WIF. Do not use under counter cooler or Right Side WIC until they are serviced and maintaining 41F or below.

Note Test strips & thermometer available

Note Pest Control Monthly

Note WIC on right side not functioning properly. Ambient temp. 58F. Service tech scheduled to fix it today. No Food stored in it.

Person in Charge (Signature) Shawn Date 07-17-24
 Inspector (Signature) Jen Mc Date 7-17-24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7-8-24
Establishment Krispy Krunchy Chicken (Maganti oil energy inc)		Time In 1:00 AM/PM Time Out 2:00 AM/PM
Address 270 MTW		LHD Manchester
Town/City Manchester		Purpose of Inspection: _____ Pre-op
Permit Holder PRASAD MAGANTI		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 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold 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 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 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 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 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	GOOD RETAIL PRACTICES	
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	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	Safe Food and Water	Proper Use of Utensils
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	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
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"/> 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
	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
	Food Temperature Control	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly
	33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	Utensils and Equipment
	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 Food and non-food contact surfaces cleanable, properly designed, constructed, and used
	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 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
	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 Non-food contact surfaces clean
	Food Identification	Physical Facilities
	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 Hot and cold water available; adequate pressure
	Prevention of Food Contamination	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
	38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
	39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean
	40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained
	41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean
	42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used
	Permit Holder shall notify customers that a copy of the most recent inspection report is available.	
Person in Charge (Signature) M. C. P... Date 07/08/2024	Violations documented	
Person in Charge (Printed) PRASAD MAGANTI	Date corrections due	
Inspector (Signature) Jose Ramirez Date 7-8-24	Priority Item Violations	
Inspector (Printed) Jose Ramirez	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

Page 1 of 1

LHD Manchester

Inspection Report Continuation Sheet

Date 7-8-24

Establishment Krispy Krunchy Chicken Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
RIC ambient	36F			Hand sink by RIC	110F
RF ambient	-3F				

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.
	Pre-op inspection.
Note	Test strips & thermometer available
Note	CFPM (Prasad Maganti) cert provided. CFPM must be on site during all operating hours.
Note	No food on site during inspection.
Note	All required signage posted
Note	owner states water/sewer & fire have given their approvals.
Note	OK to operate. License will be dropped off this week.
Note	Spec sheets for oven & Fryer provided.
Note	RIC states food delivery will arrive 7-15-24. Restaurant to open 7-22-24.

Person in Charge (Signature) m.c. Phelan

Date 07/08/2024

Inspector (Signature) Joe Z...

Date 7-8-24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 7/16/24	
Establishment La Plazita del Mofongo		Time In 10:00 AM PM Time Out 11:30 AM PM	
Address 425 Broad St.		LHD Manchester	
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder Yaztery Martinez		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	V COS R	
1 <input checked="" 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"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties		Food separated and protected P/C <input type="checkbox"/> <input type="checkbox"/>	
2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 <input checked="" 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 C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Food-contact surfaces: cleaned & sanitized P/P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Employee Health			
3 <input checked="" type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <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 type="checkbox"/>	
4 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Time/Temperature Control for Safety		
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"/>	
5 <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"/>		
Good Hygienic Practices		19 <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"/>	Proper cooking time and temperatures P/Pf/C <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"/>	
7 <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"/>		
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"/>	
Preventing Contamination by Hands			
8 <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"/>		
Hands clean and properly washed P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		22 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9 <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"/>		
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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10 <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"/>		
Adequate handwashing sinks, properly supplied/accessible P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Approved Source			
11 <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"/>		
Food obtained from approved source P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		25 <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"/>	Time as a public health control: procedures and records P/Pf/C <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"/>		Consumer Advisory	
13 <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"/>		26 <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"/>		Consumer advisory provided: raw/undercooked food Pf <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	OUT	V COS R	
30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	43 <input checked="" 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 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"/>	
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"/> <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 P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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"/> <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"/>	
Food Temperature Control			
33 <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Gloves used properly C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Utensils and Equipment		
Plant food properly cooked for hot holding Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		47 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
35 <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"/>		
Approved thawing methods used P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		48 <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"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Thermometers provided and accurate P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		49 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Food Identification			
37 <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"/> <input type="checkbox"/>		
Food properly labeled; original container P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Physical Facilities	
Prevention of Food Contamination			
38 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	50 <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 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"/>	
39 <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"/> <input type="checkbox"/>	
Contamination prevented during food preparation, storage & display P/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"/>	
40 <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"/> <input type="checkbox"/>	
Personal cleanliness P/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"/>	
41 <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"/> <input type="checkbox"/>	
Wiping cloths: properly used and stored 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"/>	
42 <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"/>	<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"/>		Garbage and refuse properly disposed; facilities maintained 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 7-16-24		55 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Person in Charge (Printed) _____		56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Inspector (Signature) <i>[Signature]</i> Date 7-16-24		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Inspector (Printed) Jose Ramirez		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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		Violations documented	
		Date corrections due	
		Priority Item Violations	#
		Priority Foundation Item Violations	1
		Core Item Violations	2
		Risk Factor/Public Health Intervention Violations	9
		Repeat Risk Factor/Public Health Intervention Violations	2
		Good Retail Practices Violations	9
		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 7/16/24

Establishment La Plazita del Mofongo Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table		WIC steak	38F	Employee BR sink	85F
ham	39F	pasta salad	40F	Customer BR Sink	115F
Cheese	39F	Cheese	38F		
2 door RIC Traulsen		Ham	38F	Front line Hot bar	
Beef	38F	2 door RIF ambient	-3F	Chicken	135F
empanada	38F	2 door RIC eggs	38F	liver	135F
Under counter cooler		cake	37F	rice	135F
Shrimp	39F	Front line cold hold pasta	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	Observations and Corrective Actions
37C	unlabeled Squeeze bottles
47C	knife blade chipped (red handle) in wall mount storage
49C	WIC Floor unclean
49C	WIC Shelves unclean, speed rack unclean
49C	Dry Storage Shelving unclean
49C	interior of 2 door True RIC unclean
45C	to go container used as scoop throughout
43C	handle buried in product throughout
38PF	Fruit flies present at bar
16PF	interior of ice machine at bar unclean
10c	WIP paper towels not in dispenser in employee Bathroom

Note monitor temps in Hot bar to ensure all foods are 135F or greater.
Monitor Front cold hold unit. Food should be 41F or less.

Note Good glove use observed

Note Test strips & thermometer available

Person in Charge (Signature) Fen

Date 7-16-24

Inspector (Signature) [Signature]

Date 7-16-24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 7/10/24	
Establishment Long Out Miss Pinny	Time In 11 AM/PM	Time Out 12:30 AM/PM
Address 856 Main Street	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									
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				Proper disposition of returned, previously served, reconditioned, and unsafe food									
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				Time/Temperature Control for Safety									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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"/>
Proper use of restriction and exclusion				Proper cooking time and temperatures									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding									
Good Hygienic Practices				Proper cooling time and temperatures									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/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"/>
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"/>	21	<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				Proper date marking and disposition									
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Time as a public health control: procedures and records									
9	<input checked="" 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 checked="" 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 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				Food additives: approved and properly used									
12	<input checked="" 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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Toxic substances properly identified, stored & used									
13	<input checked="" 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 checked="" type="checkbox"/>	P/Pf/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"/>
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"/>	C	<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"/>
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"/>	P/C	<input type="checkbox"/>
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used						
Food Temperature Control				Gloves used properly						
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				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"/>	47	<input type="checkbox"/>	P/Pf/C	<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"/>	48	<input type="checkbox"/>	Pf/C	<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"/>	50	<input type="checkbox"/>	Pf	<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 checked="" type="checkbox"/>	P/Pf/C	<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"/>	Pf/C	<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 checked="" type="checkbox"/>	C	<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 checked="" type="checkbox"/>	P/Pf/C	<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"/>				
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 7/10/2024
Person in Charge (Printed) Rossetta Salma	
Inspector (Signature) L. Brandy	Date 7/10/24
Inspector (Printed) Lauren Brandy	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	10/10/24	3
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		1
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

Page 2 of 2

LHD Manchester Inspection Report Continuation Sheet Date 7/10/2024

Establishment Long Gut Miss Punny Town Manchester

TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold unit		w/c	38F	sink surface sanitizer	✓
rice	188F	chicken wing	40F		
chicken	155F	cooked pasta	40F	hot water h.s	126F
beef	145F	cheese	40F	hot water 3bay	110F
Bay Marie-cheese	41F			WIF	0F
cooked onion	39F	dish machine	50-100ppm		

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	Thermometer/alcohol wipes available
52c	stagnant water in bay Marie cooler across from cookline
54c	cleaning equipment in basement on ground - not in use
55c	gap in back exit door by stairwell
note	good equipment/utensil storage
note	very clean + organized!
note	CFPM on site
note	overall great inspection
note	no cooking/cooling at time of visit - discussed practices
note	discussed date marking
note	test strips available for dish machine/sink surface sanitizer

Person in Charge (Signature) Date 7/10/2024

Inspector (Signature) A. Brandy Date 7/10/24

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>7/31/24</u>																						
Establishment <u>MACC Kitchen</u>	Time In _____ AM/PM	Time Out _____ AM/PM																					
Address <u>460 Main St</u>																							
Town/City <u>Manchester</u>	LHD <u>Manchester</u>																						
Permit Holder _____	Purpose of Inspection: <u>Routine</u> Pre-op																						
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"/>	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"/>	Food separated and protected				P/C	<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 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"/>	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/C	<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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="radio"/>	<input type="radio"/>		21	<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"/>	No discharge from eyes, nose, and mouth				C	<input type="radio"/>	<input type="radio"/>		22	<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"/>	Hands clean and properly washed				P/Pf	<input type="radio"/>	<input type="radio"/>		23	<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"/>	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"/>	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"/>	Adequate handwashing sinks, properly supplied/accessible				Pf/C	<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"/>	Food obtained from approved source				P/Pf/C	<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"/>	
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature				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"/>	
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"/>		27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used				P	<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"/>		28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toxic substances properly identified, stored & used				P/Pf/C	<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	Safe Food and Water				V	COS	R	OUT	Proper Use of Utensils				V	COS	R						
30	<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"/>	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/C	<input type="radio"/>	<input type="radio"/>		
32	<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"/>	Proper cooling methods used; adequate equipment for temperature control				Pf/C	<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"/>	Plant food properly cooked for hot holding				Pf	<input type="radio"/>	<input type="radio"/>		47	<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"/>	Approved thawing methods used				Pf/C	<input type="radio"/>	<input type="radio"/>		48	<input checked="" 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 type="radio"/>	<input type="radio"/>	Thermometers provided and accurate				Pf/C	<input type="radio"/>	<input type="radio"/>		49	<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 checked="" type="radio"/>	<input type="radio"/>	Food properly labeled; original container				Pf/C	<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"/>		
				Prevention of Food Contamination								51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plumbing installed; proper backflow devices				P/Pf/C	<input type="radio"/>	<input type="radio"/>	
38	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present				Pf/C	<input type="radio"/>	<input type="radio"/>		52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sewage and waste water properly disposed				P/Pf/C	<input type="radio"/>	<input type="radio"/>		
39	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="radio"/>	<input type="radio"/>		53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="radio"/>	<input type="radio"/>		
40	<input type="radio"/>	<input type="radio"/>	Personal cleanliness				Pf/C	<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"/>		
41	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored				C	<input type="radio"/>	<input type="radio"/>		55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical facilities installed, maintained, and clean				P/Pf/C	<input type="radio"/>	<input type="radio"/>		
42	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables				P/Pf/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"/>		
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>7-31-24</u>				Violations documented				Date corrections due				#							
Person in Charge (Printed) <u>Ferdinand Carr</u>								Priority Item Violations								<u>0</u>							
Inspector (Signature) <u>Denise Payne</u>				Date <u>7/31/24</u>				Priority Foundation Item Violations								<u>0</u>							
Inspector (Printed) <u>Denise Payne</u>								Core Item Violations								<u>0</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>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.																							

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/31/24

Establishment MACC Kitchen Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Pot. Salad	41F	Corn on the cob	168F	Hot water	121F
Pork	38F	Kilbasa	158-164F	Dish machine	>160F
Plantains	40F	BBA Kilbasa	172F	Sanitizer	450ppm Adjusted manually to lower slightly

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	Multiple containers of spices/oil bottles, not labelled.
48C	Heat test strips required for dish machine <u>Great Inspection!</u>
	CFPM on site > Discussed various allowances to donations - HHDpt to follow-up. if present keep clean
	Tray (storage) dust → removed to be cleaned Discussed wires/lines over prep area. / chipped header (airduct) ↳ maintenance
	2nd inspection where sanitizer is MAX concentration. Adjust + monitor
	Discussed stored "Farm" waste + labelling rack No ill foodworkers reported IA/IB used

Person in Charge (Signature)

[Signature]

7-31-24

Date

Inspector (Signature)

[Signature]

Date



Risk Category: 4 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 7-18-24

Establishment Manchester Early Learning
 Address 80 Waddell Rd.
 Town/City Manchester
 Permit Holder Tyler Martin



Time In 11:00 AM/PM Time Out 12:00 AM/PM
 LHD Manchester
 Purpose of Inspection: Routine Pre-op
 Reinspection Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed

P=Priority item Pf=Priority foundation item C=Core item V=violation type		Mark in appropriate box for COS and/or R		COS=corrected on-site during inspection		R=repeat violation		
IN	OUT	N/A	N/O	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"/> Food separated and protected P/C <input type="checkbox"/>	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16 <input checked="" type="checkbox"/> Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/>	
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"/> Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/>	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	18 <input type="checkbox"/> Proper cooking time and temperatures P/Pf/C <input type="checkbox"/>	
Good Hygienic Practices								
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	19 <input type="checkbox"/> Proper reheating procedures for hot holding P <input type="checkbox"/>	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	20 <input type="checkbox"/> Proper cooling time and temperatures P <input type="checkbox"/>	
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"/> Proper hot holding temperatures P <input type="checkbox"/>	
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"/> Proper cold holding temperatures P <input type="checkbox"/>	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23 <input checked="" type="checkbox"/> Proper date marking and disposition P/Pf <input type="checkbox"/>	
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"/> Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/>	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25 <input checked="" type="checkbox"/> Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>	
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	
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				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43 <input type="checkbox"/> In-use utensils: properly stored C <input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45 <input type="checkbox"/> Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/>	
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"/> Gloves used properly C <input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49 <input type="checkbox"/> Non-food contact surfaces clean C <input type="checkbox"/>	
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"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/>	
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 _____	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations _____	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations _____	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations <u>10-18-24</u>	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<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) <u>Tyler Martin</u> Date <u>7-18-24</u>				Date corrections due _____ # <u>8</u>				
Person in Charge (Printed) <u>Tyler Martin</u>				Requires Reinspection - check box if you intend to reinspect _____				
Inspector (Signature) <u>Jose Ramirez</u> Date <u>7-18-24</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.

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-18-24

Establishment 80 Wadwell Rd. Manchester Early Learning Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door R/C				Hand sink in kitchen	135F
Soy milk	40F			Quat bucket	200ppm
lactaid	40F				
hummus	38F				
2 Door R/C RIF break room	-2F				
milk cooler					
milk	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

Item Number EF PM Tyler on site

39c ice build up in milk cooler

Note No cooking or cooling at time of inspection. Lunch served during inspection.

Note Overall Clean & organized

Note PIC knowledgeable on food safety practices

Note Dedicated area for dented cans in dry storage.


Note 1 door RIF Norlake out of service, not being used. Not holding temp., service scheduled. Do not use until fixed.

Person in Charge (Signature) [Signature]

Date 7-18-24

Inspector (Signature) [Signature]

Date 7-18-24

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 7/29/24	Time In AM/PM Time Out AM/PM
Establishment Manchester Rehabilitation		LHD Manchester
Address 385 West Center St		Purpose of Inspection: Routine Pre-op
Town/City Manchester		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								
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"/>	
Protection from Contamination								
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<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	P	<input type="checkbox"/>	<input type="checkbox"/>	
Time/Temperature Control for Safety								
18	<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 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"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	
23	<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"/>	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 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"/>	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 type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	
28	<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 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"/>	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 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 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"/>	Single-use/single-service articles: properly stored & used	P/C
46	<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"/>	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 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"/>	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	

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

Person in Charge (Signature) <i>[Signature]</i>	Date 7/29/24
Person in Charge (Printed) Stephanie Laffash	
Inspector (Signature) <i>[Signature]</i>	Date 7/29/24
Inspector (Printed) Denise Payne	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	90 days	32
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.

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 7/29/24

Establishment Manchester Rehabilitation Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Lact. Milk	38F	Rice Pilaf	203F	Hot Water Fitchin	120F
Clam Chowder	39F			Quat bucket	300ppm
Cheese Sliced	40F				
Hamburgers	40F				
Whipped Spread	39F				
Tomato	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.

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 ✓
49c	Floors behind AGRU + cookline unclean
49c	Unclean can opener holder / handle
11ec	Unclean can opener blade.
	Pots + Pans build-up Much better
	Include doors in MAINT/cleaning sched Paint chipping on side / Stainless if in
	Discussed adding more space between clean dishes in dish racks so not stored under wall mounted paper towel
	Window Unit - cardboard for exhaust. -> should be cleanable material
	Discussed ill food workers - covid.
	forms 1A + 1B * 1 New hire
	Discussed date marking (observed) date cut / made in product
	Discussed pest control -> reach out to plumbers about cleaning lines then treat them not just traps.
	Dish machine monitor replaced, machine not on - CFPM to forward Temp Check.

Person in Charge (Signature)

Date 7/29/24


Inspector (Signature) Denise Payne

Date 7/29/24



Manchester Health Department
 479 Main Street
 Manchester, CT 06040

Establishment: <u>Market on Main St - Pre Op. (Lic. on hold)</u>	Date of Inspection: <u>7-22-24</u>
New menu - Not bare head product / Bogner's new source bread - Stranos	
Discussed 7 days max on RTE TS foods - exemptions on some cheese/meats.	
Discussed Qty purchased to use in 7 days	
Send spec sheets for new equipment	
New coffee unit replacing Bunn	
Deli → 10-5pm M-Sat hrs	
Discussed labeling for grab-n-go's (Avery label's) ^{* send ex label}	
Discussed motor cover for Deli case (Radiator covers a metal) _{clean/paint sheet}	
Floors next to counter ^{coffee} unclean	
Counter tops/decks Chipped	
Hollow stirres not allowed	
Tea container - interior unclean	
1 door cabinet missing FRP - Shelf inter gap at floor gnats/fly in counter area	
Allergen sign - send New Copy	
Initial (Inspector) <u>D Payne</u>	Initial (Person in Charge) <u>Lulu</u>

Risk Category: <u>2</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>																																																																																																									
Establishment type: <u>Permanent</u> Temporary Mobile <u>Other</u> ¹		Date: <u>7/22/24</u>		Time In _____ AM/PM		Time Out _____ AM/PM																																																																																																									
Establishment <u>Market on Main</u>				LHD <u>Manchester</u>		Purpose of Inspection: Routine <u>Pre-op</u>																																																																																																									
Address <u>793 Main St</u>				Reinspection _____		Other <u>'Lic was on hold'</u>																																																																																																									
Town/City <u>Manchester</u>				Permit Holder _____		FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																									
<p><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></p> <p>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> <p>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</p>																																																																																																															
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 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"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	17	<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"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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																																																																																																									
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		Food/Color Additives and Toxic Substances																																																																																																									
Management, food employee and conditional employee; knowledge, responsibilities and reporting		Time as a public health control: procedures and records		Proper hot holding temperatures		Compliance with variance/specialized process/ROP criteria/HACCP Plan																																																																																																									
Proper use of restriction and exclusion		Consumer Advisory		Proper cold holding temperatures		GOOD RETAIL PRACTICES																																																																																																									
Written procedures for responding to vomiting and diarrheal events		Highly Susceptible Population		Proper date marking and disposition		Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																																																																																																									
Good Hygienic Practices		Pasteurized foods used; prohibited foods not offered		Proper eating, tasting, drinking, or tobacco products use		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																																																																																																									
No discharge from eyes, nose, and mouth		Food additives: approved and properly used		Proper eating, tasting, drinking, or tobacco products use		OUT																																																																																																									
Preventing Contamination by Hands		Toxic substances properly identified, stored & used		No bare hand contact with RTE food or a pre-approved alternative procedure properly followed		Safe Food and Water																																																																																																									
Hands clean and properly washed		Compliance with Approved Procedures		Adequate handwashing sinks, properly supplied/accessible		V																																																																																																									
Adequate handwashing sinks, properly supplied/accessible		Conformance with Approved Procedures		Food obtained from approved source		COS																																																																																																									
Approved Source		Compliance with Approved Procedures		Food received at proper temperature		R																																																																																																									
Food obtained from approved source		Compliance with Approved Procedures		Food in good condition, safe, and unadulterated		OUT																																																																																																									
Food received at proper temperature		Compliance with Approved Procedures		Required records available: molluscan shellfish identification, parasite destruction		Safe Food and Water																																																																																																									
Food in good condition, safe, and unadulterated		Compliance with Approved Procedures		Required records available: molluscan shellfish identification, parasite destruction		V																																																																																																									
Required records available: molluscan shellfish identification, parasite destruction		Compliance with Approved Procedures		Variance obtained for specialized processing methods		COS																																																																																																									
GOOD RETAIL PRACTICES		Compliance with Approved Procedures		Food Temperature Control		R																																																																																																									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		Compliance with Approved Procedures		Proper cooling methods used; adequate equipment for temperature control		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		Compliance with Approved Procedures		Plant food properly cooked for hot holding		Safe Food and Water																																																																																																									
OUT		Compliance with Approved Procedures		Approved thawing methods used		V																																																																																																									
Safe Food and Water		Compliance with Approved Procedures		Thermometers provided and accurate		COS																																																																																																									
V		Compliance with Approved Procedures		Food Identification		R																																																																																																									
COS		Compliance with Approved Procedures		Food properly labeled; original container		OUT																																																																																																									
R		Compliance with Approved Procedures		Prevention of Food Contamination		V																																																																																																									
OUT		Compliance with Approved Procedures		Insects, rodents, and animals not present		COS																																																																																																									
Safe Food and Water		Compliance with Approved Procedures		Contamination prevented during food preparation, storage & display		R																																																																																																									
V		Compliance with Approved Procedures		Personal cleanliness		OUT																																																																																																									
COS		Compliance with Approved Procedures		Wiping cloths: properly used and stored		Safe Food and Water																																																																																																									
R		Compliance with Approved Procedures		Washing fruits and vegetables		V																																																																																																									
OUT		Compliance with Approved Procedures		Utensils and Equipment		COS																																																																																																									
Safe Food and Water		Compliance with Approved Procedures		Food and non-food contact surfaces cleanable, properly designed, constructed, and used		R																																																																																																									
V		Compliance with Approved Procedures		Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available		OUT																																																																																																									
COS		Compliance with Approved Procedures		Non-food contact surfaces clean		Safe Food and Water																																																																																																									
R		Compliance with Approved Procedures		Physical Facilities		V																																																																																																									
OUT		Compliance with Approved Procedures		Hot and cold water available; adequate pressure		COS																																																																																																									
Safe Food and Water		Compliance with Approved Procedures		Plumbing installed; proper backflow devices		R																																																																																																									
V		Compliance with Approved Procedures		Sewage and waste water properly disposed		OUT																																																																																																									
COS		Compliance with Approved Procedures		Toilet facilities: properly constructed, supplied, & clean		Safe Food and Water																																																																																																									
R		Compliance with Approved Procedures		Garbage and refuse properly disposed; facilities maintained		V																																																																																																									
OUT		Compliance with Approved Procedures		Physical facilities installed, maintained, and clean		COS																																																																																																									
Safe Food and Water		Compliance with Approved Procedures		Adequate ventilation and lighting; designated areas used		R																																																																																																									
V		Compliance with Approved Procedures		Natural rubber latex gloves not used per CGS §19a-36f		OUT																																																																																																									
COS		Compliance with Approved Procedures		Violations documented		Date corrections due																																																																																																									
R		Compliance with Approved Procedures		Priority Item Violations		#																																																																																																									
OUT		Compliance with Approved Procedures		Priority Foundation Item Violations		\$																																																																																																									
Safe Food and Water		Compliance with Approved Procedures		Core Item Violations		4																																																																																																									
V		Compliance with Approved Procedures		Risk Factor/Public Health Intervention Violations		0																																																																																																									
COS		Compliance with Approved Procedures		Repeat Risk Factor/Public Health Intervention Violations		0																																																																																																									
R		Compliance with Approved Procedures		Good Retail Practices Violations		4																																																																																																									
OUT		Compliance with Approved Procedures		Requires Reinspection - check box if you intend to reinspect																																																																																																											

Person in Charge (Signature) Su M Date 07/22/2024

Person in Charge (Printed) Sabine Kannapijn

Inspector (Signature) Denise Payne Date 7/22/24

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.

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 7-22-24

Establishment Market on Main Town Manchester

TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Pre-operational</u>				<u>Hot water</u>	<u>121</u>
<u>after being closed "Hold"</u>				<u>Delicase</u>	<u>35F</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	
<u>48C</u>	<u>3 Bays sink - no caulking at FRP</u>
<u>38C</u>	<u>Gnat present</u>
<u>49C</u>	<u>Paper for grinders - holder unclean</u>
<u>55C</u>	<u>Walls - additional cleaning / painting if needed</u>
	<u>material - in display should be washable</u>
	<u>30 day inspection Required</u>

Person in Charge (Signature) [Signature] Date 07/22/2024
Inspector (Signature) D Payne Date 7/22/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7/2/24
Establishment McDonalds	 <p>Connecticut Department of Public Health</p>	Time In 11:30 AM Time Out 12:30 AM
Address 144 Deming St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Lorenza Morales		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/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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input 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"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Time/Temperature Control for Safety						
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							Proper hot holding temperatures						
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 cold 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 date marking and disposition						
Preventing Contamination by Hands							Time as a public health control: procedures and records						
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							Consumer Advisory						
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 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							Consumer advisory provided: raw/undercooked food						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible							Highly Susceptible Population						
Approved Source							Pasteurized foods used; prohibited foods not offered						
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 type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Food/Color Additives and Toxic Substances						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							Food additives: approved and properly used						
13	<input checked="" 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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							Toxic substances properly identified, stored & used						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
Required records available: molluscan shellfish identification, parasite destruction							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				
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 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"/>	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							Gloves used properly						
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							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"/>	47	<input 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"/>	48	<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"/>	50	<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"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Insects, rodents, and animals not present							Garbage and refuse properly disposed; facilities maintained						
39	<input checked="" 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"/>			
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"/>	53	<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"/>	54	<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							Priority Item Violations				Date corrections due		#

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

Person in Charge (Signature) *Lorenza M* Date **7/2/2024**

Person in Charge (Printed) **Lorenza Morales**

Inspector (Signature) *Jose Ramirez* Date _____

Inspector (Printed) **Jose Ramirez**

Priority Item Violations	0
Priority Foundation Item Violations	0
Core Item Violations	4
Risk Factor/Public Health Intervention Violations	1
Repeat Risk Factor/Public Health Intervention Violations	0
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 7-2-24

Establishment McDonalds - Deming St. Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table drive thru		W/C sliced tomatoes	39F	Hand Sink by drive thru	100F
1 sliced cheese	41F	1 tartar sauce	41F	Quat Bucket	150ppm
2 door R/C burrito	39F	1 raw burger	39F	3 Bay Quat	150ppm
1 sliced tomatoes	41F	6 door R/C		Dish machine chlorine	100ppm
Cold drawer liquid egg	41F	1 creamer	36F	Customer BR sink	105F
1 raw burger	40F	Folded eggs	39F		
Hot Hold chicken	150F	Burger cooked to	200F		
1 fish	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.
	<u>Corenza CFPM on site</u>
<u>49c</u>	<u>Interior of hand sink at drive thru unclean</u>
<u>49c</u>	<u>Hood trim over grill unclean</u>
<u>39c</u>	<u>Ice Build up in W/F</u>
<u>44c</u>	<u>Wet nesting of hot holding trays</u>
<u>Note</u>	<u>Monitor Frappe cooler. Cooler must be < 41F. If over 41F, have it serviced and do not use until fixed.</u>
<u>Note</u>	<u>Sanitizer dispensing Quat at 150 ppm. Discussed monitoring concentration.</u>
<u>Note</u>	<u>Time as a control used at burger station for tomatoes, cheese.</u>
<u>Note</u>	<u>Test strips & thermometer available.</u>
<u>Note</u>	<u>Discussed cleaning frequency of cookline equipment. Grill press cleaned every 15 min per PIC</u>
Person in Charge (Signature)	<u>Corenza Morris</u> Date <u>7/2/2024</u>
Inspector (Signature)	<u>[Signature]</u> Date

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 6/24/24

Establishment McDonalds Time In _____ AM/PM Time Out _____ AM/PM

Address 70 West 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
1				Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf			15				Food separated and protected	P/C		
2				Certified Food Protection Manager for Classes 2, 3, & 4	C			16				Food-contact surfaces: cleaned & sanitized	P/P/C		
3				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf			17				Proper disposition of returned, previously served, reconditioned, and unsafe food	P		
4				Proper use of restriction and exclusion	P			Time/Temperature Control for Safety							
5				Written procedures for responding to vomiting and diarrheal events	Pf			18				Proper cooking time and temperatures	P/Pf/C		
6				Good Hygienic Practices				19				Proper reheating procedures for hot holding	P		
7				Proper eating, tasting, drinking, or tobacco products use	P/C			20				Proper cooling time and temperatures	P		
8				No discharge from eyes, nose, and mouth	C			21				Proper hot holding temperatures	P		
9				Preventing Contamination by Hands				22				Proper cold holding temperatures	P		
10				Hands clean and properly washed	P/Pf			23				Proper date marking and disposition	P/Pf		
11				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C			24				Time as a public health control: procedures and records	P/Pf/C		
12				Adequate handwashing sinks, properly supplied/accessible	Pf/C			Consumer Advisory							
13				Approved Source				25				Consumer advisory provided: raw/undercooked food	Pf		
14				Food obtained from approved source	P/Pf/C			Highly Susceptible Population							
15				Food received at proper temperature	P/Pf			26				Pasteurized foods used; prohibited foods not offered	P/C		
16				Food in good condition, safe, and unadulterated	P/Pf			Food/Color Additives and Toxic Substances							
17				Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C			27				Food additives: approved and properly used	P		
18				Good Retail Practices				28				Toxic substances properly identified, stored & used	P/Pf/C		
19				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				Conformance with Approved Procedures							
20				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				29				Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C		

GOOD RETAIL PRACTICES

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

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

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

Person in Charge (Signature) Hina Aylesha Date 6/24/24

Person in Charge (Printed) Hina Aylesha

Inspector (Signature) Denise Payne Date 6/24/24

Inspector (Printed) D Payne

Violations documented	Date corrections due	#
Priority Item Violations	<u>ASAP / 3 days</u>	<u>1</u>
Priority Foundation Item Violations	<u>ASAP / 10 days</u>	<u>1</u>
Core Item Violations	<u>ASAP / 9/24/24</u>	<u>1</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>3</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.

See note on page 2
dpayne@manchesterct.gov
 2nd - Yellow: Owner/Operator/Person in Charge

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/24/24

Establishment McDonalds Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Tomato	39F	Chicken Breast	147F	Chlorine	100ppm.
Shelled eggs	37F	Chicken Nugget	154F	Reviewed quick check dont swirl test strip.	
Milk dispenser	40F	Hamburger w/ onion	156F		
Eggs in WIC	32F	Hamburger	143F		
Milk Container	41F*	Cooked burger	161F		

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
	Date Marking & Time vs Temp marked Observed
51F	Hot water heater just repaired. Hot water 84-108.8F Corrected 111F Maintenance to Return this day. Manager to Monitor Temperature ↳ notify health Dept on 6/28/24 Temp Range
51P	Spray faucet at 3 Bay - Extends into sink/Requires 3-4" gap.
49C	Gaskets generally unclean.
16C	Interior ice machine shield unclean
45C	Filters not covered/protected
16C	Pan in storage unclean
49C	Sugar spill "HARD" under sugar dispenser, unclean
49C	McCaffee unit interior with spills, unclean.
49C	Dessert station under pumps unclean/covers ^{single use} unclean discarded
	Discussed Temps of cooking/hot holding; Recommend Manager to ask staff open ended questions periodically
	Floor drain covers not secured at WIC
	Discussed bacon stored at room temp, fully cooked but top pan not protected. Covered this day
	Battery dead at drive thru sink soap dispense
	Front Milk cook slightly warm - monitor.

Person in Charge (Signature)

[Signature]
Denise Payne

Date

Inspector (Signature)

Date 6/24/24

*New owner

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2														
Establishment type: Permanent Temporary Mobile Other _____		Date: 7/10/2024														
Establishment Mike's pizza		Time In 10 AM /PM Time Out _____ AM/PM														
Address 267 E. Center St		LHD Manchester														
Town/City Manchester		Purpose of Inspection: Routine Pre-op _____														
Permit Holder Ali Kirca - changing owners		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>																
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			V	COS	R
				V	COS	R					V	COS	R			
<input checked="" 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"/>	<input type="checkbox"/>	<input 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		15				Food separated and protected					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C		16				Food-contact surfaces: cleaned & sanitized	P/Pf/C				
2							17				Proper disposition of returned, previously served, reconditioned, and unsafe food		P			
				Employee Health							Time/Temperature Control for Safety					
<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		18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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		19	<input checked="" type="checkbox"/>	<input 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		20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures		P			
				Good Hygienic Practices							Consumer Advisory					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C		21	<input checked="" 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"/>	No discharge from eyes, nose, and mouth	C		22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures		P			
				Preventing Contamination by Hands							Highly Susceptible Population					
<input checked="" 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"/>	Proper date marking and disposition		P/Pf			
<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		24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records		P/Pf/C			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C						Food/Color Additives and Toxic Substances					
				Approved Source							Conformance with Approved Procedures					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C		25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food		Pf			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf		26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered		P/C			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf						Good Retail Practices					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C		27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used		P			
28							28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used		P/Pf/C			
29							29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan		P/Pf/C			
OUT	N/A	N/O	Safe Food and Water			OUT	Proper Use of Utensils			V	COS	R				
			V	COS	R		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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
30			Pasteurized eggs used where required	P		43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		C				
<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"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled		Pf/C				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf		45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used		P/C				
				Food Temperature Control							Utensils and Equipment					
<input 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"/>	<input type="checkbox"/>	Gloves used properly		C				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf		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"/>	<input type="checkbox"/>	Approved thawing methods used	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				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C		49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean		C				
				Food Identification							Physical Facilities					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C		50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		Pf				
				Prevention of Food Contamination							Violations documented					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C		51	<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"/>	Contamination prevented during food preparation, storage & display	P/Pf/C		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"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C		53	<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"/>	Wiping cloths: properly used and stored	C		54	<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"/>	Washing fruits and vegetables	P/Pf/C		55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		P/Pf/C				
				Permit Holder shall notify customers that a copy of the most recent inspection report is available.							Date corrections due					
				Person in Charge (Signature) <i>Awesgh</i> Date 7/10/2024							Priority Item Violations					
				Person in Charge (Printed) ANURM SUGH							Priority Foundation Item Violations					
				Inspector (Signature) <i>L. Grandy</i> Date 7/10/2024							Core Item Violations					
				Inspector (Printed) Lauren Grandy							Risk Factor/Public Health Intervention 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.							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 7/10/24

Establishment Mike's pizza

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
3door True cheese salami	38F 40F 41F	2door Freezer pay marie cookline Marinara cheese	-2F 37F 38F	hot water h.s. reheat Marinara meatball hot held	106F 167F 197F
3door True - pizza dough only	39F	pepperoni chicken wing	40F 39F	quats sanitizer	200ppm
3door undercounter	36F	hamburger	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.
49c	cutting at handsink not clean
15p	eggs stored above cucumbers in 3 door undercounter by pizza dough prep area (cos)
49c	shelving above 3 door undercounter not clean
47c	coca cola refrigerator being used for bread - discussed only for bottled beverages only, will need to be replaced with commercial NSF equipment
15p	beet stored above ready to eat food in 1 door Freezer (cos)
47c	bounjie cord not approved to keep cooler open
37c	Squeeze bottles labels are faded
49c	Squeeze bottles exterior not clean
49c	shelving in kitchen not clean
note*	Food thermometer/alcohol wipes available overall clean + organized person in charge actively taking temps good glove use observed new owner - Manjit Singh - class-2 - will email when ready to change owner (sale is final, licenses are not transferable) ↳ return application, fee, copy of CFPM at least 48 hrs before change of ownership reach out to water, building, fire for their requirements
Person in Charge (Signature) <u>[Signature]</u> Date <u>7/10/2024</u>	
Inspector (Signature) <u>[Signature]</u> Date <u>7/10/24</u>	

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7/30/2024
Establishment Mikes pizza		Time In 11 AM/PM Time Out _____ AM/PM
Address 267 E. center street		LHD manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Manjit Singh		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 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 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 type="checkbox"/>	<input checked="" 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"/>					<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 checked="" 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 checked="" 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 checked="" 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 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"/>	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"/>					<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			

Person in Charge (Signature) **Manjit Singh** Date **7/30/24**

Person in Charge (Printed) _____

Inspector (Signature) **L. Grandy** Date **7/30/24**

Inspector (Printed) **Lauren Grandy**

Violations documented	Date corrections due	#
Priority Item Violations		—
Priority Foundation Item Violations	8/9/24	1
Core Item Violations	10/30/24	1
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		

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.

* new owner **Food Establishment Inspection Report**

LHD Manchester

Inspection Report Continuation Sheet

Date 7/30/24

Establishment Mike's pizza

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot-Marinara	182F	sausage		quat sanitizer	200ppm
meatballs	181F	Marinara		hot water - h.s.	89F
reach in - chicken	40F	pepperoni			
meatballs (claw)					
Burger	30F				


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.
49c	Floors/walls by 3 bay not clean
38pf	Fruit Flies / drains flies present by hand wash sink
	health dept to provide 30 days from this date to replace bunjie cords to hold lids at cookline. Must be smooth, easily cleanable. Reach out to health dept at Lgrandy@manchesterct.gov when fixed/replaced
	overall clean + organized good storage of equipment discussed labeling / date marking for all ready to eat foods
	Jasbir Singh - CFPM provided this day ✓ Manjit - CFPM as well ✓ parv leen ^{leen} - getting CFPM ✓
	Food service license to be provided this day - okay to open per health dept

Person in Charge (Signature) Jasbir Singh
Inspector (Signature) L. Grandy

Date _____
Date 7/30/24

Risk Category: 3		Food Establishment Inspection Report				Page 1 of 3	
Establishment type: Permanent Temporary Mobile Other _____				Date: 7/18/2024			
Establishment: Noodles + company				Time In 11 AM/PM		Time Out _____ AM/PM	
Address: 1442 C pleasant valley Rd				LHD Manchester			
Town/City: Manchester				Purpose of Inspection: Routine Pre-op _____			
Permit Holder: Mohammed				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				Protection from Contamination			
1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food separated and protected			
2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certified Food Protection Manager for Classes 2, 3, & 4				16 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized			
Employee Health				Time/Temperature Control for Safety			
3 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Management, food employee and conditional employee; knowledge, responsibilities and reporting				18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooking time and temperatures			
4 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion				19 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper reheating procedures for hot holding			
5 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written procedures for responding to vomiting and diarrheal events				20 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling time and temperatures			
Good Hygienic Practices				Consumer Advisory			
6 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use				25 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food			
7 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth				Highly Susceptible Population			
Preventing Contamination by Hands				26 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered			
8 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hands clean and properly washed				Food/Color Additives and Toxic Substances			
9 <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				27 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Food additives: approved and properly used			
10 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate handwashing sinks, properly supplied/accessible				28 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic substances properly identified, stored & used			
Approved Source				Conformance with Approved Procedures			
11 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source				29 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan			
12 <input checked="" 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"/> Food in good condition, safe, and unadulterated							
14 <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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			
Safe Food and Water				Proper Use of Utensils			
30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required				43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In-use utensils: properly stored			
31 <input type="checkbox"/> <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"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled			
32 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Variance obtained for specialized processing methods				45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: properly stored & used			
Food Temperature Control				46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gloves used properly			
33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control				Utensils and Equipment			
34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding				47 <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			
35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Approved thawing methods used				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			
36 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thermometers provided and accurate				49 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean			
Food Identification				Physical Facilities			
37 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container				50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure			
Prevention of Food Contamination				51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices			
38 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, and animals not present				52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage and waste water properly disposed			
39 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination prevented during food preparation, storage & display				53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean			
40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness				54 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained			
41 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used and stored				55 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and clean			
42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washing fruits and vegetables				56 <input checked="" type="checkbox"/> <input checked="" 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): Jana Lee		Date: 7/18/24		Violations documented		Date corrections due	
Person in Charge (Printed): Jana Lee				Priority Item Violations		2	
Inspector (Signature): L. Grandy		Date: 7/18/2024		Priority Foundation Item Violations		1	
Inspector (Printed): Lauren Grandy				Core Item Violations		12	
				Risk Factor/Public Health Intervention Violations		3	
				Repeat Risk Factor/Public Health Intervention Violations			
				Good Retail Practices Violations		13	
				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 7/8/2024
 Establishment Noodles + company Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Front bay Marie (1 door)		Bay Marie - shrimp	41F	Front under counter	
Shredded cheese	39F	cheese tortellini	41F	chicken raw	32F
Front bay Marie (2 door)		cooked noodles	41F		
cut tomato	39F	cut tomato - prepped	50F	hot marinara	135F
Feta cheese	40F	1an hour ago		alfredo	150F
2 door standing	62F	Bay Marie pot sticker	39F		
shrimp	56F	garlic cream	39F	spaghetti cooling	35F
steak / noodles	53/55F	Meatballs	39F	in ice bath	

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.

- 47c handsink at front counter, aluminum foil taped to sink
- 41c wet rag at front counter under p.o.s.
 ↳ Must be put in sanitizer bucket in between uses
- note: good handwashing observed by staff
- 22p/47p 2 door standing Randell not functioning properly. Ambient at 60F. Shrimp at 56F, steak at 53F, noodles at 55F, food product to be discarded by person in charge. Not to use until repaired
- 47c aluminum foil used as liner above front line condiments
- 56c Front hood not clean - overdue for cleaning
- 49c Floor under equipment along cookline not clean
- 28c chemicals hung on back handsink
- 49c back handsink unclean
- 49c Fan covers in back of house not clean
- 39p Tray with liquid stored on shelving under liquid egg cartons in walk in cooler
- 41c rag stored under cutting board at prep table
- 39c Broccoli in paper bags stored on floor by dry shelving
- 37c oil in spray bottle not labeled (in ecolab spray bottle)
- 10c no employees must wash hands sign in womens restroom
- note: health dept to follow up with ecolab spray bottle being used for food grade oil

Person in Charge (Signature) Jana Lee Date 7/8/24
 Inspector (Signature) D. Brandy Date 7/8/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/8/2024

Establishment Noodles + company Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC				hot water h.s. (front)	85F
steak tips	40F			hot water his.	87F
garlic cream	39F				
chicken tender	39F			quat sanitizer	400ppm
pasta	40F			3 bay	
Hot Water - Womens	85F				
Hot Water - Mens	101F				



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

Item Number	Observations and Corrective Actions
	good equipment/utensil storage

Person in Charge (Signature) Jana Lee Date 7/8/24
 Inspector (Signature) R. Standley Date 7/8/2024

Risk Category: <u>2</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>											
Establishment type: Permanent <input checked="" type="radio"/> Temporary <input type="radio"/> Mobile <input type="radio"/> Other <input type="radio"/>		Date: <u>7/11/24</u>											
Establishment <u>oak Street Pub</u>		Time In _____ AM/PM Time Out _____ AM/PM											
Address <u>30 oak</u>		LHD <u>Manchester</u>											
Town/City <u>Manchester</u>		Purpose of inspection: Routine <input checked="" type="radio"/> Pre-op <input type="radio"/>											
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													
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 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"/>	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"/>	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 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"/>
<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"/>	P/Pf/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/Pf/C	<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 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/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 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/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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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						
<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 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 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"/>	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"/>	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"/>	Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
Food Temperature Control				Utensils and Equipment									
OUT	N/A	N/O	V	OUT	N/A	N/O	V						
<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"/>	Pf	<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"/>	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 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"/>	Pf						
<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"/>	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"/>	Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
Food Identification				Physical Facilities									
OUT	N/A	N/O	V	OUT	N/A	N/O	V						
<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"/>	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"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	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"/>	Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
Person in Charge (Signature) <u>Teri Donnelly</u> Date <u>7.11.24</u>													
Person in Charge (Printed) <u>Teri Donnelly</u>													
Inspector (Signature) <u>Denise Payne</u> Date <u>7/11/24</u>													
Inspector (Printed) <u>Denise Payne</u>													
Violations documented		Date corrections due											
Priority Item Violations													
Priority Foundation Item Violations		<u>July 21, 24</u>											
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

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 7/11/24

Establishment Oak Street Pub

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Margarine	40F	No Hot Holding		Hot Water	111F
Cheese slices	41F				
Bacon	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.

- 54C Dumpster Covers open
- 16PF Ice machine inter unclear
- 47C Toaster not Commercial

Freezer - meats/food stored properly ✓

Reviewed: 1A/13 forms with CFPM, copies provided.
 Allergens - not on menu, list started.
 Discussed ways to insert into menu for compliance.
 ✓ + D ^{cleanup} process document provided.
 Discussed date marking - RTE food / 7 days

Kitchen Clean + Organized

dpayne@manchesterct.gov


****** Mop sink installation - Contact DPayne

Person in Charge (Signature) Jodi Donnelly

Date

Inspector (Signature) DPayne

Date 7/11/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>7/8/24</u>	
Establishment <u>October Kitchen</u>		Time In <u>1</u> AM/PM Time Out _____ AM/PM
Address <u>309 Green Rd</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op _____
Permit Holder <u>Mohamed</u>		Reinspection _____ Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<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"/>	<input checked="" 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									
				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
Employee Health				Time/Temperature Control for Safety									
<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"/>	<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 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"/>	Pf	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/C	<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 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"/>
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													
GOOD RETAIL PRACTICES													
Safe Food and Water				Proper Use of Utensils									
OUT	N/A	N/O	V	OUT	COS	R	OUT	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"/>			
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"/>	<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 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"/>			
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"/>	<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									
				<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f									
Person in Charge (Signature) <u>[Signature]</u> Date <u>7-8-24</u>	Violations documented	Date corrections due	#										
Person in Charge (Printed)	Priority Item Violations												
Inspector (Signature) <u>[Signature]</u> Date <u>7/8/24</u>	Priority Foundation Item Violations												
Inspector (Printed) <u>Lauren Grandy</u>	Core Item Violations	<u>10/8/2024</u>	<u>2</u>										
	Risk Factor/Public Health Intervention Violations												
	Repeat Risk Factor/Public Health Intervention Violations												
	Good Retail Practices Violations		<u>2</u>										
	Requires Reinspection - check box if you intend to reinspect												

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 7/8/2024
 Establishment October Kitchen Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIF	-2F	WIC	36F	not water handsink	116F
		WIF	7F		
WIC	39F				
cooked potato	37F				
Milk	40F				
pork/chicken tenders	41F/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.
	CFPM: Mohammed / Kevin
49C	Floor under cookline not clean
note	good utensil / equipment storage
15C	Food not covered / protected in WIF
note	Thermometer available
note	very clean + organized
note	no cooking, cooling at time of inspection
note	discussed pest control - monthly (A+A)
note	discussed dented can policy

Person in Charge (Signature) [Signature] Date 7/8-24
 Inspector (Signature) [Signature] Date 7/8/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 7/17/24

Establishment Olive Garden Time In 12:30 AM/PM Time Out 1:45 AM/PM

Address 1550 Pleasant Valley rd. LHD Manchester

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

Permit Holder Lauren Kienzler 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 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"/>	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	<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 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"/>	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"/>	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"/>	<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 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/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 type="checkbox"/>	P/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"/>	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"/>	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"/>	P/Pf/C	<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 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"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 7/17/24

Person in Charge (Printed) Wilmarie Telleira 7/17/24

Inspector (Signature) [Signature] Date 7-17-24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	<u>7/27/24</u>	1
Core Item Violations	<u>10/17/24</u>	4
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		4
Requires Reinspection - check box if you intend to reinspect		

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/17/24

Establishment Olive Garden Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold drawer under grill		Hot Hold chili	147F	Hand sink expo line	126F
pasta	40F	lasagna	153F	Quat Bucket	150ppm
shrimp	39F	spinich dip	141F	3 Bay sink	127F
chicken	40F	alfredo sauce	155F		
Cold hold mac & cheese	40F	W/C salmon	38F	Hot Hold Potatoes	175F
roasted tomatoes	40F	pasta	41F	Bar cooler Half & Half	41F
shredded cheese	41F	W/F ambient	0F	Customer BR sink	95F
pasta ravioli	40F	Calimari cooked to	162F		



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

Item Number Willmarie CFPM on site


- 47C Gaskets damaged throughout cookline & Bar
- 37C Unlabeled spray / squeeze bottles throughout cookline
- 55C Holes (screw holes) in FRP around 3 Bay
- 49C W/C Fan unit (covers & insulation) unclean/damaged
- 47PF Knives in wall mount chipped

- Note New Dish machine installed last month.
- Note Good glove use & handwashing observed.
- Note Great Managerial control, PIC Willmarie very knowledgeable on Food Safety.
- Note ROP & Cooling logs available
- Note Monitor all cooking equipment / containers. Discard as needed when damaged.
- Note Test Strips & thermometer available
- Note PIC states gaskets ordered / on back order

Person in Charge (Signature) Willmarie Date 7-17-24

Inspector (Signature) [Signature] Date 7-17-24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7-19-24
Establishment Pastrami on Wry		Time In 2:00 AM/PM Time Out 3:30 AM/PM
Address 291 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

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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 checked="" 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 checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/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"/>			
GOOD RETAIL PRACTICES									
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	<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"/> 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"/> 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									
33	<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"/> Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment				
35	<input type="checkbox"/> Approved thawing methods used	Pf/C	<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"/>
36	<input type="checkbox"/> Thermometers provided and accurate	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"/>
Food Identification									
37	<input checked="" type="checkbox"/> Food properly labeled; original container	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"/>
Prevention of Food Contamination									
38	<input type="checkbox"/> Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities				
39	<input type="checkbox"/> Contamination prevented during food preparation, storage & display	P/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"/>
40	<input type="checkbox"/> Personal cleanliness	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"/>
41	<input type="checkbox"/> Wiping cloths: properly used and stored	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"/>
42	<input type="checkbox"/> Washing fruits and vegetables	P/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"/>
Violations documented									
Person in Charge (Signature) _____ Date 7-19-24					Priority Item Violations _____				
Person in Charge (Printed) Miguel Poano					Priority Foundation Item Violations 7-29-24				
Inspector (Signature) _____ Date 7-19-24					Core Item Violations 10-19-24				
Inspector (Printed) Jose Ramirez					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 7-19-24Establishment Pastrami on WryTown Manchester**TEMPERATURE OBSERVATIONS**

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Chicken	41F	Cold Prep table cookline		Hand sink by WIC	90F
Salsa	41F	cream	38F	customer BR sink	85F
Sour cream	41F	tuna	38F		
Cornd Beef	41F	Potatoes cooked to	190F		
WIF ambient	-2F	Under counter cooler at bar			
Cold prep table cookline	38F	milk			
diced ham	38F				
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	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	interior of hand sink by WIC unclean
10PF	no soap at hand sink by WIC
49C	WIC Shelves unclean
37C	unlabeled squeeze bottles throughout
16PF	interior of salad cold prep table unclean
16PF	soda gun nozzle & holder at bar unclean
28PF	unlabeled spray bottle w/ cleaning solution at bar

Note All Food & chemicals must be labeled


Note Hood due to be cleaned July/August

Note Monitor WIC Food temps. All foods in WIC currently at 41F

Note Test strips & thermometer available

Note Good glove use observed

Note Discussed increasing cleaning frequency of soda guns

Person in Charge (Signature) Date 7-19-24Inspector (Signature) Date 7-19-24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 6/26/24

Establishment Peoples Choice Time In 10:30 AM/PM Time Out 12:00 AM/PM

Address 179 Middle Tpke West LHD Manchester

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

Permit Holder Bob 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<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"/>
Preventing Contamination by Hands						
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	R/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 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 type="checkbox"/>	<input checked="" 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 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"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification			
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination			
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils			
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment			
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities			
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	<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) David Lalaltee Date 6/25/24

Person in Charge (Printed) David Lalaltee

Inspector (Signature) L. Grandy Date 6/26/24

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	<u>7/5/24</u>	6
Core Item Violations	<u>9/26/24</u>	16
Risk Factor/Public Health Intervention Violations		5
Repeat Risk Factor/Public Health Intervention Violations		
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.

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/26/24

Establishment Peoples Choice

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Atosa Freezer	0F	2 door undercounter		handwash sink	98F
Artic Air Freezer	-5	Chicken wing	40F	handwash sink	129F
		Marinara hot hold	139F	3 bay sink	110F
2 door beverage air		2 door undercounter/wic		wic	
Salami	41F	Cheese	39F	pizza sauce	41F
Tomato (cut)	40F	ricotta	39F	Cheese	39F
American cheese	41F	Charizo	40F		
Meatball	41F	internal chix wing	168F	Bleach bucket	50-100 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	Description
	CFPM: David (onsite)
10c	handwash sink nozzles not clean
55c	handwash sink not secure to wall
49c	oil/grease on floor in back room
note	unused equipment in back room - if not being used, remove from establishment
52c	ice build up in 2 door artic air
16c	interior of artic air (bottom shelf) not clean
39PF	Food in handwash sink - handwash only; no dumping of food
47PF	2 door undercounter air refrigerator has stagnant water on bottom of shelf - owner to call for repair/replace of unit
49c	exterior of seasoning bins not clean
16PF/49c	interior/exterior of microwave not clean
16PF	can opener blade not clean
49c	shelving with onions in wic not clean
49c	gasket of wic not clean
55c	kick plate of wic damaged
37PF	buckets across from mixer with white granulars not labeled
49c	ceiling tiles in mop room not clean
49c	exterior of containers with flour not clean
49c	Floor in mop sink room not clean
10c	no handwash sign in employee restroom
49c	walls behind 3 bay not clean

Person in Charge (Signature) [Signature]

Date 6/25/24

Inspector (Signature) [Signature]

Date 6/26/24

Food Establishment Inspection Report

Page 3 of 3

LHD Manchester

Inspection Report Continuation Sheet

Date 6/26/24

Establishment peoples choice

Town Manchester

TEMPERATURE OBSERVATIONS

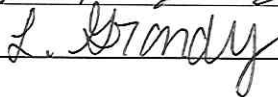
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp

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.
55c	cove base by 3 bay not secured to wall
47PF	cutting boards heavily gauged
	note* serv safe displayed
	note* discussed date marking
	note* Food allergy notice on site
	note* Thermometers / alcohol wipes available for Temps of food product

Person in Charge (Signature) 

Date 6/25/24

Inspector (Signature) 

Date 6/26/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>7-18-24</u>	
Establishment <u>Pepe's Restaurant</u>	 Connecticut Department of Public Health	Time In <u>12:00</u> AM/PM Time Out <u>1:30</u> AM/PM
Address <u>300 WMT</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op _____
Permit Holder <u>Andrew Aho</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	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"/>	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"/>	15 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"/>	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"/>	16 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"/>	3 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"/>	17 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"/>	4 Proper use of restriction and exclusion								P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Good Hygienic Practices: 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"/>	20 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"/>	7 No discharge from eyes, nose, and mouth								C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Preventing Contamination by Hands: Hands clean and properly washed								P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Adequate handwashing sinks, properly supplied/accessible								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Approved Source: Food obtained from approved source								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Consumer Advisory: 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"/>	12 Food received at proper temperature								P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Highly Susceptible Population: 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"/>	13 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"/>	27 Food/Color Additives and Toxic Substances: 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"/>	14 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"/>	28 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"/>	15 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"/>	29 Conformance with Approved Procedures: 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 Food Temperature Control: 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: 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"/>	<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 Identification: Food properly labeled; original container								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 Physical Facilities: Hot and cold water available; adequate pressure								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								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	39 Contamination prevented during food preparation, storage & display								P/Pf/C	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	55 Physical facilities installed, maintained, and clean								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43 Permit Holder shall notify customers that a copy of the most recent inspection report is available.													56 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											

Person in Charge (Signature) <u>Andrew Aho</u>	Date <u>7/18/24</u>
Person in Charge (Printed) <u>Andrew Aho</u>	
Inspector (Signature) <u>Jose Ramirez</u>	Date <u>7-18-24</u>
Inspector (Printed) <u>Jose Ramirez</u>	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>7-28-24</u>	1
Core Item Violations	<u>10-18-24</u>	6
Risk Factor/Public Health Intervention Violations		1
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.

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-18-24

Establishment Pepe's Restaurant

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIC True		Pizza station cold prep		Hand Sink by 2 bay	95F
chicken wing	41F	chicken	40F		
meatball	41F	Pepperoni	40F		
Shred mozz	41F	Sauce	40F	Basement WIC Pastrami	
Sliced tomatoes	41F	Shred Mozz	40F	Ham	
Cold Prep table		Chicken cooked to	170F	Block cheese	
Beef	38F	Salad Bar pepperoni	39F		
sliced cheese	39F	Boiled egg	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.

- 49C Blue wire shelving by 2 bay sink unclean
- 49C ceiling unclean throughout cookline
- 49C Shelving by warewash unclean
- 16PF Deli slicer in basement unclean
- 49C WIC Floor/walls/Ceiling/ Fan cover unclean
- 49C Shelving in WIC unclean
- 47C WIF Gasket damaged

- Note PIC knowledgeable on food safety.
- Note remove tools from kitchen area. store in designated area away from kitchen.
- Note Discussed proper date marking
- Note Routine pest control. No signs of pest.
- Note Discussed increasing cleaning frequency as needed
- Note Good glove use observed

Person in Charge (Signature) Chris

Date 7/18/24

Inspector (Signature) [Signature]

Date 7-18-24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 7/15/23

Establishment Pizza Mia Time In _____ AM/PM Time Out _____ AM/PM

Address 55 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

Supervision				V	COS	R	Protection from Contamination				V	COS	R
IN	OUT	N/A	N/O				IN	OUT	N/A	N/O			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input checked="" 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 checked="" type="checkbox"/> C
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Certified Food Protection Manager for Classes 2, 3, & 4	<input checked="" 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"/>
Employee Health							Time/Temperature Control for Safety						
<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices							Consumer Advisory						
<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands							Highly Susceptible Population						
<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source							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 type="checkbox"/>	<input type="checkbox"/>	<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	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"/>	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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES							Conformance with Approved Procedures						
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							<i>Compliance with variance/specialized process/ROP criteria/HACCP Plan</i>				<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							Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Safe Food and Water				V	COS	R	Proper Use of Utensils				V	COS	R
OUT	N/A	N/O					OUT						
<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control							Utensils and Equipment						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Proper cooling methods used; adequate equipment for temperature control	Pf/C	<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"/>
<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification							Physical Facilities						
<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"/>	<input type="checkbox"/>
Prevention of Food Contamination							Violations documented						
<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							Date corrections due						
Person in Charge (Signature) <u>Juan Orellana</u> Date <u>7/15/24</u>							Priority Item Violations <u>Immediately / 7/18/23</u>						<u>2</u>
Person in Charge (Printed) <u>Juan Orellana</u>							Priority Foundation Item Violations <u>10 days</u>						<u>1</u>
Inspector (Signature) <u>Denise Payne</u> Date <u>7/15/23</u>							Core Item Violations <u>90 days</u>						<u>4</u>
Inspector (Printed) <u>Denise Payne</u>							Risk Factor/Public Health Intervention Violations						<u>1</u>
							Repeat Risk Factor/Public Health Intervention Violations						<u>3</u>
							Good Retail Practices Violations						<u>3</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.

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/15/23

Establishment Pizza Mia

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Tomato Sliced	38F	Sauce	171F	Hands sink	> 85F
Diced	38F				
Lasagna	39F			Dish Machine	> 160F
Salami	39F				
Tomato	38F				
Egg Plant	37F				
Sauce	35F				
Creamer	37F				

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.
17F	
2C	No person in Charge whos knowledgable / Not CFPM ✓ owner on site. Employee must be trained to be knowledgable - then have CFPM course taken. - 90 days to correct. Owner must have PIC/CFPM on site during all times prep/cooking etc.
47C	Reuse of #10 lids for heat distribution -> Not approved to Reuse
15C	Product in Reach in freezer jumbled meats and RTE foods.
45C	Single use cup as a scoop (mult. locations)
22P	Garlic butter at room temperature - discarded. Discussed smaller containers to have usable amt 1-2hrs Mtr discard. Do not leave out, chill, leave out etc.
11EP	Can opener and holder rusty, unclear.
51C	Mop bucket with waste water (standing)
45C	To go containers not protected/inverted. ✓ Ice at bar not covered/protected -> this is Not for consumption OK.
45C	Yellow stirers not stored properly Hot water in Restroom exceeds 115F MAX @ 120F
	Keep in box/bag ORIG. - provide source to Hdept
	Bread crumb protection not in place



Person in Charge (Signature) [Signature]

Date 7/15/24

Inspector (Signature) [Signature]

Date 7/15/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 7-3-24
Establishment Poke Don		Time In 10:30 AM/PM Time Out 12:00 AM/PM
Address 179 Deming St. #12		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder Allen Zhuo		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/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/Pf/C	<input checked="" 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/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 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 checked="" 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	N/A	N/O	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"/>	<input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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			COS				2	
Priority Foundation Item Violations			7-13-24				1	
Core Item Violations			10-3-24				9	
Risk Factor/Public Health Intervention Violations							4	
Repeat Risk Factor/Public Health Intervention Violations								
Good Retail Practices Violations							8	
Requires Reinspection - check box if you intend to reinspect								

Person in Charge (Signature) <i>[Signature]</i>	Date 7/3/24	
Person in Charge (Printed) Allen Zhuo		
Inspector (Signature) <i>[Signature]</i>	Date	
Inspector (Printed) Jose Ramirez		

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 7-3-24

Establishment Poke Don Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table by Fryer		W/F ambient	-1 F	Hand sink by Prep sink	110 F
Cooked onion	41 F	Front line coleslaw	41 F 41 F	Customer Hand sink	115 F
milk	41 F	Shrimp	41 F		
Hot hold rice	200 F	Sauce	39 F		
WIC Salmon	41 F	Hot Hold brown rice	150 F		
Chicken	41 F				
Shrimp	41 F				
eggs	41 F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
2C	No CFPM on site, Allen (CFPM) come in half way through.
37C	unlabeled squeeze bottles throughout w/ sauces
43C	Whisks stored in standing water by tea station
28P	unlabeled Squeeze bottle w/ soap (COS)
23PF	Food not properly date marked in WIC
49C	W/F Floor unclean
49C	exterior of rice bins unclean
49C	shelving unclean throughout
56C	Hood baffles unclean. Hood was due to be cleaned June, 2024
49C	Floor under equipment unclean
16P	Chlorine bucket at front line at 0ppm (COS) remade to 50ppm.
49C	interior of cabinet under hand sink at front line unclean
Note	Parasite destruction records available and reviewed
Note	A CFPM must be on site during all operating hours. Send more employees to the course as necessary to ensure all shifts are covered. If no CFPM is available the FSE must be closed until a CFPM is on site.
Note	monitor WIC and cold prep unit.
Note	Keep lids on front service cold prep foods when not serving.
Note	Pest control twice a month
Note	Test strips & thermometer available
Person in Charge (Signature)	Date <u>7/3/24</u>
Inspector (Signature)	Date <u>7-3-24</u>

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 6/17/2024

Establishment Pops Hot Diggity Dogs Time In 3:10 AM/PM Time Out 3:30 AM/PM

Address AE-47585 LHD Manchester

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

Permit Holder Anthony Johnson 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 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"/>	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"/>
Employee Health				Time/Temperature Control for Safety									
<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/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 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"/>
Good Hygienic Practices				Consumer Advisory									
<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 checked="" 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"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population				<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"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<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"/>	<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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"/>	P/Pf/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"/>

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 type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<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"/>	<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 type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Physical Facilities					
<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"/>
Prevention of Food Contamination				Violations documented					
<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"/>	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"/>	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"/>	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"/>	P/Pf/C	<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.				Date corrections due					
Person in Charge (Signature) <u>Anthony Johnson</u> Date <u>6-17-24</u>				Priority Item Violations					
Person in Charge (Printed) <u>Anthony Johnson</u>				Priority Foundation Item Violations					
Inspector (Signature) <u>Lauren Grandy</u> Date <u>6/17/24</u>				Core Item Violations					
Inspector (Printed) <u>Lauren Grandy</u>				Risk Factor/Public Health Intervention Violations					
				Repeat Risk Factor/Public Health Intervention Violations					
				Good Retail Practices Violations					
				Requires Reinspection - check box if you intend to reinspect					

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 6/17/24

Establishment pops Hot Diggity Dogs 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.
	CFPM: Anthony Johnson
	Thermometer/Test strips available
	Knob fixed on shelving
	extra utensils available on cart
	no food on cart - unable to take temps
	Allergen sign available
	Latex Gloves - CGS 19a-36 F
	↳ discussed removal of latex gloves

Person in Charge (Signature)

Date 6/17/24

Inspector (Signature)

Date 6/17/24

Risk Category: 2		Food Establishment Inspection Report			Page 1 of 2		
Establishment type: Permanent Temporary Mobile Other _____				Date: 6/17/24			
Establishment pretzel maker				Time In 11:15 AM/PM		Time Out 12:00 AM/PM	
Address 194 Buckland Hills Dr. #2182				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							
IN	OUT	N/A	N/O	Supervision	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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<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"/>
10	<input checked="" 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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>
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 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"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination							
38	<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"/>	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 checked="" 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	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 06/17/24			
Person in Charge (Printed) DEE PAIC CHANGELA							
Inspector (Signature) <i>[Signature]</i>				Date 6/17/24			
Inspector (Printed) Lauren Grandy							
Violations documented			Date corrections due		#		
Priority Item Violations			COS - this day		2		
Priority Foundation Item Violations			6/27/24		1		
Core Item Violations			9/17/24		1		
Risk Factor/Public Health Intervention Violations					1		
Repeat Risk Factor/Public Health Intervention Violations					1		
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 ~~11171~~ Manchester

Inspection Report Continuation Sheet

Date 6/17/2024

Establishment Pretzel Maker

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot dog in 2 door cooler	34F (36F)			Hot water - H.S.	114
				Hot water - 3 bay	114F
Marinara sauce	38F			RESTROOM hot water	98F
Ice cream Frozen Beverage mix	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	
28P	unlabeled chemical bottle on back shelving (cos)
49C	shelving above 3 bay not clean and shelving for canned goods
note*	discussed ice Machine to be removed
13P	dented can discarded/placed in area "do not use" (cos) ↳ discussed getting credit/not accepting dented cans from supplier
16PF	interior office machine not clean
41C	wet cloth stored on shelving ↳ Must be in sanitizer between uses
49C	cabinet under handsink not clean
10C	paper towels available - not in dispenser
note*	no activity at time of visit
note*	discussed date marking of food product (tomato sauces)


Person in Charge (Signature) D. Gehrke

Date 6/17/24

Inspector (Signature) R. Grandy

Date 6/17/2024

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____	Date: 7-10-24	
Establishment Randys Wooster St. Pizza	Time In 12:00 AM/PM PM Time Out 1:30 AM/PM PM	
Address 285 E. Center St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Evelina Oldziej	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"/>	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"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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		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"/>	<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"/>
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"/>
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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
Food Identification								
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination								
38	<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"/>
39	<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"/>
40	<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"/>	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"/>	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) Evelina Oldziej Date 7/10/24				Person in Charge (Printed) Evelina Oldziej				
Inspector (Signature) Jose Ramirez Date 7-10-24				Inspector (Printed) Jose Ramirez				

Violations documented			Date corrections due	#
Priority Item Violations			7/13/24	4
Priority Foundation Item Violations			7/20/24	9
Core Item Violations			10/10/24	21
Risk Factor/Public Health Intervention Violations				8
Repeat Risk Factor/Public Health Intervention Violations				
Good Retail Practices Violations				26
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 7-10-24

Establishment Randy Wooster St. Pizza Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
W/C meatballs	38F	Pizza station		Hand sink Basement	111F
Chicken	39F	Peppers	39F	Basement BR sink	100F
Sliced tomatoes	38F	ground beef	40F	Customer BR sink	115F
Pizza	41F	Mashed potatoes	40F		
Cold prep table cookline		Pizza Sauce	41F		
sliced tomatoes	38F				
ranch	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 rules.
	<u>Ewa CFPM on site</u>
10 PF	No paper towels at hand sink in basement
49C	Speed racks in basement unclean
37C	unlabeled bins w/ granulars in basement
37C	unlabeled squeeze bottles throughout
38 PF	Flies present in basement prep area
16 PF	unclean table mounted can opener blade
39 PF	tray of broccoli stored on top of trash can
49C	interior of hand sink in basement unclean
49 PF	unclean knife stored on unclean note book on prep table
44C	Dish racks stored on floor by dish machine in basement
47C	Cracked plastic containers on wire shelving by dish machine
44C	Jumbled utensils on wire shelving by dish machine
49C	exterior of ice machine unclean
16 PF	interior of ice machine unclean
15 P	Bottle of gatorade stored in ice machine
55C	Cove base missing/damaged by ice machine
45 P	Pizza boxes stored on floor in basement
10 PF	No paper towels in employee bathroom in basement
39 P	Non commercial bucket used for ice
37C	unlabeled squeeze bottles at cookline
47C	Prep table by ovens gauged gauged, not an NSF or equivalent
Person in Charge (Signature)	<u>Ewa Older</u> Date <u>7/10/24</u>
Inspector (Signature)	<u>[Signature]</u> Date <u>7-10-24</u>

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-10-24

Establishment Randys Wooster St. Pizza Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door RIC by oven		Cold drawer under grill			
chicken	41F	chicken wing	39F		
sliced cheese	41F	Cold prep table by grill			
ham	41F	sliced tomatoes	40F		
sliced tomatoes	41F	cheese	41F		
1 door RIC Atoesa		chicken	41F		
roasted tomatoes	40F	Hot Hold marinara	135F		
Pepperoni	40F	veg. soup	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.
49C	Pizza cold prep table gaskets unclean
49C	interior of pizza cold prep table unclean
16P	Chlorine bucket > 200 ppm
54C	No trash can at hand sink by ovens
23PF	Containers of food not properly dated throughout
56C	Hood baffles over grill/fryer unclean
49C	exterior of all equipment at cookline unclean
10PF	equipment stored in hand sink by fryer
47C	non commercial black speed rack cart not cleanable/unclean/damaged
49C	interior of microwave by fryer unclean
49C	gaskets unclean throughout
49C	Wire shelving by fryer unclean
49C	Floor unclean throughout
Note:	continue to declutter unused equipment throughout FSE
	Submit written procedure to Health Dept. to use Time as a Public Health control for pizza sold by the slice. Needs to be labeled with time prep/discard time. No more than 4 hours.
Note:	2-Door RIC at 71F. Not in use.
Note:	Discussed proper date marking. All RTE refrigerated foods must be date marked and used or discarded within 7 days. Foods not date marked will be discarded.

Person in Charge (Signature) Evelyn Olden
 Inspector (Signature) Joe Ricci

Date 7/10/24
 Date 7-10-24

Risk Category:	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other	Date: <u>7/3/2024</u>	
Establishment: <u>Ravi Mart</u>	Time In: <u>11:30</u> AM/PM	Time Out: <u>12:30</u> AM/PM
Address: <u>208 W 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

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 checked="" 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									
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				20 Proper reheating procedures for hot holding									
5 Written procedures for responding to vomiting and diarrheal events				21 Proper cooling time and temperatures									
6 Proper eating, tasting, drinking, or tobacco products use				22 Proper hot holding temperatures									
7 No discharge from eyes, nose, and mouth				23 Proper cold holding temperatures									
8 Hands clean and properly washed				24 Proper date marking and disposition									
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				25 Time as a public health control: procedures and records									
10 Adequate handwashing sinks, properly supplied/accessible				26 Consumer advisory provided: raw/undercooked food									
11 Food obtained from approved source				27 Pasteurized foods used; prohibited foods not offered									
12 Food received at proper temperature				28 Food additives: approved and properly used									
13 Food in good condition, safe, and unadulterated				29 Toxic substances properly identified, stored & used									
14 Required records available: molluscan shellfish identification, parasite destruction				30 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"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C
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			

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

Person in Charge (Signature) <u>APP</u>	Date <u>07/03/24</u>
Person in Charge (Printed) <u>Sand Farooq</u>	
Inspector (Signature) <u>L. Grandy</u>	Date <u>7/3/24</u>
Inspector (Printed) <u>Lauren Grandy</u>	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<u>7/13/24</u>	<u>3</u>
Core Item Violations	<u>10/13/24</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		
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.

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/3/2024

Establishment Ravi Mart Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk in cold unit	39F				
hot water @ handsink	104F				
3 bay hot water	110F				

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	duct tape on coffee station counter top
49c	holder for to go cups/straws not clean
16pF	no hand soap/paper towels at handsink in back of house ↳ dispensers required
55c	no cove base under handsink / 3 bay sink
53pF	no paper towels in restroom
49c	Fan cover in walk in cooler not clean
39c	Boxes of beverages stored on floor of walk in cooler
36pF	no thin probe thermometer on site
	Health Dept to follow up Tuesday July 9th at with owner

Person in Charge (Signature) [Signature] Date 07/03/2024
 Inspector (Signature) [Signature] Date 7/3/2024

Risk Category: 3	Food Establishment Inspection Report		Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 7/17/24		
Establishment Red Robin		Time In 11:30 AM/PM	Time Out 12:30 AM/PM
Address 360 Buckland Hills Dr.		LHD Manchester	
Town/City Manchester		Purpose of Inspection: Routine Pre-op	
Permit Holder Jeremy - CFPM		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"/>	Pf	<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"/>	Pf/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized						
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								Proper disposition of returned, previously served, reconditioned, and unsafe food						
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								18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" 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"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events								20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices														
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								22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>	
No discharge from eyes, nose, and mouth								24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands														
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory							
Hands clean and properly washed								25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<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"/>	Highly Susceptible Population							
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>	Food/Color Additives and Toxic Substances							
Adequate handwashing sinks, properly supplied/accessible								27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source														
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source								Conformance with Approved Procedures						
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"/>	
Food received at proper temperature								Compliance with variance/specialized process/ROP criteria/HACCP Plan						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES							
Food in good condition, safe, and unadulterated								Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Mark 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							
Required records available: molluscan shellfish identification, parasite destruction								OUT N/A N/O						

OUT	N/A	N/O	V	COS	R	OUT	V	COS	R		
Safe Food and Water											
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>		
Pasteurized eggs used where required								Proper Use of Utensils			
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>		
Water and ice from approved source								In-use utensils: properly stored			
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>		
Variance obtained for specialized processing methods								Utensils/equipment/linens: properly stored, dried, & handled			
Food Temperature Control											
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	C	<input type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control								Single-use/single-service articles: properly stored & used			
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly					
Plant food properly cooked for hot holding								Utensils and Equipment			
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>		
Approved thawing methods used								Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>		
Thermometers provided and accurate								Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
Food Identification											
37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>		
Food properly labeled; original container								Non-food contact surfaces clean			
Prevention of Food Contamination											
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities					
Insects, rodents, and animals not present								50	<input type="checkbox"/>	Pf	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure					
Contamination prevented during food preparation, storage & display								51	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices					
Personal cleanliness								52	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed					
Wiping cloths: properly used and stored								53	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean					
Washing fruits and vegetables								54	<input type="checkbox"/>	C	<input type="checkbox"/>
								Garbage and refuse properly disposed; facilities maintained			
								55	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
								Physical facilities installed, maintained, and clean			
								56	<input type="checkbox"/>	C	<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) *[Signature]* Date **7/17/24**

Person in Charge (Printed) _____

Inspector (Signature) *[Signature]* Date **7/17/24**

Inspector (Printed) **Lauren Grandy**

Violations documented	Date corrections due	#
Priority Item Violations	7/20/24	1
Priority Foundation Item Violations	7/27/24	2
Core Item Violations	10/17/24	7
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		3
Good Retail Practices Violations		7

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 7/17/2024

Establishment Red Robin

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hamburger raw	39F	hard boiled egg	40F	grat 3 bay	200 ppm
chicken raw	39F	blue cheese	39F	dish machine	50-100 ppm
american cheese	40F	cut tomato	39F		
swiss cheese	40F	internal chix	188F	hot water-3bay	110F
tomatoes cut	38F			hot water	95F
pico de gallo	39F	w/c - cod	39F		
hamburger	39F	cut tomato	39F	bar sauce	41F
door freezer	-1F	raw chicken	39F	strawberries @ bar	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
	CFPM: Jeremy
49c	gaskets of cold prep units along cookline not clean
41c	dirty/unclean wiping cloths in counter area of cookline
15p	Food uncovered in undercounter freezer + standing freezer
49c	Floors along cookline unclean under equipment
49c	gaskets of undercounter freezers not clean
16pF	interior/exterior of microwave not clean
49c	dry storage shelving covers cracking / not clean
16pF	Lid of ice machine at waitress stand not clean
49c	exterior of black cabinet at bar not clean
47c	door of cabinet at bar damaged / broken
	good storage of equipment.
	discussed floors to be re-grouted by 3 bay / dish machine
	good handwashing / glove use
	Mens restroom stall (1 of 2) temporarily out of order
	no ill employees
	discussed pest control - no issues
	Trash compactor not working properly - to be repaired / fixed
	Thermometers / test strips available
	email lgrandy@manchesterct.gov with corrective actions
Person in Charge (Signature)	Date <u>7/17/24</u>
Inspector (Signature)	Date <u>7/17/24</u>

9 2 f

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 6/2/24
Establishment: Salvation Army	 <p>Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM
Address: 661 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		
<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	
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 V Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	15 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected V <input checked="" type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
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 C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	16 <input 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"/>	
Employee Health		
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 P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	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 P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
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 P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Time/Temperature Control for Safety	
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 Pf <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"/>	
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"/>	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"/>	
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"/>	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"/>	
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"/>	21 <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"/>	
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"/>	22 <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"/>	
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 Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	23 <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"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Approved Source		
11 <input 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"/>	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"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
12 <input 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"/>	Consumer Advisory	
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 P/Pf <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"/>	
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"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Highly Susceptible Population	
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	
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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
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 P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	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 Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
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 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"/>	
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"/>	46 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
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"/>	Utensils and Equipment	
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"/>	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 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"/>	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"/>	
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"/>	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"/>	
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"/>	Physical Facilities	
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 P/Pf/C <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"/>	
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"/>	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"/>	
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"/>	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"/>	
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"/>	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"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>Sharon Bell</i> Date 6-2-24	Violations documented	Date corrections due
Person in Charge (Printed) Sharon Bell	Priority Item Violations	
Inspector (Signature) <i>Denise Payne</i> Date 6/2/24	Priority Foundation Item Violations	
Inspector (Printed) DPayne	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 6/2/24

Establishment Salvation Army

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Taco meat	152F	Cooking		Hot water	135F
CKN fajita	171F				
Soft shells huh	120F				

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. |
|-------------|--|
| | <p>* 3 bay/AGRU leaking, not hooked up. Under Corp approval for repairs.
 Approvals must be recieved by July 2, 2024.</p> <p>* Discussed Vermin - No snaptraps/sticky pads.
 Contact an Licensed Exterminator if not managed</p> <p>Discussed Not using towel on table for cooking utensils
 — something cleanable or keep in pot.</p> <p>— Milk - shelf stable.</p> <p>— Evaluate blade on can opener - Bent?/damaged</p> <p>— Discussed - Dessert/Pastry table - develop a "protect" food policy or get a sneeze guard -
 Wash Apples → protect/wrap for indiv. p/u.</p> <p>Coffee creamers - Shelf stable</p> <p>15C R/i freezer - jumbled <u>fully cooked</u>
raw by final cook temp</p> <p>— Discussed Towel laundry w/ bleach/lysol disinfecting
 — not a well (public water only) → Wash bag w/ towels</p> |

Person in Charge (Signature) _____
 Inspector (Signature) D Payne

* Separate from family laundry
Shawn Ball Date 6/2/24



TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: Salvation Army

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - o PRIORITY – 72 hours for correction
 - o PRIORITY FOUNDATION – 10 days for correction
 - o CORE – 90 days for correction or determined by inspector

- Corrections and Reinspections
 - o Corrected on site violations
 - o Reinspection – case by case
 - o Repeat violations

- No Bare Hand Contact – Correction Required
9 P/Pf/C

- CFPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - o Handwashing sign at all handwash sinks (section 6-301.14) 10c
 - o 9 Major Allergens 37c
 - o Outdoor Allowance for dogs -preapproval and sign required. 38 Pf

- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>

Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>

FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>

Environmental Health Inspector:

Signature of Inspector: *D Payne*
 Print Name: Denise Payne Date: 6/2/24

Person In Charge:

Signature of Person In Charge: *Sharon M. Bell* Title: 6-2-24
 Print Name: Sharon Bell Date: 6-2-21
 Email: bellair333@netzero.net

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

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

Establishment: Shell Food Mart **Time In:** _____ **AM/PM:** _____ **Time Out:** _____ **AM/PM:** _____

Address: 161 Tolland TpK **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				V	COS	R	Protection from Contamination				V	COS	R	
IN	OUT	N/A	N/O				IN	OUT	N/A	N/O				
1				Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf		15				Food separated and protected	P/C		
2				Certified Food Protection Manager for Classes 2, 3, & 4	C		16				Food-contact surfaces: cleaned & sanitized	P/Pf/C		
Employee Health							17				Proper disposition of returned, previously served, reconditioned, and unsafe food	P		
3				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf		Time/Temperature Control for Safety							
4				Proper use of restriction and exclusion	P		18				Proper cooking time and temperatures	P/Pf/C		
5				Written procedures for responding to vomiting and diarrheal events	Pf		19				Proper reheating procedures for hot holding	P		
Good Hygienic Practices							20				Proper cooling time and temperatures	P		
6				Proper eating, tasting, drinking, or tobacco products use	P/C		21				Proper hot holding temperatures	P		
7				No discharge from eyes, nose, and mouth	C		22				Proper cold holding temperatures	P		
Preventing Contamination by Hands							23				Proper date marking and disposition	P/Pf		
8				Hands clean and properly washed	P/Pf		24				Time as a public health control: procedures and records	P/Pf/C		
9				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C		Consumer Advisory							
10				Adequate handwashing sinks, properly supplied/accessible	Pf/C		25				Consumer advisory provided: raw/undercooked food	Pf		
Approved Source							Highly Susceptible Population							
11				Food obtained from approved source	P/Pf/C		26				Pasteurized foods used; prohibited foods not offered	P/C		
12				Food received at proper temperature	P/Pf		Food/Color Additives and Toxic Substances							
13				Food in good condition, safe, and unadulterated	P/Pf		27				Food additives: approved and properly used	P		
14				Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C		28				Toxic substances properly identified, stored & used	P/Pf/C		
GOOD RETAIL PRACTICES							Conformance with Approved Procedures							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							29				Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C		
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							Proper Use of Utensils							
OUT	N/A	N/O		Safe Food and Water	V	COS	R	OUT			Utensils and Equipment	V	COS	R
30				Pasteurized eggs used where required	P			43			In-use utensils: properly stored	C		
31				Water and ice from approved source	P/Pf/C			44			Utensils/equipment/linens: properly stored, dried, & handled	Pf/C		
32				Variance obtained for specialized processing methods	Pf			45			Single-use/single-service articles: properly stored & used	P/C		
Food Temperature Control							46				Gloves used properly	C		
33				Proper cooling methods used; adequate equipment for temperature control	Pf/C			Physical Facilities						
34				Plant food properly cooked for hot holding	Pf		50				Hot and cold water available; adequate pressure	Pf		
35				Approved thawing methods used	Pf/C		51				Plumbing installed; proper backflow devices	P/Pf/C		
36				Thermometers provided and accurate	Pf/C		52				Sewage and waste water properly disposed	P/Pf/C		
Food Identification							53				Toilet facilities: properly constructed, supplied, & clean	Pf/C		
37				Food properly labeled; original container	Pf/C		54				Garbage and refuse properly disposed; facilities maintained	C		
Prevention of Food Contamination							55				Physical facilities installed, maintained, and clean	P/Pf/C		
38				Insects, rodents, and animals not present	Pf/C		56				Adequate ventilation and lighting; designated areas used	C		
39				Contamination prevented during food preparation, storage & display	P/Pf/C						Natural rubber latex gloves not used per CGS §19a-36f			
40				Personal cleanliness	Pf/C		Violations documented							
41				Wiping cloths: properly used and stored	C		Priority Item Violations	Date corrections due		#				
42				Washing fruits and vegetables	P/Pf/C		Priority Foundation Item Violations	ASAP by 4/7/24		2				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.											Core Item Violations	ASAP by 4/14/24		3
Person in Charge (Signature)	<i>Mohamad Jaafar</i>	Date	04/04/24	Risk Factor/Public Health Intervention Violations							90day	5		
Person in Charge (Printed)	MOHAMAD JAAFAR	Repeat Risk Factor/Public Health Intervention Violations								2				
Inspector (Signature)	<i>Denise Payne</i>	Date	4/4/24	Good Retail Practices Violations								7		
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 4/4/24


Establishment Shell Food Mart Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk Dispenser	41F	Johnson Beef Hot Dog	145F	Hand sink Hot Water	110F
		Steak + Cheese Taguete	148F		

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.
	Staff "Knowledgeable" took the exam but does not have copy of certificate - Provide copies to Health Dpt
45c	Filters not inverted/protected <u>COS</u>
47PF	Pizza Station doors cracked - Needs replacement
21P	Pizza since 1130AM Not held over 135F, discarded. Owner can Request a time vs temp waiver
45C	Single use items not protected, forks food contact up <u>COS</u>
44PF	Pizza cutter NOT for public, removed <u>COS</u>
47c	Shelving rusted in Walk-in Cooler HDpt to Review
37PF	Donuts + Muffins purchased bulk, wrapped onsite. / Not Approved No label, weight, ingredients, source, etc.
49c	Milk dispenser with Paper towel unclear <u>COS</u>
10c	No trash can at 3 Bay / Hand sink
28P	Chemicals in Storage over Beverages *Change immediately
	Slushy machine no longer in use - Remove
	Ice machine No longer present - New unit Requires Health Dpt approval. Sent spec sheet via email <u>NSFV</u>
	Owner/Manager to Respond to 8/25/23 Request for information by April 10th, 24. dpayne@manchester.ct.gov *
Person in Charge (Signature)	<u>[Signature]</u> Date <u>04/04/2024</u>
Inspector (Signature)	<u>Denise Payne</u> Date <u>4/4/23</u>

Risk Category: 2	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>6/28/2024</u>
Establishment: <u>silk city coffee</u>		Time In: <u>11</u> <u>AM</u> /PM Time Out: <u>12</u> <u>AM</u> /PM
Address: <u>763 Main St</u>		LHD: <u>Manchester</u>
Town/City: <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder: <u>sarah (caebonsite)</u>		Reinspection: _____ Other: _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed

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

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

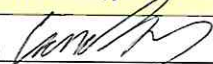
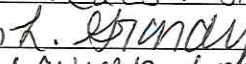
GOOD RETAIL PRACTICES

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	V	COS R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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 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 type="checkbox"/>	
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			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	47 Utensils and Equipment			
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	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	49 Non-food contact surfaces clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	50 Hot and cold water available; adequate pressure			
35 Approved thawing methods used				51 Plumbing installed; proper backflow devices			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	52 Sewage and waste water properly disposed			
36 Thermometers provided and accurate				53 Toilet facilities: properly constructed, supplied, & clean			
37 Food properly labeled; original container				54 Garbage and refuse properly disposed; facilities maintained			
38 Insects, rodents, and animals not present				55 Physical facilities installed, maintained, and clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	56 Adequate ventilation and lighting; designated areas used			
39 Contamination prevented during food preparation, storage & display				56 Natural rubber latex gloves not used per CGS §19a-36f			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C				
40 Personal cleanliness							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C				
41 Wiping cloths: properly used and stored							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C				
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 <u>6/28/24</u>
Person in Charge (Printed) <u>Cathy Desrosiers</u>	
Inspector (Signature) 	Date <u>6/28/24</u>
Inspector (Printed) <u>Lauren Grandy</u>	

Violations documented	Date corrections due	#
Priority Item Violations		—
Priority Foundation Item Violations		—
Core Item Violations	<u>9/28/2024</u>	<u>3</u>
Risk Factor/Public Health Intervention Violations		—
Repeat Risk Factor/Public Health Intervention Violations		—
Good Retail Practices Violations		<u>3</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 6/28/24

Establishment Silk city coffee Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door		Freezer (basement)	0 F	quat sanitizer 3 bay	200 ppm
butter	40 F	refrigeration		3 bay hot water	110 F
milk	40 F	(basement)		handsink hot water	89 F
		sweet potato	37 F		
bay marie		hot hold egg	142 F		
sausage	40 F				
quacamole	40 F				
tomatoes	41 F	milk front refrigeration	40 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	Observations and Corrective Actions
	CFPM: caleb
note*	test strips available
41c	wiping cloths stored intermingled on equipment/prep table
49c	mop sink floor not clean
52c	dirty stagnant water stored in bucket of mop sink room
note*	discussed small refrigeration in basement for bottled products only - will need to purchase commercial NSF or equivalent if refrigeration stops functioning for TCS Foods, or only bottled products to be kept in refrigeration
	overall very clean + organized
	thermometer available
	discussed addition of walk in cooler - notify health building and fire for requirements prior
	good storage of equipment/utensils

Person in Charge (Signature)

Inspector (Signature)

Date 6/28/24
Date 6/28/24

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>3</u>									
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>7/18/2024</u>										
Establishment <u>SONIC</u>				Time In <u>10</u> <u>AM</u> /PM Time Out <u>11:30</u> <u>AM</u> /PM									
Address <u>90 BUCKLAND STREET</u>				LHD <u>manchester</u>									
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op _____									
Permit Holder <u>Chad-CFPM</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													
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"/>	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"/>	Food separated and protected	<input checked="" type="checkbox"/>	<input 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
			Employee Health							Time/Temperature Control for Safety			
<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 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"/>	Proper use of restriction and exclusion	P	<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"/>	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"/>	Proper cooling time and temperatures	P	<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"/>	Proper hot holding temperatures	P	<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"/>	Proper cold holding temperatures	P	<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"/>	Proper date marking and disposition	P/Pf	<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"/>	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"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<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"/>	Food obtained from approved source	P/Pf/C	<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"/>	Food received at proper temperature	P/Pf	<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"/>	Food in good condition, safe, and unadulterated	P/Pf	<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"/>	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"/>	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"/>	Food additives: approved and properly used	P	<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"/>	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"/>	Conformance with Approved Procedures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input checked="" 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													
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"/>	Pasteurized eggs used where required	P	<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"/>	Water and ice from approved source	P/Pf/C	<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"/>	Variance obtained for specialized processing methods	Pf	<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"/>		
<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"/>	Utensils and Equipment					
<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"/>	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"/>	Approved thawing methods used	Pf/C	<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"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Physical Facilities					
<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"/>	Hot and cold water available; adequate pressure	Pf	<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"/>	Plumbing installed; proper backflow devices	P/Pf/C	<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"/>	Sewage and waste water properly disposed	P/Pf/C	<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 checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<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 checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" 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 checked="" 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		<input type="checkbox"/>	<input type="checkbox"/>		
Person in Charge (Signature) _____ Date _____						Violations documented							
Person in Charge (Printed) <u>Alycia Roy</u> Date <u>7/15/24</u>						Priority Item Violations <u>7/21/24</u>							
Inspector (Signature) <u>L. Grandy</u> Date <u>7/18/2024</u>						Priority Foundation Item Violations <u>7/28/24</u>							
Inspector (Printed) <u>Lauren Grandy</u>						Core Item Violations <u>10/18/24</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 Factor/Public Health Intervention Violations <u>5</u>							
						Repeat Risk Factor/Public Health Intervention Violations _____							
						Good Retail Practices Violations <u>16</u>							
						Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>							

reinspection: 7/22/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/18/2024

Establishment SONIC

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot dog - cold	40F	WIC		hot water H.S.	85F
hot dog - hot	150F	chill	37F	quat 3 bay	200ppm
hot - hamburger	167F	hot dog	38F		
hot - chicken tender	58F	standing freezer	-7F		
Bay Marie - cheese	40F	standing 2 door freezer	-6F		
corn dog	40F				
broiled cut tomato	39F			WIF	0F

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.
49c	caulking by small 3 bay in front damaged/unclean
55c	damaged/crack floor tiles in front of house, by ice machine and soft serve area
49c	drains/drain covers not clean
15p	Toppings at soft serve station not covered
16p	hot dog warmer not clean (drawer)
16pF	interior lid of cheeseburger topping cold prep not clean
37c	squeeze bottle with liquid not labeled on cookline
16pF	interior of 1 door avantco Freezer not clean / 2 door beverage air
15p-	Food not covered in 1 door Avantco Freezer / 2 door Beverage air
49c	exterior by seal/gasket of 2 door Beverage air not clean
49c	Floor under cookline equipment not clean
55c	damaged/cracked floor by cookline equipment
55c	cove base missing under handsink by WIC
49c	Floor unclean in WIF
55c	grout missing on floor outside WIC by kick plate
56c	light shield missing outside WIC
55c	cove base missing by back drive thru window (not in use)
49c	walls/floors by mop sink not clean
55c	equipment (not in use) at back exit - to be removed
55c	cove base missing in mens restroom / womens restroom and in hall way of restroom

Person in Charge (Signature) A. Royce

Date 7/18/24

Inspector (Signature) L. Kennedy

Date 7/18/2024

Food Establishment Inspection Report

Page 3 of 3

LHD Manchester

Inspection Report Continuation Sheet

Date 7/18/2024

Establishment sonic

Town Manchester

TEMPERATURE OBSERVATIONS

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

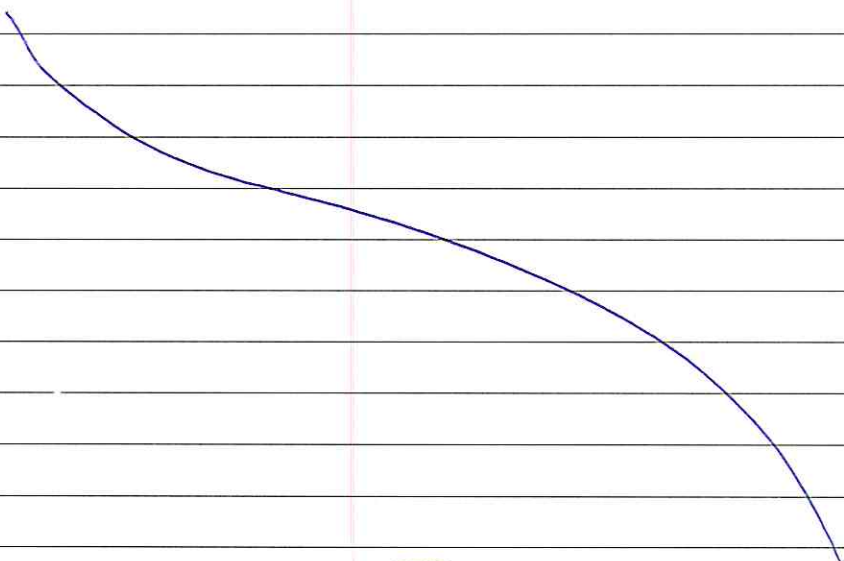
OBSERVATIONS AND CORRECTIVE ACTIONS

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.

53pf Toilet paper/paper towels not in dispenser of restroom

thermometer / test strips available
discussed pest control w/ pic - no issues
good equipment / utensil storage
hood cleaning due in sept. 2024



Person in Charge (Signature)

Date 7/18/24

Inspector (Signature)

Date 7/18/2024

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>6/27/24</u>
Establishment <u>Sorrento's Pizza</u>		Time In <u>1:00 AM/PM</u> Time Out <u>2:30 AM/PM</u>
Address <u>183 Spruce St.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Khalilur Rahman</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"/>		Pf	<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"/>							
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"/>							
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"/>							
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<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"/>							
Proper eating, tasting, drinking, or tobacco products use													
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<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"/>							
Hands clean and properly washed													
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<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"/>							
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"/>							
Food obtained from approved source													
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>							
Food received at proper temperature													
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<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"/>							
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"/>							
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>							
Food properly labeled; original container													
Prevention of Food Contamination													
38	<input checked="" 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													
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"/>		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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>							
Adequate ventilation and lighting; designated areas used													
Natural rubber latex gloves not used per CGS §19a-36f													
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													

Person in Charge (Signature) <u>[Signature]</u> Date <u>06-27-2024</u> Person in Charge (Printed) <u>Khalilur Rahman</u> Inspector (Signature) <u>[Signature]</u> Date <u>6/27/24</u> Inspector (Printed) <u>Jose Ramirez</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> <tr> <td>Priority Item Violations</td> <td></td> <td>0</td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td>10</td> </tr> <tr> <td>Core Item Violations</td> <td><u>COS</u></td> <td>12</td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td><u>7-27-24</u></td> <td>1</td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td>1</td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td>12</td> </tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Violations documented	Date corrections due	#	Priority Item Violations		0	Priority Foundation Item Violations		10	Core Item Violations	<u>COS</u>	12	Risk Factor/Public Health Intervention Violations	<u>7-27-24</u>	1	Repeat Risk Factor/Public Health Intervention Violations		1	Good Retail Practices Violations		12	Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>
Violations documented	Date corrections due	#																							
Priority Item Violations		0																							
Priority Foundation Item Violations		10																							
Core Item Violations	<u>COS</u>	12																							
Risk Factor/Public Health Intervention Violations	<u>7-27-24</u>	1																							
Repeat Risk Factor/Public Health Intervention Violations		1																							
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 6/27/24

Establishment Sorrento's Pizza Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Pizza Cold prep table		1 Door RIC by oven		Hand sink by POS	110F
Sausage	39F	Feta	39F	Chlorine bucket	50ppm
Bacon	39F	mays	39F		
Pepperoni	39F	2 Door sliding cooler		Pizza cooked to	190F
Shredded Mozz	39F	mozz	39F	chicken cooked to	180F
1 Door RIC mozz	38F	Sliced Ham	39F		
Cheese cake	38F	Sliced turkey	39F		
Butter	38F	Sliced tomatoes	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	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.
	Naim, CFPM on site
10PF	No paper towels at hand sink by POS
49C	Walls unclean throughout
38C	Rear Screen door open, missing screen
49C	interior of sliding door RIC unclean
49C	interior of 2 door RIC by grill unclean, also exterior
49C	Floor/walls around and under fryer unclean
56C	Hood baffles unclean. Hood last cleaned March 2024. Due Sep 24'
47C, 49C	Shelves by fryer lined w/ alum foil. unclean & not cleanable
49C	interior of microwave unclean
37C	unlabeled shakers at cookline
51C	No mop sink
49C	interior of RIC in garage unclean
Note	All 'C' violations must be corrected by 7-27-24.
Note	remove all unused/damaged equipment if it is not repairable.
Note	keep outdoor grease tank clean. Remove clutter from from dumpster area.
Note	Test strips & thermometer available.
Note	Mop sink will be located left side of 3 Bay sink.
Note	Mop sink will be installed next month when floors are replaced. Must obtain permits and submit spec sheet prior to purchasing.
Note	Discussed allergen poster. Available on DPH website. must be posted.
Person in Charge (Signature)	Date <u>06/27/24</u>
Inspector (Signature)	Date <u>6/27/24</u>

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

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

Establishment Starbucks - Deming Time In 11:45 AM/PM Time Out 12:30 AM/PM

Address 172 Deming 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						
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 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"/>	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	Pf/C
53	<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"/>	Garbage and refuse properly disposed; facilities maintained	C
55	<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"/>	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	

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

Person in Charge (Signature) [Signature] Date 7/8/24

Person in Charge (Printed) Stephanie Weiker

Inspector (Signature) [Signature] Date 7/5/2024

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	<u>COS 7/8/24</u>	<u>1</u>
Priority Foundation Item Violations		<u>1</u>
Core Item Violations	<u>10/5/24</u>	<u>4</u>
Risk Factor/Public Health Intervention Violations		<u>1</u>
Repeat Risk Factor/Public Health Intervention Violations		
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.

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 6/20/24
Establishment Starbucks - Spencer St		Time In 11 AM/PM Time Out 12:00 AM/PM
Address 210 Spencer Street		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				IN	OUT	N/A	N/O	Protection from Contamination			
				V	COS	R						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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Proper hot holding temperatures	P	<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"/>	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 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"/>
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>					Compliance with variance/specialized process/ROP criteria/HACCP Plan			
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"/>	Pasteurized foods used; prohibited foods not offered	P/C	<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"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
												GOOD RETAIL PRACTICES			
												Safe Food and Water			
												Proper Use of Utensils			
												Food Temperature Control			
												Utensils and Equipment			
												Food Identification			
												Prevention of Food Contamination			
												Physical Facilities			
												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			

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							
			V	COS	R		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"/>	<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"/>	Water and ice from approved source	P/Pf/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"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<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"/>	
				Food Temperature Control								Physical Facilities			
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"/>	<input type="checkbox"/>	<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"/>					Violations documented				
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					Priority Item Violations				
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					Priority Foundation Item Violations				
				Food Identification								Core Item Violations			
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					Risk Factor/Public Health Intervention Violations				
				Prevention of Food Contamination								Repeat Risk Factor/Public Health Intervention Violations			
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					Good Retail Practices Violations				
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					Requires Reinspection - check box if you intend to reinspect				
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) *Jaclyn Loubriel* Date **6/20/24**

Person in Charge (Printed) **Jaclyn Loubriel**

Inspector (Signature) *L. Grandy* Date **6/20/24**

Inspector (Printed) **Lauren Grandy**

Violations documented	Date corrections due	#
Priority Item Violations	COS	1
Priority Foundation Item Violations		1
Core Item Violations	9/20/24	4
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		2
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 6/20/2024
 Establishment starbucks-spencer st Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
whole milk - undercounter	38F	sandwich cold prep	38F	handwash	90F
omelet bites	40F	True / whipping cream	35F/37F	quat sanitizer 3 bay	400ppm
butter	41F	True / blue lemonade	36F/35F	restroom	103F
sweet cream	43F	True Freezer	-6F		
half + half	39F	True Freezer	-7F		
whole milk - undercounter	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	Description
	person in charge - Jocelyn (CFPM) ✓ evaluate - new manager, Nicole no longer at location
49C	countertops under machines at front area not clean
28P	quat sanitizer at 500 ppm - person in charge to make new buckets of sanitizer - <u>60S</u>
47C	undercounter door of sandwich cold prep not closing properly by drive thru window
49C	gasket of cold brew cold prep not clean
10C	no handwash signs in public restrooms
	discussed labeling w/ person in charge overall clean + organized Health Dept to reach out w/ new manager (CFPM to be emailed to lgrandy@manchesterct.gov)



Person in Charge (Signature) Jocelyn Zoubril Date 6/20/24
 Inspector (Signature) L. Grandy Date 6/20/24

Risk Category: <u>2</u>		Food Establishment Inspection Report			Page 1 of <u>3</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>7/15/24</u>		
Establishment <u>Subway - center st.</u>				Time In <u>12:00</u> AM/PM Time Out <u>1:45</u> AM/PM		
Address <u>288 Center St.</u>				LHD <u>Manchester</u>		
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>Ryan Gwiazdowski</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
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		Consumer Advisory		Highly Susceptible Population		
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		Food/Color Additives and Toxic Substances		Conformance with Approved Procedures		
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		Food Additives		Compliance with Variance/Specialized Process/ROP Criteria/HACCP Plan		
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		Food Additives		Compliance with Variance/Specialized Process/ROP Criteria/HACCP Plan		
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						
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		Utensils and Equipment		
OUT	N/A	N/O	V	COS	R	
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		Physical Facilities		Sewage and Waste Water		
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		Physical Facilities		Sewage and Waste Water		
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		Physical Facilities		Sewage and Waste Water		
38	<input checked="" 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 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) <u>Chad Bell</u>		Date <u>7-15-24</u>		Violations documented		
Person in Charge (Printed) <u>Chad Bell</u>				Priority Item Violations <u>7/18/24</u>		
Inspector (Signature) <u>Jose Ramirez</u>		Date <u>7-15-24</u>		Priority Foundation Item Violations <u>7/25/24</u>		
Inspector (Printed) <u>Jose Ramirez</u>				Core Item Violations <u>10/15/24</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>15</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 7/15/24

Establishment Subway - center st. Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Front cold prep egg	27	WIF	3°F	hand sink in front	101°F
salami	41	hot hold meatballs	160°F	customer bathroom	110°F
roast beef	44	WIC Chicken salad	45°F		
roasted chicken	45	cheese	46°F		
tomatoes	50	chicken	47°F		
bbq sauce	50				

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.
	chad - CFPM on site
16PF	Table mounted slicer unclean
38PF	Snap trap under 3 bay sink
38PF	Flies present by 3 bay sink
49C	WIC floor unclean
39C	ice build up from vent in WIF
15C	frozen bread not protected in WIF
49C	Floor in WIF not clean
55C	FRP severely damaged throughout, cove base damaged
49C	Floors, walls, ceilings throughout not clean
49C	shelving below prep table in back not clean
39C	WIC dripping water from ceiling
52C	Bucket w/ stagnant water on bottom shelf in WIC
55C	Floor severely damaged throughout
37C	unlabeled shakers w/ granulars on front line / bottles
49C	oven exterior (Nu-vu bread oven) not clean
52C	AC leaking / dripping over chip bags in dining area
49C/16PF	Interior / exterior of all equipment generally not clean
22P	WIC & cold prep table > 41°F
NOTE:	Building dept came out to inspect floor, building dept forwarded the issue to Fire dept. Fire marshal to come out today or tomorrow to access and cite as needed.
Person in Charge (Signature)	<u>Chris Bell</u>
Inspector (Signature)	<u>[Signature]</u>
Date	<u>7-15-24</u>

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-15-24

Establishment Subway

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

Note WIC & Cold prep table are not holding food at 41F or below. WIC & Cold prep table must be serviced today. Health Dept. will return today at 3:30pm. IF WIC and Cold prep table are not maintaining food at 41F or below, PIC will be instructed to voluntarily close until units are serviced and reinspected by health dept.

Person in Charge (Signature) Charl Bell

Date 7-15-24

Inspector (Signature) [Signature]

Date 7-15-24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other	Date: 7/15/24	
Establishment Subway - center st.	Time In 12:00 AM/PM Time Out 1:45 AM/PM	
Address 288 Center St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Ryan Gwiazdowski	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"/>
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"/>
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"/>
4	<input checked="" 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"/>
5	<input checked="" 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"/>
6	<input checked="" 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"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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"/>	23	<input 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"/>	24	<input 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/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<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"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
14	<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"/>	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		
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>		
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>		
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>		
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	C	<input type="checkbox"/>		
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>		
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>		
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>		
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Pf	<input type="checkbox"/>		
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>		
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>		
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>		
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	C	<input type="checkbox"/>		
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>		
43	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	C	<input type="checkbox"/>		

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

Person in Charge (Signature) **Chad Bell** Date **7-15-24**

Person in Charge (Printed) **Chad Bell**

Inspector (Signature) **Jose Ramirez** Date **7-15-24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	7/18/24	1
Priority Foundation Item Violations	7/25/24	4
Core Item Violations	10/15/24	14
Risk Factor/Public Health Intervention Violations		4
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.

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/15/24

Establishment Subway - center st. Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Front cold prep egg	27	WIF	3°F	handsink in front	101°F
salami	41	hot hold meatballs	160°F	customer bathroom	110°F
roast beef	44	WIC Chicken salad	45°F		
roasted chicken	45	cheese	46°F		
tomatoes	50	Chicken	47°F		
bbq sauce	50				

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.
	Chad - CFPM on site
16PF	Table mounted slicer unclean
38PF	Snap trap under 3 bay sink
38PF	Flies present by 3 bay sink
49C	WIC floor unclean
39C	ice build up from vent in WIF
15C	frozen bread not protected in WIF
49C	Floor in WIF not clean
55C	FRP severely damaged throughout, cove base damaged
49C	Floors, walls, ceilings throughout not clean
49C	shelving below prep table in back not clean
39C	WIC dripping water from ceiling
52C	Bucket w/ stagnant water on bottom shelf in WIC
55C	Floor severely damaged throughout
37C	unlabeled shakers w/ granulars on front line / bottles
49C	oven exterior (Nu-vu bread oven) not clean
52C	AC leaking / dripping over chip bags in dining area
49C/16PF	Interior / exterior of all equipment generally not clean
22F	WIC & cold prep table > 41°F
NOTE:	Building dept came out to inspect floor, building dept forwarded the issue to Fire dept. Fire marshal to come out today or tomorrow to access and cite as needed.

Person in Charge (Signature) Chris Roll

Date _____

Inspector (Signature) [Signature]

Date 7-15-24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-15-24

Establishment Subway 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.
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Note WIC & Cold prep table are not holding food at 41F or below. WIC & Cold prep table must be serviced today. Health Dept. will return today at 3:30pm. IF WIC and Cold prep table are not maintaining food at 41F or below, PIC will be instructed to voluntarily close until units are serviced and reinspected by health dept.

Person in Charge (Signature) <u>Charl Bell</u>	Date <u>7-15-24</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>7-15-24</u>

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7/5/24
Establishment Subway - Deming		Time In 12:30 AM/PM Time Out 1:00 AM/PM
Address 172 Deming St. Unit B		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Michael Jackson		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"/>		Pf	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<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"/>		C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	18	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting						Time/Temperature Control for Safety					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	19	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P	<input type="checkbox"/>
Proper use of restriction and exclusion						Proper reheating procedures for hot holding					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	20	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events						Proper cooling time and temperatures					
Good Hygienic Practices						Proper hot holding temperatures					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use						Proper cold holding temperatures					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
No discharge from eyes, nose, and mouth						Proper date marking and disposition					
Preventing Contamination by Hands						Time as a public health control: procedures and records					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>
Hands clean and properly washed						Consumer Advisory					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pf	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						Consumer advisory provided: raw/undercooked food					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Food obtained from approved source						Food additives: approved and properly used					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
Food received at proper temperature						Toxic substances properly identified, stored & used					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<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"/>		P/Pf/C	<input type="checkbox"/>	29	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<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"/>		P	<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"/>		P/Pf/C	<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"/>		Pf	<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						Gloves used properly					
33	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Utensils and Equipment					
Proper cooling methods used; adequate equipment for temperature control						Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
34	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	47	<input 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"/>		Pf/C	<input type="checkbox"/>	48	<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"/>		Pf/C	<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"/>		Pf/C	<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"/>		Pf/C	<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"/>		P/Pf/C	<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"/>		Pf/C	<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"/>		C	<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"/>		P/Pf/C	<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) **Michael Jackson** Date **7/5/24**

Person in Charge (Printed) **Michael Jackson**

Inspector (Signature) **Lauren Grandy** Date **7/5/2024**

Inspector (Printed) **Lauren Grandy**

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations		1
Core Item Violations		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		

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 7/5/24

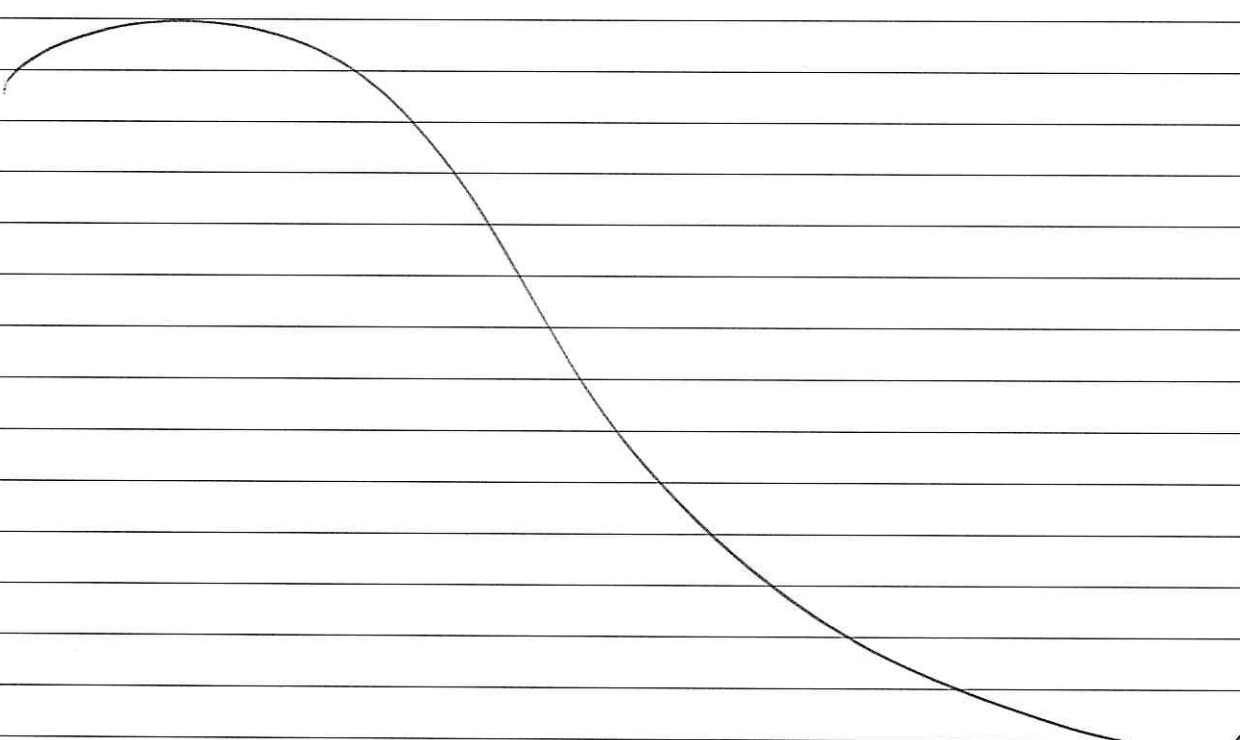
Establishment Subway - Deming Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep ham	40°F	hot hold marinara	156°F	handsink	117°F
tuna salad	41°F	w/Meatball		quat sanitizer	200ppm
chicken	32°F			3-bay sanitizer	200ppm
tomatoes	39°F			customer bathroom	109°F
UIC egg	38°F				
WIC chicken	30°F				
sliced tomatoes	37°F				
WIF	7°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	Observations and Corrective Actions
49c	floor in WIF not clean
49c	fan covers in womens + mens bathroom
	
	extremely clean and organized
	thermometer and test strips available
	great inspection!!

Person in Charge (Signature) Michael Secker


Date 7/5/2024

Inspector (Signature) L. Grandy

Date 7/5/2024

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

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>7/16/24</u>					
Establishment <u>Subway Kirpani</u>		Time In _____ AM/PM Time Out _____ AM/PM					
Address <u>1131 Tolland Tpk R</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
<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"/>	<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"/>
Employee Health							
<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"/>	<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"/>	<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"/>
Good Hygienic Practices							
<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	C	<input type="radio"/>	<input type="radio"/>
Preventing Contamination by Hands							
<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="radio"/>	<input type="radio"/>
Approved Source							
<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"/>	<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"/>	<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"/>	<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"/>
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	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	P	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	Pf	<input type="radio"/>	<input type="radio"/>	
Food Temperature Control							
<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"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding	Pf	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate	Pf/C	<input type="radio"/>	<input type="radio"/>	
Food Identification							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container	Pf/C	<input type="radio"/>	<input type="radio"/>	
Prevention of Food Contamination							
<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness	Pf/C	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <u>Analysa Krampitz</u>	Date <u>7/16/24</u>						
Person in Charge (Printed) <u>Analysa Krampitz</u>							
Inspector (Signature) <u>Denise Payne</u>	Date <u>7/16/24</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		1
Priority Foundation Item Violations		1
Core Item Violations		1
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
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 7/16/24

Establishment Subway Kirpani Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Tomato Slices	36F	Guacamole	36F	Hot Water	113F
Chicken	37F	Tomato	41F		
Cheese	37F			Quat in 3 bay	150PPM
Butter	35F			* <u>MIN</u>	
Roast beef	39	Meatballs	153F		
Cheese	40F	Discarded end of day			
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	Observations and Corrective Actions
	CFPM ✓
49c	Under counter cooler / WIC gaskets unclear
47c	Wet paper towel in Salt + pepper container → discussed Plastic lift instead of paper towel like on tomatoes. Water from condensate/ice is waste-water.
	Manager has request for deep cleaning of floors, tile, cove base and walls → observations concure detail cleaning needed.
*	Notify Health Dpt when scheduled dpayne@manchesterct.gov
	Date Marking observed - Open bag of garlic Sauce in walk in cooler without label.
	Bottles/Shakers with labels
	Slicer Very Clean.
	Kitchen and Service line <u>MUCH</u> improved!

Person in Charge (Signature) Analyssa Krampitz
 Inspector (Signature) Denise Payne

Date 7/16/24
 Date 7/16/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 6/3/24

Establishment Subway Time In 2:00 AM/PM Time Out 3:00 AM/PM

Address 199 Spencer St. LHD Manchester

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

Permit Holder Arti Prabhavakar 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"/>	B/C	<input type="checkbox"/>	<input type="checkbox"/>
							16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
							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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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"/>	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						
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"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>	27	<input checked="" 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"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
14	<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	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"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" 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"/>	45	<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"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<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"/>	49	<input checked="" 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"/>	Physical Facilities				
Food Identification				Violations documented							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination				Date corrections due							
38	<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"/>	
39	<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"/>	
40	<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"/>	
41	<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"/>	
42	<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"/>	
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"/>

Person in Charge (Signature) Arti Prabhavakar Date 6/3/24

Person in Charge (Printed) ADP

Inspector (Signature) Jose Ramirez Date 6/3/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<u>6/13/24</u>	<u>3</u>
Core Item Violations	<u>9/3/24</u>	<u>11</u>
Risk Factor/Public Health Intervention Violations		<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>10</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 6/3/24

Establishment Subway

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Steak	38F	Sandwich Prep		Front hand Sink	86F
tuna	38F	turkey	37F	3 bay quat	400ppm
Ham	38F	cheese	41F	Bathroom Sink	90F
WIF ambient	-7F	Hot hold meatballs	160F		
under counter cooler		meatballs reheated to	185F		
sliced cheese	37F				
Sandwich prep tomatoes	39F				
tomatoes	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.
49C	interior of front hand sink unclean
47C	caulk behind 3 bay sink uncleanable
49C	Jumbled utensils on wire rack by 3 bay
16PF	Clean utensils stored in unclean bin by 3 bay staff
51C	Mop sink faucet leaking
49C	top of bread cabinet in wic unclean
49C	wic fan cover unclean
2C	No CFPM on site
49C	interior of under counter cooler unclean
37C	unlabeled seasoning shakers throughout
49C	wall behind toaster unclean
16PF	prep table by 3 bay unclean
49C	Floor under 3 bay, back prep area unclean
16PF	soda dispensing nozzle unclean

Note provided allergen poster
 Note test strips & thermometer available

Person in Charge (Signature) RA Prabhakar
 Inspector (Signature) [Signature]

Date 6/3/24
 Date 6/3/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 6/17/24

Establishment: Sweetwater Salad Bar Time In: 12 AM/PM Time Out: _____ AM/PM

Address: 194 Buckland Hills Dr. #2078 LHD: Manchester

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

Permit Holder: M.A.K.S. 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				Protection from Contamination		
<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Pf</u>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				<u>15</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				<u>16</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety		
<u>3</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P/Pf</u>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				<u>18</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P</u>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				<u>19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>5</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Pf</u>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				<u>20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory		
<u>6</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				<u>25</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>7</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>C</u>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Consumer advisory provided: raw/undercooked food		
Preventing Contamination by Hands				Highly Susceptible Population		
<u>8</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P/Pf</u>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered		
<u>9</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P/Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Food/Color Additives and Toxic Substances		
<u>10</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Food additives: approved and properly used		
Approved Source				Conformance with Approved Procedures		
<u>11</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P/Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Compliance with variance/specialized process/ROP criteria/HACCP Plan		
<u>12</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P/Pf</u>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				GOOD RETAIL PRACTICES		
<u>13</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P/Pf</u>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
<u>14</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>P/Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				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					
<u>30</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P</u>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required					
<u>31</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P/Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source					
<u>32</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Pf</u>	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods					
Food Temperature Control					
<u>33</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control					
<u>34</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Pf</u>	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding					
<u>35</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used					
<u>36</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate					
Food Identification					
<u>37</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>P/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container					
Prevention of Food Contamination					
<u>38</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present					
<u>39</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P/Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display					
<u>40</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Pf/C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness					
<u>41</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>C</u>	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored					
<u>42</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P/Pf/C</u>	<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): [Signature] Date: 6-17-24

Person in Charge (Printed): Lerando [Signature]

Inspector (Signature): [Signature] Date: 6/17/24

Inspector (Printed): Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	<u>6/20/24</u>	<u>2</u>
Priority Foundation Item Violations	<u>6/20/24</u>	<u>5</u>
Core Item Violations	<u>9/11/24</u>	<u>6</u>
Risk Factor/Public Health Intervention Violations		<u>6</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>6</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

reinspection 6/20/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/17/24

Establishment Sweetwater

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
tomatoes	41F	2 door Fridge	36F	hot water - HS	123F
cheese	41F	chicken (cooked)	39F		
roasted peppers	41F	pineapple	40F	quat sanitizer	200 ppm
cooked chicken	41F				
Atosa 2 door	0F				

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: None Not present at time of inspection
37C	oil/clear liquid in squeeze bottles not labeled on shelving
28P	unlabeled chemical squeeze bottle under handsink - (cos)
45C	To go container cups used as scoop in oat containers
16PF	interior of microwave not clean
15C	Frozen Fruit in 2 door freezer not protected/covered
20P	cooking/cooling of salmon discussed with person in charge
*	↳ class 2 - Not approved for cooling
*	↳ salmon to be removed/discarded
44PF	drying of equipment/utensils with hand towel
52C	stagnant water in bucket by mop sink
55C	no cove base in dry storage / falling off wall
38PF	Fruit Flies present in back of house
1PF/2C	no CFPM on site during inspection / pic knowledgeable
*	Thawing of shrimp at room temperature per person in charge in discussion - did not visibly see, discussed thawing under running cold water in sink / refrigeration
23PF	no date marking of food product in refrigeration - 3/5 days
*	test strips available discussed
*	CFPM required to be on site during operating hours
	Follow w/ Management pest control / cove base
	862-684-6143 -> Leonardo S.

Person in Charge (Signature) [Signature]

Date 6.17.24

Inspector (Signature) [Signature]

Date 6/17/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other _____		Date: 7/8/24	
Establishment Taco Bell		Time In 12:00 AM (PM) Time Out 12:45 AM (PM)	
Address 194 Buckland Hills dr ^{unit} 2074		LHD Manchester	
Town/City Manchester		Purpose of Inspection: Routine Pre-op	
Permit Holder DAVE		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 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"/>	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"/> 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"/> 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"/>	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"/> COS <input type="checkbox"/> R <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"/> 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 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"/> 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 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"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <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"/> COS <input type="checkbox"/> R <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"/> 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"/>	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"/>	
12 <input 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"/>	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"/> COS <input type="checkbox"/> R <input type="checkbox"/>	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 P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <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"/> 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 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 type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input 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"/> 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 checked="" 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"/> 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"/> 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"/> 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"/>	51 <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"/>	
35 <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"/>	52 <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"/>	53 <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"/>	
36 <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"/>	54 <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"/>	55 <input checked="" 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"/>	
Food Identification			
37 <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"/>	56 <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"/>	58 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
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"/> COS <input type="checkbox"/> R <input type="checkbox"/>			
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"/> COS <input type="checkbox"/> R <input type="checkbox"/>			
40 <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"/>			
41 <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"/>			
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"/> 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) Maitzi Dave Date 7/8/24	Violations documented		
Person in Charge (Printed) Maitzi Dave	Date corrections due		
Inspector (Signature) L. Brandu Date 7/8/24	Priority Item Violations		
Inspector (Printed) Lauren Brandu	Priority Foundation Item Violations 7/8/24		
	Core Item Violations 10/8/24		
	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 7/8/24

Establishment Taco Bell - mall Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC pico de gallo	40°F	hot hold rice	176°F	handsink	106°F
shredded cheese	41°F	chicken	173°F	quat sanitizer	200ppm
cooked chicken	41°F	ground beef	165°F		
reach in freezer	-3°F				
cold prep tomatoes	41				

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
55C	cove base by mop sink damaged
55C	FRP wall by mop sink damaged, duct tape used as repair
49c	gasket on WIC not clean
47PF	cold prep unit on cookline not holding temp. Not to be used until repaired. for TCS food.
49c	ceiling not clean
note	discussed sanitizer frequency
note	Food thermometer available
note	good handwashing/glove use
note	overall clean + organized
note	Discussed using ice in larger containers to keep TCS foods (tomatoes, cheese, pico de gallo) cold in cold prep unit.
note	back sink by 3-bay not functioning. Part to be delivered today 6/8/24
	email health dept once unit is repaired Lgrandy@manchester.org
Person in Charge (Signature)	Date 7/8/24 '24
Inspector (Signature)	Date 7/8/24

Connecticut Department of Public Health

Risk Category: 3 Food Establishment Inspection Report

Establishment type: Permanent Temporary Mobile Other Date: 5/20/24

Establishment: Teriyaki Box
Address: 831 Main St
Town/City: Manchester



Time In: _____ AM/PM Time Out: _____ AM/PM
LHD: Manchester
Purpose of Inspection: Routine Pre-op
Reinspection: _____ Other: _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item				IN=in compliance			OUT=not in compliance			N/A=not applicable			N/O=not observed		
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
Supervision															
1				Pf			15								
Person/Alternate Person in charge present, demonstrates knowledge and performs duties Certified Food Protection Manager for Classes 2, 3, & 4															
2				C			16								
Management, food employee and conditional employee, knowledge, responsibilities and reporting															
3				P/Pf			17								
Proper use of restriction and exclusion															
4				P			18								
Written procedures for responding to vomiting and diarrheal events															
5				Pf			19								
Employee Health															
6				P/C			20								
Proper eating, tasting, drinking, or tobacco products use															
7				C			21								
No discharge from eyes, nose, and mouth															
8				P/Pf			22								
Preventing Contamination by Hands															
9				P/Pf/C			23								
Hands clean and properly washed															
10				P/Pf/C			24								
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed															
11				P/Pf/C			25								
Adequate handwashing sinks, properly supplied/accessible															
12				P/Pf/C			Time/Temperature Control for Safety								
Approved Source															
13				P/Pf/C			26								
Food obtained from approved source															
14				P/Pf/C			27								
Food received at proper temperature															
				P/Pf/C			28								
Food in good condition, safe, and unadulterated															
				P/Pf/C			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		
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R		
Safe Food and Water															
30				P			43								
Pasteurized eggs used where required															
31				P/Pf/C			44								
Water and ice from approved source															
32				Pf			45								
Variance obtained for specialized processing methods															
33				Pf/C			46								
Food Temperature Control															
34				Pf			Utensils and Equipment								
Proper cooling methods used; adequate equipment for temperature control															
35				Pf/C			47								
Plant food properly cooked for hot holding															
36				Pf/C			48								
Approved thawing methods used															
37				Pf/C			49								
Thermometers provided and accurate															
38				Pf/C			Physical Facilities								
Food Identification															
39				Pf/C			50								
Food properly labeled; original container															
40				P/Pf/C			51								
Prevention of Food Contamination															
41				Pf/C			52								
Insects, rodents, and animals not present															
42				P/Pf/C			53								
Contamination prevented during food preparation, storage & display															
				Pf/C			54								
Personal cleanliness															
				C			55								
Wiping cloths, properly used and stored															
				P/Pf/C			56								
Washing fruits and vegetables															

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

Person in Charge (Signature) [Signature] Date 5/20/24
 Person in Charge (Printed) Shirley Lin
 Inspector (Signature) [Signature] Date 5/20/24
 Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations	<u>Immediate</u>	<u>6</u>
Priority Foundation Item Violations	<u>3 days</u>	<u>1</u>
Core Item Violations	<u>ASAP</u>	<u>5</u>
Risk Factor/Public Health Intervention Violations		<u>8</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>9</u>
Good Retail Practices Violations		<u>11</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 5/20/24

Establishment Teriyaki Box Town Manchester

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 |
| 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. |
| * 30F | Exterior alley - Heavy debris, smoke butts, trash. |
| 22P | Eggs on cookline @ room temp. → discarded |
| 46P | Unclean spatulas in stagnant water - move to ware wash |
| 37c | Sauce bottles unclean / not labeled |
| * 47C | Cookline equipment, stove, shelf, equip <u>Unclean</u> |
| 11c | Cookline spice containers unclean - emptied. Wash Rinse - Sanitize → Update labels prior to new prod |
| * 49C | Shelf over ^{Cold} prep units unclean |
| 47B | 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. Reach in / sushi w/c reach in |
| 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

Page 3 of 3

LHD Manchester

Inspection Report Continuation Sheet

Date 5/20/24

Establishment Teriyaki Box

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
50PF	Hot water not working at waitress station.
8P	3 Bay sink used by staff to rinse hands. Change gloves changing tasks / use only hand sink Soap + water to Wash
SQL	* Cleanliness issue > Requires deep clean by wed the 22 nd Health Dpt to Re-inspect
	— Wall cover at sushi bar needs to be properly installed - ad heared + trimmed out.
38PF	Back door - gap on bottom
10PF	Hand sink on cookline unclean
	Owner to train and staff : : Sanitizing : Cleaning : Temperatures : Where to wash hands + how often

Person in Charge (Signature)

Date

5/20/24

Inspector (Signature)

Date

5/20/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/17/24

Establishment Teriyaki Madness Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
raw chicken	39F	hot hold-chicken	159F	quat bucket	200ppm
dumplings	40F	white rice	155F	quat 3 bay	200ppm
cooked chicken	40F	white rice in warmer	165F	wic	
chicken sliced zucchini	40F	internal steak	158F	steak	38F
door freezer	-8F	hot water	95F	chicken thigh	38F
				egg roll	10F

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
	CPPM: Devin
49c	exterior of cold hold units not clean
47c	Tin foil / wrap used to cover cart + table that holds sauces / spices
15p	saucers not covered / protected next to grill on cookline - <u>cas</u>
note *	Thermometers available
55c	mop sink caulking damaged
49c	Floordrain along cookline not clean
49c	Floors in wic not clean

no ill employees
good glove use / handwashing
overall great equipment / utensil storage
great date marking

Person in Charge (Signature) [Signature] Date 7/17/24
Inspector (Signature) L. Brandy Date 7/17/24

Risk Category: 2	Food Establishment Inspection Report			Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 6/7/24		
Establishment Thomas' Smokey Pit Stop		Time In _____ AM/PM Time Out _____ AM/PM		
Address AE-45790		LHD Manchester		
Town/City Manchester		Purpose of Inspection: Routine Pre-op _____		
Permit Holder Darryl Thomas		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		
<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 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"/>	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"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
				Employee Health									Time/Temperature Control for Safety				
<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									Consumer Advisory				
<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"/>	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"/>	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"/>	Highly Susceptible Population					
				Preventing Contamination by Hands									Food/Color Additives and Toxic Substances				
<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"/>	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"/>	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"/>	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"/>	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"/>						
				Approved Source									Conformance with Approved Procedures				
<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"/>	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"/>	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"/>						
<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"/>						
<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"/>						

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<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"/>	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"/>	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"/>	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"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>		
				Food Temperature Control									Physical Facilities				
<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"/>	Hot and cold water available; adequate pressure	Pf	<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"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<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"/>	Approved thawing methods used	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"/>	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"/>	Thermometers provided and accurate	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"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
				Food Identification									Prevention of Food Contamination				
<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"/>	Garbage and refuse properly disposed; facilities maintained	C	<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"/>	Insects, rodents, and animals not present	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"/>	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.									Violations documented	Date corrections due	#		
Person in Charge (Signature) Darryl Thomas		Date 6/7/24		Person in Charge (Printed) Darryl Thomas		Inspector (Signature) D Payne		Date 6/7/24		Inspector (Printed) Dennis Payne		Priority 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.

See Page 2+3

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 6/7/24

Establishment Thomas' Smokey Pit Incant Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Pre operational for the season					

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.
	Hot water ✓
	Cold prep - @ 38F No food on board.
	Thermometer / wipes ✓
	Soap / Paper towel / trash ✓
	Sani-tablets / test strips ✓
	OK to operate No issues
	see page 3

Person in Charge (Signature) <u>[Signature]</u>	Date <u>6/7/24</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>6/7/24</u>



INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTS
CONTINUATION SHEET

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME OF ESTABLISHMENT <u>Thomas' Smokey Pit Itinerant</u>	TOWN <u>Manchester</u>	DATE OF INSPECTION <u>6/7/24</u>
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INSPECTION FORM #	REMARKS
	Hand wash sign ✓
	V+D Kit/written procedure * Discussed binder of info on trailer/truck
	CFPM - 3 employees
	Date Marking ✓ 7 day max
	Allergen Notice
	Allergen Menu items
	<ul style="list-style-type: none"> > setup at base of operation copy to be present on trailer/truck
	ILL food worker forms IA/IB * Forms for truck/Trailer needed - store in office Extra forms to be sent to owner

INITIAL (INSPECTOR) <u>DP</u>	INITIAL (PERSON IN CHARGE) <u>DJ</u>
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Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 6/25/24	
Establishment Touch Points at Manchester	Time In 10:00 AM/PM Time Out 11:00 AM/PM	
Address 333 Bidwell St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder James M. Herjelle	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14						

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					

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

Person in Charge (Signature) James M. Herjelle Date 6/25/24

Person in Charge (Printed) James M. Herjelle

Inspector (Signature) Jose Ramirez Date _____

Inspector (Printed) Jose Ramirez

OUT	N/A	N/O	V	COS	R
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 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 checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56					

Violations documented	Date corrections due	#
Priority Item Violations	<u>6-28-24</u>	<u>2</u>
Priority Foundation Item Violations		<u>0</u>
Core Item Violations	<u>9-25-24</u>	<u>6</u>
Risk Factor/Public Health Intervention Violations		<u>1</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>0</u>
Good Retail Practices Violations		<u>7</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

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 6/25/24

Establishment Touch Points at Manchester Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold String beans	87F	WIC meatballs	41F	Hand Sink by entrance	130F
pasta	160F	Chicken	41F	Quat bucket >500	ppm
kielbasa	187F	ground beef	41F		400ppm
4 door travl'sen		WIF ambient	-5 F		
ham salad	40F				
Pasta salad	38F				
pureed veg.	37F				
Milk cooler	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 c

Item Number	Description
	James CFPM on site
51C 51C	Hand sink by entrance not sealed to wall/not cleanable
51C	Dump sink at warewash leaking underneath, faucet wont shut off
49c	WIC gaskets unclean
49c	WIC shelves unclean
51C	Ceiling pipes by ice machine dripping on to floor.
55c	Cove base in dry storage not sealed to wall
52P	Grease traps at 3 bay & warewash not functioning. Work ordered ^{Submitted} today
16P	Quat bucket at >500ppm. (CoS) remade to 400ppm

- Note Discussed cooling procedure. keep cooling foods uncovered.
- Note Floors around warewash delimed once a week, cleaned daily
- Note No cooking or cooling at time of inspection
- Note Provided allergen poster

Person in Charge (Signature) James M. Hunter

Date 6/25/24

Inspector (Signature) Jim Z...

Date 6/25/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 6/17/24	
Establishment Trattoria Toscana	Time In 1:00 AM/PM Time Out 2:00 AM/PM	
Address 706 Hartford Rd.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Michael Beers	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/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 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							Time/Temperature Control for Safety						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<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"/>
Proper use of restriction and exclusion							Proper cooking time and temperatures						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding						
Good Hygienic Practices							Proper cooling time and temperatures						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
No discharge from eyes, nose, and mouth							Proper cold holding temperatures						
Preventing Contamination by Hands							Proper date marking and disposition						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" 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 checked="" 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 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													

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							Gloves used properly						
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							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"/>	47	<input 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"/>	48	<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 checked="" 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							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"/>	51	<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"/>	52	<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"/>	53	<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"/>	54	<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"/>							
Washing fruits and vegetables													

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

Person in Charge (Signature) *Mu* Date **6-17-24**

Person in Charge (Printed) **Michael Beers**

Inspector (Signature) *Jos Ramirez* Date **6/17/24**

Inspector (Printed) **Jos Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	9-17-24	3
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 7/12/24

Establishment Wendys

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Hamburger Sta.</u>	<u>39F</u>	<u>Chicken breast</u>	<u>158F</u>	<u>Hot water - HS</u>	<u>106F</u>
<u>botl milk</u>	<u>41F</u>	<u>Hamburger</u>	<u>138F</u>		
<u>Sour cream</u>	<u>38F</u>		<u>148F</u>		
	<u>39F</u>	<u>Potatoes</u>	<u>185F</u>	<u>front HS @ 80F * people using ?? Mgr states w temp OK but takes a while</u>	
		<u>Chicken Nugget</u>	<u>167F</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.

- 22P American cheese @ 60F Discarded.
 Manager states Time vs Temp - no approved written procedure or time marking on product. - Provide via email for approval *
 Changed container + included lids to retain temp.
- 51PF Mop sink + Hand sink unit - dripping/leaking
- 55C Floors, generally unclean; Grease build up at 3 bay wall behind ice machine
lime build up > unclean behind drive thru soda machine
Walk in freezer - food debris/trash on floor under racks
- 49c Condiment holders at service counter and drive thru unclean with build-up.
- 39c Reach in freezer - Vent of interior Ice buildup + drip. repair or replace unit.
- 33PF Walk in Cooler @ 45F next therm. 41F on interior.
 Manager states defrosts 1030am - 1130pm (30 min ago)
 - Reset time to defrost after hours
 - Verify unit is maint + able to keep food/product below 41F. Manager Contacted Regional Supervisor to get someone out Today (backup refig. if NOT fixed today)
- Note: Discussed relocating drying utensils at hood rim of Sari-bay
- 52c Standing Water on Coolline floor
 * Paper Towel Dispenser at hand sink, needs repair

Person in Charge (Signature) [Signature] Date _____

Inspector (Signature) Dennis Payne Date 7/12/24

mail repair: Today
- dpayne@manchesterct.gov

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>7/2/2024</u>																							
Establishment <u>Wendys-Buckland</u>	Time In <u>9:30</u> <u>AM</u> /PM	Time Out <u>10:30</u> <u>AM</u> /PM																						
Address <u>105 Buckland St</u>	LHD <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op																						
Town/City <u>Manchester</u>	Reinspection _____	Other _____																						
Permit Holder <u>Frank V.</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																								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision													Protection from Contamination											
Person/Alternate Person in charge present, demonstrates knowledge and performs duties													Food separated and protected											
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											
Management, food employee and conditional employee; knowledge, responsibilities and reporting													Time/Temperature Control for Safety											
Proper use of restriction and exclusion													Proper cooking time and temperatures											
Written procedures for responding to vomiting and diarrheal events													Proper reheating procedures for hot holding											
Good Hygienic Practices													Proper cooling time and temperatures											
Proper eating, tasting, drinking, or tobacco products use													Proper hot holding temperatures											
No discharge from eyes, nose, and mouth													Proper cold holding temperatures											
Preventing Contamination by Hands													Proper date marking and disposition											
Hands clean and properly washed													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											
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											
Food received at proper temperature													Food/Color Additives and Toxic Substances											
Food in good condition, safe, and unadulterated													Food additives: approved and properly used											
Required records available: molluscan shellfish identification, parasite destruction													Toxic substances properly identified, stored & used											
GOOD RETAIL PRACTICES													Conformance with Approved Procedures											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													Compliance with variance/specialized process/ROP criteria/HACCP Plan											
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Food and Water													Proper Use of Utensils											
Pasteurized eggs used where required													In-use utensils: properly stored											
Water and ice from approved source													Utensils/equipment/linens: properly stored, dried, & handled											
Variance obtained for specialized processing methods													Single-use/single-service articles: properly stored & used											
Food Temperature Control													Gloves used properly											
Proper cooling methods used; adequate equipment for temperature control													Utensils and Equipment											
Plant food properly cooked for hot holding													Food and non-food contact surfaces cleanable, properly designed, constructed, and used											
Approved thawing methods used													Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available											
Thermometers provided and accurate													Non-food contact surfaces clean											
Food Identification													Physical Facilities											
Food properly labeled; original container													Hot and cold water available; adequate pressure											
Prevention of Food Contamination													Plumbing installed; proper backflow devices											
Insects, rodents, and animals not present													Sewage and waste water properly disposed											
Contamination prevented during food preparation, storage & display													Toilet facilities: properly constructed, supplied, & clean											
Personal cleanliness													Garbage and refuse properly disposed; facilities maintained											
Wiping cloths: properly used and stored													Physical facilities installed, maintained, and clean											
Washing fruits and vegetables													Adequate ventilation and lighting; designated areas used											
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											
Person in Charge (Signature) <u>Frank Viscanti</u> Date <u>7-2-24</u>													Violations documented			Date corrections due			#					
Person in Charge (Printed) <u>Frank Viscanti</u>													Priority Item Violations			_____			_____					
Inspector (Signature) <u>L. Grandy</u> Date <u>7/2/2024</u>													Priority Foundation Item Violations			_____			_____					
Inspector (Printed) <u>Lauren Grandy</u>													Core Item Violations			<u>10/2/2024</u>			<u>3</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 Factor/Public Health Intervention Violations			_____			_____					
													Repeat Risk Factor/Public Health Intervention Violations			_____			_____					
													Good Retail Practices Violations			_____			<u>3</u>					
													Requires Reinspection - check box if you intend to reinspect			<input type="checkbox"/>			_____					

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 7/2/2024

Establishment Wendys-Buckland Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot chili	174F	cheese cold	41F	hand wash	87F
hot sausage	164F	cheese	41F		
hot chicken internal	184F			sanitizer bucket	200 ppm
hot egg	154F	W/C			
		grilled chicken (cooked)	40F		
door Freezer	1F	raw burger	40F		
		bacon	40F		
W/F	0F				

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
	CFPM: Frank Visconti
49c	interior of unit above cold hold station not clean (bun warmer)
49c	shelving under handsink by drive thru not clean
47c	plastic wrapped around faucet of mop sink
note*	Test strips available for sanitizer
note*	Form 1A+B available ✓
note*	pest control report available - no issues
note*	very clean + organized!
note*	Health dept to drop off food allergen notice to PIC
note*	Food thermometer/alcohol wipes available
note*	no ill food worker
	Follow-up regarding cinnabon cream cheese Frosting - email lgrandy@manchesterct.gov with procedure/process for approval.

Person in Charge (Signature) Date 7/2/2024

Inspector (Signature) L. Grandy Date 7/2/2024

Restaurant And Commercial Kitchen Services LLC
 PO BOX 3367

Waterbury, CT 06705

(860) 883-3116

racksllc818@gmail.com

Invoice# CR

RACKS LLC

INVOICE DETAILS

SOLD TO	DATE ORDERED	ORDER TAKEN BY
	PHONE NUMBER	CUSTOMER ORDER
Wendys		
Spencer St.		
Manchester, CT		
JOB PHONE	START DATE	
	7/16/24	
TERMS	NET 30	

DESCRIPTION OF WORK	QTY	MATERIAL	UNIT	AMT
WALK IN COOLER - Took out after noon defrost times	2	R404A	4.5	90.00
Added slight charge to system	1	Drain header		25.00
Washed condenser coil		COIL CLEANER		
Also washed condenser coil on walk in freezer.				
Meat well - Installed condensate drain pan header and insulated suction line to prevent water on floor. Also defrosted and unclogged drain line for front line sandwich station.				
TOTAL PARTS:				
MISC CHARGES			AMT	
Shipping				25.00
TOTAL PARTS:				25.00
LABOR	HRS	RATE	AMT	
2:00 7:30	5.5		592.50	
TOTAL LABOR:				

SUBTOTAL:

TAXES:

CUSTOMER SIGNATURE

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/4/24

Establishment West side care center Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold steam table		2 door RIC		Hand sink by oven	110F
chicken	142F	Salami	40F	Quat bucket	150ppm
broccoli	180F	shaved steak	39F	3 bay quat	400ppm
steak	140F	cooling eggs 1 hour	90F	Employee BR sink	90F
WIF ambient	0F	2 door RIC turkey salad	38F		
WIC cheese cake	41F	milk cooler milk	41F		
Ham	38F				
sliced 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
	Lameisha CFPM on site
37C	unlabeled container of white granulars
49C	Grease trap unclean
51C	leak under 3 bay sink
48P	Grease trap missing lid <u>CoS</u>
47C	Wire shelving by 3 bay rusted/not cleanable
55C	missing grout around floor tiles by warewash
55C	missing cove base throughout
52P	grease trap at warewash not working
Note	Discussed w/ Sam (manager) getting grease trap by Dish machine Fixed as soon as possible
Note	Discussed proper cooling procedures. Keep uncovered 135-70°F in 2 hrs
Note	JR will contact water/sewer today regarding grease trap at warewash machine not working. 70-41 in 4 hrs
Note	Lameisha very knowledgeable on food safety
Note	monthly Pest control. No issues
Note	Test strips & thermometer available
Note	Provided allergen poster.

Person in Charge (Signature) Ramanda [Signature]
 Inspector (Signature) [Signature]

Date 6/4/24
 Date 6/4/24

Risk Category: 4	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>6/25/24</u>	
Establishment <u>White Oaks</u>	Time In <u>9:00</u> (AM/PM) Time Out <u>10:00</u> (AM/PM)	
Address <u>230 Deming St.</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Judy Hunting</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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3						
4						
5						
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						
7						
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						
9						
10						
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						
12						
13						
14						

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					
31					
32					
Food Temperature Control					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33					
34					
35					
36					
Food Identification					
<input checked="" type="checkbox"/>	<input checked="" 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					
39					
40					
41					
42					

IN	OUT	N/A	N/O	V	COS	R
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						
16						
17						
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						
19						
20						
21						
22						
23						
24						
Consumer Advisory						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25						
Highly Susceptible Population						
<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27						
28						
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						

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

Person in Charge (Signature) Judy Hunting Date 6/25/24

Person in Charge (Printed) Judy Hunting

Inspector (Signature) Jose Ramirez Date 6/25/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>7/5/24</u>	2
Core Item Violations	<u>9/25/24</u>	7
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		7
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 6/25/24

Establishment White Oaks

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot hold eggs	135 F			Hand sink by coffee	102 F
4 door true RIC				lactic acid bucket	700ppm
milk	37 F			Employee BR sink	118 F
W/C meatballs	38 F				
Chicken	39 F				
Mixed Fruit	38 F				
Sausage	39 F			Dish machine 7/60 F	
W/F ambient	15 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 c
	Justin CFPM on site
49c	Wall behind cookline unclean R
49c	Shelving at cookline unclean
37c	unlabeled bowl of granulars at cookline/throughout, unlabeled squeeze bottles R
16PF	table mounted can opener unclean
16PF	deli slicer unclean
49c	W/C Fan covers unclean
49c	W/C Shelving unclean
49c	Ceiling in dry storage unclean R
49c	Cabinets by self serve coffee unclean
Note	Provided allergen poster
Note	No cooking or cooling at time of inspection.
Note	Test strips & thermometer available
Note	Discussed dented can policy. Dented cans stored in manager's office.
Note	Good hand washing observed.
Note	Proper thawing observed
Person in Charge (Signature)	
Inspector (Signature)	
	Date <u>6/25/24</u>
	Date <u>6/25/24</u>



Manchester Health Department

479 Main Street

Manchester, CT 06040

*walk-thru

Establishment: Lakay cuisine (old vics location)	Date of Inspection: 6/27/2024
<ul style="list-style-type: none"> - email copy of menu to lgrandy@manchesterct.gov - Floors, walls, ceilings to be repaired - Must be approved source - lights dangling from ceiling - no equipment on site - door in kitchen to be replaced - cove base required throughout - FRP needs trim - solid pvc throughout - plan review required - to scale 1/4" = 1' minimum <ul style="list-style-type: none"> o application, layout, menu, spec sheets for equipment required - no changes to be done until plan is approved by all depts - reach out to Fire, building, water/sewer for their requirements - Narrative of what plan is at restaurant <ul style="list-style-type: none"> ↳ what will be done, from prep to serve to customer - 36" required between equipment - walk in cooler required for proposed menu 	
Initial (Inspector) L.G.	Initial (Person in Charge) LJ

LOCAL HEALTH CHILD CARE FACILITY ENVIRONMENTAL INSPECTION REPORT

INSPECTION
 FOLLOW-UP INSPECTION
 COMPLAINT

Post Construction/Remodel

Connecticut Office of Early Childhood – Division of Licensing
450 Columbus Boulevard, Suite 302, Hartford, CT 06103

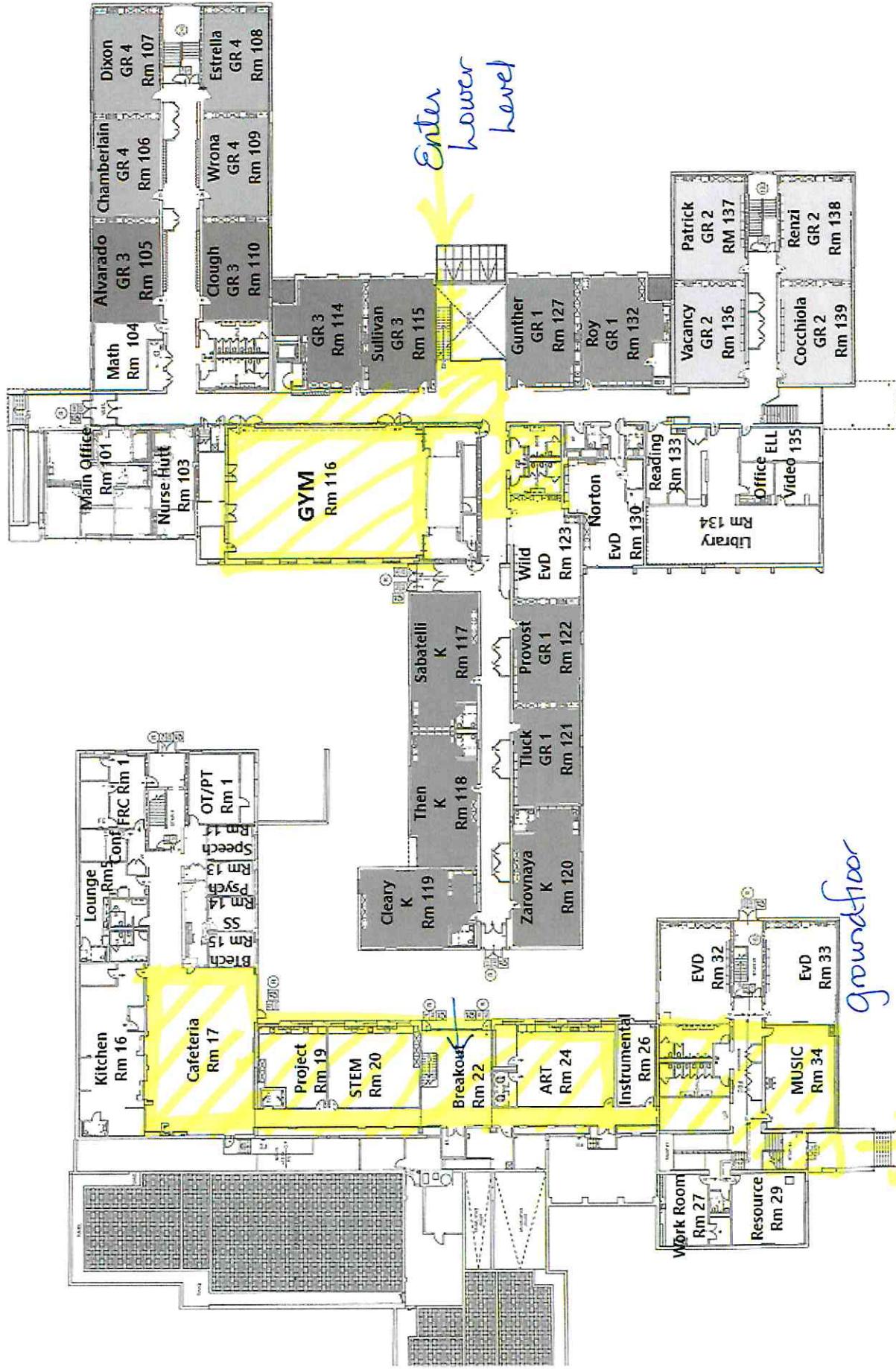
Program Name: Bowers Elementary	License Number: 70009	Date of Inspection: 7-12-24
Address: 141 Princeton St	Expiration Date: July 2026	Licensed Capacity: TBD
Town: Manchester	Telephone: 860-748-5377	Under Three Endorsement: Ø
Operator: MELC - John Layer	# of Staff Present: 1	# of Children Present: Ø

Licensed For:
 Under Three (6wks-36m)
 Preschool (3y-5y)
 School Age (5y&up)
 Night Care (6wks&up)

Instructions: Check = Compliance Circle = Non-Compliance 3 = Not Observed 4 = Not Applicable

Physical Plant/Indoor Space 19a-79-7a	Health and Safety 19a-79-6a	
<p><input checked="" type="checkbox"/> 1 License premises clean/good repair</p> <p><input checked="" type="checkbox"/> 2 Equipment clean, in good repair, safe/non-toxic</p> <p><input checked="" type="checkbox"/> 3 Free from observable hazards</p> <hr/> <p><input checked="" type="checkbox"/> 4 Water Supply in compliance with all PHC requirements</p> <p><input checked="" type="checkbox"/> 4a Customer of a Water Company Water Company Name: Town of Manchester Lead Water Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p style="text-align: center;">-or-</p> <p><input type="checkbox"/> 4b On-Site Well <u>Classification of Well – Check One:</u> <input type="checkbox"/> Public Well - Well supplies 25 or more adults and Children, daily at least 60 days per year. (If not, then private well) <input type="checkbox"/> Private Well – Serves less than 25 adults & children</p> <p><u>Review of Water Quality Test Results</u></p> <p>i. Lead Water Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p>ii. Bacteriological Analysis Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p>iii. Chemical Analysis Test Date: _____ <input type="checkbox"/> Within Limits <input type="checkbox"/> Exceeds Limits</p> <p><u>Inspection of Well</u> Well meets construction and separation distance requirements of CT Public Health Code Sections 19-13-B51a-m. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> 4c Other (Please specify) _____</p> <hr/> <p><input checked="" type="checkbox"/> 5 Required toilets/sinks/supplies</p> <p><input checked="" type="checkbox"/> 6 Adequate ventilation in toilet room</p> <p><input checked="" type="checkbox"/> 7 Sewage disposal adequate</p> <p>Outdoor Space 19a-79-7a</p> <p><input checked="" type="checkbox"/> 8 Swimming pool complies with PHC 19-13-B33b</p> <p><input checked="" type="checkbox"/> 9 Playground free from observable hazards</p> <p><input checked="" type="checkbox"/> 10 Drinking water available, adequate, safe</p>	<p><input checked="" type="checkbox"/> 11 Refrigeration no more than 41°</p> <p><input checked="" type="checkbox"/> 12 Food prep area clean/good repair</p> <p><input type="checkbox"/> 13 Food safely stored</p> <p><input type="checkbox"/> 14 Food prep hand washing</p> <p><input type="checkbox"/> 15 Adequate dishwashing</p> <p><input type="checkbox"/> 16 Kitchen separated</p> <p><input type="checkbox"/> 17 Mark as appropriate: <input type="checkbox"/> Snacks served <input type="checkbox"/> Cold breakfast <input type="checkbox"/> Meals served <input type="checkbox"/> Meals transported</p> <p><input type="checkbox"/> Other _____</p> <p><input checked="" type="checkbox"/> Building: Pre 1978 Construction (Lead Inspection Required) <input type="checkbox"/> No Lead-Based Paint Identified <input type="checkbox"/> Lead Hazards Identified and Corrected (Plan of correction on file with Local Health Dept. (LHD)) <input type="checkbox"/> Intact Lead-Based Paint Identified (Management Plan on file with LHD)</p> <p><input checked="" type="checkbox"/> Building: 1978 or newer Construction</p> <p style="text-align: center;">2022-2023 Remodel</p> <p>*New Lead Report to follow (7-16-24)</p> <p>Please check one of the following:</p> <p><input type="checkbox"/> Approval recommended. No code violations identified.</p> <p><input checked="" type="checkbox"/> Approval recommended with conditions (see below).</p> <p><input type="checkbox"/> Approval not recommended due to existing serious code violations.</p> <p>Comments:</p> <p>*LEAD – Lead inspection to be approved once complete.</p> <p>2 Room 20 – Blind Clip broken</p> <p>3 Boys Restroom – Outside Rm 34 → Tile/metal plate not secured.</p> <p>2 general cleaning + supplies in process</p> <p>9 Playground – weeds under equipment</p> <p><input type="checkbox"/> Check here if additional comments attached</p> <p>9 – Adjust mulch in impact zones</p>	
Signed (Inspector) D Payne	Signed (Person in Charge) 3/9 – *Lower playground Red Slide cracked at end.	Date Corrections Due 2 weeks prior to use

Bowers-Mele
2024



LOWER LEVEL, GYM FLOOR PLAN
1/16" = 1'-0"

UPPER LEVEL, LODGE FLOOR PLAN
1/16" = 1'-0"

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

Establishment type: Permanent Temporary Mobile Other Date: 7/11/24

Establishment oak Street Pub
Address 30 oak
Town/City Manchester
Permit Holder



Time In AM/PM Time Out AM/PM
LHD Manchester
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

Table with columns for item number, compliance status (IN, OUT, N/A, N/O), description, and violation type (V, COS, R). Includes sections for Supervision, Employee Health, Good Hygienic Practices, Approved Source, Protection from Contamination, Time/Temperature Control for Safety, Consumer Advisory, Food/Color Additives and Toxic Substances, and 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

Table with columns for item number, compliance status (OUT, N/A, N/O), description, and violation type (V, COS, R). Includes sections for Safe Food and Water, Food Temperature Control, Food Identification, Prevention of Food Contamination, Proper Use of Utensils, Utensils and Equipment, and Physical Facilities.

Person in Charge (Signature) Teri Donnelly Date 7.11.24
Person in Charge (Printed) Teri Donnelly
Inspector (Signature) Denise Payne Date 7/11/24
Inspector (Printed) Denise Payne
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

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 7/11/24

Establishment Oak Street Pub Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Margarine	40F	No Hot Holding		Hot Water	111F
Cheese slices	41F				
Bacon	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.

- 54C Dumpster Covers open
- 16PF Ice machine inter unclear
- 47C Toaster not Commercial

Freezer - meats/food stored properly ✓

Reviewed: 1A/13 forms with CFPM, copies provided.
 Allergens - not on menu, list started.
 Discussed ways to insert into menu for compliance.

✓ + D ^{cleanup} process document provided.

Discussed date marking - RTE food / 7 days

Kitchen Clean + Organized

dpayne@manchesterct.gov

****** Mop sink installation - contact DPayne


Person in Charge (Signature) Jodi Donnelly

Date

Inspector (Signature) DPayne

Date 7/11/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 6/10/24
Establishment Teriyaki Madness		Time In 10 AM PM Time Out 11 AM PM
Address 172 Deming St. Unit D		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Ken Schanke		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		
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							
								Proper disposition of returned, previously served, reconditioned, and unsafe food							
Employee Health				Good Hygienic Practices				Consumer Advisory							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion				No discharge from eyes, nose, and mouth				Time as a public health control: procedures and records							
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<th colspan="4" style="text-align: center;">Preventing Contamination by Hands</th>				Preventing Contamination by Hands				
Written procedures for responding to vomiting and diarrheal events															
								<th colspan="4" style="text-align: center;">Approved Source</th>				Approved Source			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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"/>		
Hands clean and properly washed				Food obtained from approved source				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"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Food received at proper temperature				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"/>	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate handwashing sinks, properly supplied/accessible				Food in good condition, safe, and unadulterated				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				
Safe Food and Water						Proper Use of Utensils									
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"/>	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"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Variance obtained for specialized processing methods						Single-use/single-service articles: properly stored & used									
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"/>	P/Pf/C	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Plant food properly cooked for hot holding						Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available									
35	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>		
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"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<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"/>	55	<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						Physical facilities installed, maintained, and clean									
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"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness						Adequate ventilation and lighting; designated areas used									
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f								
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) <i>Devin Samuels</i> Date 6/10/24						Violations documented									
Person in Charge (Printed) Devin Samuels						Date corrections due									
Inspector (Signature) <i>L. Grandy</i> Date 6/10/24						#									
Inspector (Printed) Lauren Grandy						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 6/10/2024

Establishment Teriyaki Madness Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
chicken - cooked	41F	white rice	160F	hot water handwash	103F
		internal chicken	196F		
w/c	36F	brown rice in hot hold	165F	quat sanitizer	200ppm
chicken raw	38F				
squash (zucchini cut)	39F				
		2 door Freezer	-2F		

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.
	CFCM: Ken on site / Devin on site
note*	Thermometers available good labeling / date Marking available on food product good covering of food product throughout test strips available
5A.c	cleaning equipment (brooms) stored on floor / being stored on piping by mop sink
41c	wiping cloths (damp) not stored in sanitizer between uses
	okay per Health Dept to open this day; Food service license provided this day. Reach out to Fire/building for approvals
	very clean + organized staff knowledgeable in food safety

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

Date 6/10/2024
Date 6/10/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 6/27/24
 Establishment EISOI Deli Time In 11 AM/PM Time Out 12:30 AM/PM
 Address 631 Main Street LHD Manchester
 Town/City Manchester Purpose of Inspection: Routine Pre-op
 Permit Holder JAVIER-NOTONSITE Reinspection Other REINSPECTION 7/1/24



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						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health						
<input type="checkbox"/>	<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"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>	<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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>	<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				<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"/>	<input type="checkbox"/>
26				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<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"/>	<input type="checkbox"/>
29				<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=violation type	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"/>
30			<input type="checkbox"/>	<input type="checkbox"/>
31			<input type="checkbox"/>	<input type="checkbox"/>
32			<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33			<input type="checkbox"/>	<input type="checkbox"/>
34			<input type="checkbox"/>	<input type="checkbox"/>
35			<input type="checkbox"/>	<input type="checkbox"/>
36			<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37			<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"/>
38			<input type="checkbox"/>	<input type="checkbox"/>
39			<input type="checkbox"/>	<input type="checkbox"/>
40			<input type="checkbox"/>	<input type="checkbox"/>
41			<input type="checkbox"/>	<input type="checkbox"/>
42			<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"/>
43			<input type="checkbox"/>	<input type="checkbox"/>
44			<input type="checkbox"/>	<input type="checkbox"/>
45			<input type="checkbox"/>	<input type="checkbox"/>
46			<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47			<input type="checkbox"/>	<input type="checkbox"/>
48			<input type="checkbox"/>	<input type="checkbox"/>
49			<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50			<input type="checkbox"/>	<input type="checkbox"/>
51			<input type="checkbox"/>	<input type="checkbox"/>
52			<input type="checkbox"/>	<input type="checkbox"/>
53			<input type="checkbox"/>	<input type="checkbox"/>
54			<input type="checkbox"/>	<input type="checkbox"/>
55			<input type="checkbox"/>	<input type="checkbox"/>
56			<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) Janet Rangel Date 6-27-24
 Person in Charge (Printed) Janet Rangel
 Inspector (Signature) L. Grandy Date 6/27/24
 Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	<u>7/1/24</u>	<u>5</u>
Priority Foundation Item Violations	<u>7/7/24</u>	<u>8</u>
Core Item Violations	<u>9/27/24</u>	<u>7</u>
Risk Factor/Public Health Intervention Violations		<u>9</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>11</u>
Good Retail Practices Violations		<u>11</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: Monday July 1st 2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/27/24

Establishment El Sol Deli

Town Manchester

reinspect 7/1/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Marie pico	58F	Bay Marie pico	40F	handsink HW	14F
empanada steak	54F	chicken	41F		
empanada chix	55F	chorizo	40F	bleach sanitizer -50	100ppm
sour cream	53-58F	beef	41F	wic	38F
internal chicken	177F	empanada	41F	shrimp	41F
rice at bay Marie (nesting)	56F			chorizo	41F
undercounter freezer	0F	M3 Freezer	-7F	empanada	41F
		2 door freezer	-10F		

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. |
|-------------|--|
| | manager on site (Not CFPM): Janet |
| ✓ 10 PF | spoons/cup (to go) stored in handwash sink - (COS) |
| ✓ 19a-36F | Latex gloves present - discarded / present in back storage (COS) |
| ✓ 15 p | ice not protected in undercounter freezer |
| ✓ 37c | squeeze bottles not labeled at bay Marie at cookline |
| ✓ 39 PF | Food on ground in walk in cooler |
| ✓ 52c | walk in cooler vent leaking/dripping - HVAC to repair |
| ✓ 10 PF | no soap at back handsink near empanada prep |
| ✓ 55c | cleaning equipments stored on floor in mop room |
| ✓ 56c | employee backpack stored on soda in back of house |
| ✓ 47c | Milk crates used as shelving in WIC |
| ✓ 22p | 2 door bay Marie not holding temperature - pico 58F, steak empanada 54F, chix empanada 55F, 1 containers sour cream between 53-58F, all food product discarded voluntarily by person in charge - owner to place work order for repair - not to use unit until repaired |
| ✓ 22p | Rice nesting in bay Marie at 56F - discarded voluntarily (COS) |
| ✓ 36 PF | no thin probe thermometer on site - on order |
| ✓ 1 PF/2c | no certified food protection manager on site / person in charge knowledgeable in food safety |
| ✓ 53 PF | toilet paper not in dispenser in restroom |
| ✓ 53 PF | paper towel not in dispenser in restroom - on order |
| ✓ 41 PF | oven used as prep table not under hood - to be removed from establishment. |

Person in Charge (Signature) Janet Rangel

Date 6-27-24

Inspector (Signature) L. Gandy

Date 6/27/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/27/24

Establishment El Sol Deli

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				Bleach > 50-100 ppm	
				↳ COS between	
				50-100 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	Observations and Corrective Actions
✓ 13p	no ice machine - ice being made in freezer - not approved ↳ discussed commercial NSF or equivalent ice machine
✓ 55c	clutter/trash bags being stored in basement - remove clutter/trash
✓ 6p	coffee without lid stored on prep table while making empanadas
NOTE*	Health Dept requested CFPM to be present - not available during time of inspection.
NOTE*	no cooling, hot holding, reheating at time of inspection
*	staff (at least 2) that is on site, 30 hrs or more per week, in managerial position must obtain CFPM in 30 days from this date. Health Dept to email approved ANSI courses to:
	Follow-up on cookies at front of house
	Bay Marie functioning properly ambient @ 39F - okay to use for food product.
	email lgrandy@manchesterct.gov when thermometer available
	indirect drain required for ice machine
	Bay Marie on cookline not blasing correctly - discussed NSF commercial equipment
	CFPM - Janet to take course/will sign it

Person in Charge (Signature)

Date 6-27-24

Inspector (Signature)

L. Grandy Janabunze

Date 6/27/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/8/2024

Establishment Noodles + company Town Manchester

reinspection 7/11/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Front bay Marie (1 door)		Bay Marie - shrimp	41F	Front undercounter	
shredded cheese	39F	cheese tortellini	41F	chicken raw	32F
Front bay Marie (2 door)		cooked noodles	41F		
cut tomato	39F	cut tomato - prepped	50F	hot marinara	135F
Feta cheese	40F	lan hour ago		alfredo	150F
2 door standing	62F	Bay Marie pot sticker	39F		
shrimp	56F	garlic cream	39F	spaghetti cooling	35F
steak / noodles	53/55F	meatballs	39F	in ice bath	

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
✓ 47C	handsink at front counter, aluminum foil taped to sink
✓ 41C	wet rag at front counter under p.o.s. ↳ Must be put in sanitizer bucket in between uses
note	good handwashing observed by staff
220/41C	2 door standing Randell not functioning properly. Ambient at 60F, shrimp at 56F, steak at 53F, noodles at 55F, food product to be discarded by person in charge. Not to use until repaired
✓ 47C	aluminum foil used as liner above front line condiments
56C	Front hood not clean - overdue for cleaning - scheduled 7/15/24
49C	Floor under equipment along cookline not clean
✓ 28C	chemicals hung on back handsink
✓ 49C	back handsink unclean
49C	Fan covers in back of house not clean
✓ 39P	Tray with liquid stored on shelving under liquid egg cartons in walk in cooler
✓ 41C	rag stored under cutting board at prep table
✓ 39C	Broccoli in paper bags stored on floor by dry shelving - cos 7/8/24
37C	oil in spray bottle not labeled (in ecolab spray bottle) ^{not food grade}
10C	no employees must wash hands sign in womens restroom ↳ new sign ordered.
note	health dept to follow up with ecolab spray bottle being used for food grade oil, to be removed + replaced rodgers
Person in Charge (Signature)	<u>Jana Lee</u> Date <u>7/8/24</u>
Inspector (Signature)	<u>D. Brandy</u> Date <u>7/8/2024</u>

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/8/2024

Establishment Noodles + company Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
w/c				hot water h.s. front	85°F
steak tips	40°F	2 door reach in	36°F	hot water his.	87°F
garlic cream	39°F	1 cheese tort	39°F		
chicken tender	39°F			quat sanitizer	400ppm
pasta	40°F			3 bay	
Hot water-womens	85°F				
Hot water-Mens	101°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

Item Number	Observation/Action
	good equipment/utensil storage

Person in Charge (Signature) Jana Lee

Date 7/8/24

Inspector (Signature) [Handwritten Signature]

Date 7/8/2024

Connecticut Department of Public Health

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

Establishment type: Permanent Temporary Mobile Other Date: 6/26/24
Establishment: peoples choice Time In: 10:30 AM/PM Time Out: 12:00 AM/PM
Address: 179 middle Tpke west LHD: Manchester
Town/City: Manchester Purpose of Inspection: Routine Pre-op
Permit Holder: Bob Reinspection: Other: reinspection 7/5/24



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Table with columns for IN, OUT, N/A, N/O, V, COS, R. Rows include Supervision, Employee Health, Good Hygienic Practices, Preventing Contamination by Hands, Approved Source, Protection from Contamination, Time/Temperature Control for Safety, Consumer Advisory, Highly Susceptible Population, Food/Color Additives and Toxic Substances, and Conformance with Approved Procedures.

GOOD RETAIL PRACTICES

Table with columns for OUT, N/A, N/O, V, COS, R. Rows include Safe Food and Water, Food Temperature Control, Food Identification, Prevention of Food Contamination, Proper Use of Utensils, Utensils and Equipment, and Physical Facilities.

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

Person in Charge (Signature) David LaVallee Date 6/25/24
Person in Charge (Printed) David LaVallee
Inspector (Signature) L. Grandy Date 6/26/24
Inspector (Printed) Lauren Grandy

Table with columns: Violations documented, Date corrections due, #. Rows include Priority Item Violations (1), Priority Foundation Item Violations (7/5/24, 6), Core Item Violations (9/26/24, 16), Risk Factor/Public Health Intervention Violations (5), Repeat Risk Factor/Public Health Intervention Violations (5), Good Retail Practices Violations (17), Requires Reinspection - check box if you intend to reinspect (checked).

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 6/26/24
 Establishment peoples choice Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Atosa Freezer	0F	2 door undercounter		handwash sink	98F
Artic Air Freezer	-5	Chicken wing	40F	handwash sink	129F
		Marinara hot hold	139F	3 bay sink	110F
2 door beverage air		2 door undercounter/wic		wic	
Saiami	41F	cheese	39F	pizza sauce	41F
tomato (cut)	40F	ricotta	39F	cheese	39F
american cheese	41F	chorizo	40F		
Medball	41F	internal chix wing	108F	Bleach bucket	50-100 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: David (onsite) |
| 10c | handwash sink nozzles not clean |
| 55c | handwash sink not secure to wall |
| 49c | oil/grease on floor in back room |
| noted | unused equipment in back room - if not being used, remove from establishment |
| 52c | ice build up in 2 door artic air |
| 16c | interior of artic air (bottom shelf) not clean |
| 39pF | Food in handwash sink - handwash only; no dumping of food |
| 47pF | 2 door undercounter air refrigerator has stagnant water on bottom of shelf - owner to call for repair/replace of unit |
| 49c | exterior of seasoning bins not clean |
| 16pF/49c | interior/exterior of microwave not clean |
| 16pF | can opener blade not clean |
| 49c | shelving with onions in wic not clean |
| 49c | gasket of wic not clean |
| 55c | kick plate of wic damaged |
| 37pF | buckets across from mixer with white granulars not labeled |
| 49c | ceiling tiles in mop room not clean |
| 49c | exterior of containers with flour not clean |
| 49c | Floor in mop sink room not clean |
| 10c | no handwash sign in employee restroom |
| 49c | walls behind 3 bay not clean |

Person in Charge (Signature) Raul Date 6/25/24
 Inspector (Signature) L. Brandy Date 6/26/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/26/24

Establishment peoples choice

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>WIC</u>					
<u>Marinara</u>	<u>38F</u>				
<u>chicken wing</u> <u>↳ internal</u>	<u>167F</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>✓ 55c</u>	<u>cove base by 3 bay not secured to wall</u>
<u>✓ 47pF</u>	<u>cutting boards heavily gauged</u>
<u>note*</u>	<u>serv safe displayed</u>
<u>note*</u>	<u>discussed date marking</u>
<u>note*</u>	<u>Food allergy notice on site</u>
<u>note*</u>	<u>Thermometers / alcohol wipes available for Temps of food product</u>
<u>55c</u>	<u>Floor cracked by prep sink - discussed moving shelving temporarily</u>
<u>38pF</u>	<u>Fruit Flies present by hand sink</u> <u>↳ reach out to pest control company for removal extermination</u>
<u>*</u>	<u>circled violations not corrected at time of inspection 7/5/24.</u> <u>continue to clean / work on coming into compliance by next inspection.</u>

Person in Charge (Signature) *Reiter*
 Inspector (Signature) *L. Brandy*

Date 6/25/24
 Date 6/26/24

Risk Category: <u>3</u>		Food Establishment Inspection Report			Page 1 of <u>3</u>		
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>7/18/2024</u>			
Establishment: <u>SONIC</u>				Time In: <u>10</u> <u>AM</u> PM Time Out: <u>11:30</u> <u>AM</u> PM			
Address: <u>90 Buckland Street</u>				LHD: <u>Manchester</u>			
Town/City: <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder: <u>Chad-CFPM</u>				Reinspection Other: <u>reinspection 7/23/24</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				
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"/>		
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"/>		
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"/>		
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"/>		
4 Proper use of restriction and exclusion							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
5 Written procedures for responding to vomiting and diarrheal events							
Good Hygienic Practices			Consumer Advisory				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
6 Proper eating, tasting, drinking, or tobacco products use							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>		
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"/>		
9 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"/>	Pf/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"/>		
11 Food obtained from approved source							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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"/>		
13 Food in good condition, safe, and unadulterated							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
31 Water and ice from approved source							
<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input 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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Thermometers provided and accurate							
Food Identification			Physical Facilities				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Food properly labeled; original container							
Prevention of Food Contamination			Violations documented				
<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Insects, rodents, and animals not present							
<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							
<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Personal cleanliness							
<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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)	Date						
<u>[Signature]</u>	<u>7/18/24</u>						
Person in Charge (Printed)							
<u>A. Vachon</u>							
Inspector (Signature)	Date						
<u>[Signature]</u>	<u>7/18/2024</u>						
Inspector (Printed)							
<u>Lauren Grandy</u>							
Violations documented							
Priority Item Violations	<u>7/21/24</u>	<u>3</u>					
Priority Foundation Item Violations	<u>7/22/24</u>	<u>3</u>					
Core Item Violations	<u>10/18/24</u>	<u>16</u>					
Risk Factor/Public Health Intervention Violations		<u>5</u>					
Repeat Risk Factor/Public Health Intervention Violations							
Good Retail Practices Violations		<u>16</u>					
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>							

reinspection: 7/22/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/18/2024

Establishment SONIC

Town Manchester

reinspection 7/23/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot dog - cold	40F	WIC		hot water H.S.	85F
hot dog - hot	150F	Chili	37F	avast 3 bay	200ppm
hot - hamburger	167F	hot dog	38F	avast 3 bay	200ppm
hot - chicken tender	58F			hot hold - chicken	135F
Bay Marie - cheese	40F	standing freezer	-7F	burger	155F
corn dog	40F	standing 2 door freezer	-6F	cold hold - tomato cut	39F
breaded cut tomato	39F			WIF	0F

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.
49c	caulking by small 3 bay in front damaged/unclean
55c	damaged/crack floor tiles in front of house, by ice machine and soft serve area - receiving quotes - email once received
49c	drains / drain covers not clean
15p	Toppings at soft serve station not covered
16p	hot dog warmer not clean (drawer)
16pF	interior lid of cheeseburger topping cold prep not clean
37c	squeeze bottle with liquid not labeled on cookline
16pF	interior of 1 door avanto freezer not clean / 2 door beverage air
15p	Food not covered in 1 door avanto freezer / 2 door Beverage air
49c	exterior by seal/gasket of 2 door Beverage air not clean
49c	Floor under cookline equipment not clean
55c	damaged/cracked floor by cookline equipment
55c	cove base missing under handsink by WIC
49c	Floor unclean in WIF
55c	grout missing on floor outside WIC by kick plate
56c	light shield missing outside WIC
55c	cove base missing by back drive thru window (not in use)
49c	walls/floors by mop sink not clean
55c	equipment (not in use) at back exit - to be removed
55c	cove base missing in mens restroom / womens restroom and in hall way of restroom

Person in Charge (Signature)

A. Roye

Date

7/18/24

Inspector (Signature)

Z. Kandy

Date

7/18/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/18/2024

Establishment sonic

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.
<u>53PF</u>	<u>toilet paper/paper towels not in dispenser of restroom</u>
	<u>thermometer / test strips available</u>
	<u>discussed pest control w/ pic - no issues</u>
	<u>good equipment / utensil storage</u>
	<u>hood cleaning due in sept. 2024</u>
	<u>pest control to come out to treat by trash</u>
	<u>discussed grouting / tiles with Traci, will need to let Health Dept know when work is planning on being done.</u>
	<u>tingenito@soar.qsr.com</u>

Person in Charge (Signature) A. Boyer Date 7/15/24
Inspector (Signature) R. Smith Date 7/18/2024

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 6/17/24

Establishment: Sweetwater Salad Bar Time In: 12 AM/PM Time Out: _____ AM/PM

Address: 194 Buckland Hills Dr. #2078 LHD: Manchester

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

Permit Holder: Marks 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				<input checked="" type="checkbox"/>	<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"/>
Employee Health						
3				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices						
6				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<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"/>
9				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source						
11				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination						
15				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory						
25				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Population						
26				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food/Color Additives and Toxic Substances						
27				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures						
29				<input checked="" 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
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"/>
31			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control					
33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification					
37			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination					
38			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils					
43			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment					
47			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities					
50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56			<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 6-17-24

Person in Charge (Printed) Lerando [Signature]

Inspector (Signature) [Signature] Date 6/17/24

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	<u>6/20/24</u>	<u>2</u>
Priority Foundation Item Violations	<u>6/21/24</u>	<u>5</u>
Core Item Violations	<u>9/17/24</u>	<u>6</u>
Risk Factor/Public Health Intervention Violations		<u>7</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>6</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 6/20/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/17/24

Establishment Sweetwater

Town Manchester

reinspection 6/20/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
tomatoes	41F	2 door Fridge	36F	hot water - HS	123F
cheese	41F	chicken (cooked)	39F		
roasted peppers	41F	pineapple	40F	quat sanitizer	200 ppm
cooked chicken	41F	cut tomatoes	41°F		
Atosa 2 door	0F	cooked 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: none Not present at time of inspection |
| ✓ 37C | oil/clear liquid in squeeze bottles not labeled on shelving |
| ✓ 28P | unlabeled chemical squeeze bottle under handsink - <u>COS</u> |
| ✓ 45C | To go container cups used as scoop in oat containers |
| ✓ 16PF | interior of microwave not clean |
| ✓ 15C | Frozen Fruit in 2 door freezer not protected/covered |
| ✓ 20P | cooking/cooling of salmon discussed with person in charge |
| * | ↳ class 2 - Not approved for cooling cooking to order now |
| * | ↳ salmon to be removed/discarded |
| ✓ 44PF | drying of equipment/utensils with hand towel |
| ✓ 52C | stagnant water in bucket by mop sink |
| ✓ 55C | no cove base in dry storage / falling off wall |
| ✓ 38PF | Fruit Flies present in back of house - terminex scheduled |
| ✓ PF/2C | no CFPM on site during inspection / pic knowledgeable employees signed up |
| * | Thawing of shrimp at room temperature per person in charge in discussion - did not visibly see, discussed thawing under running cold water in sink / refrigeration |
| ✓ 23PF | no date marking of food product in refrigeration - 3/5 days |
| * | test strips available discussed |
| * | CFPM required to be on site during operating hours |

Follow w/ Management pest control / cove base
862-684-6143 → Levando S.

6/18/24 - LVM that pest + cove base is tenant responsibility

Person in Charge (Signature) [Signature]

Date 6.17.24

Inspector (Signature) [Signature]

Date 6/17/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 5/18/24
 Establishment The Main Courfe Town Manchester reinspection 6/7/24

TEMPERATURE OBSERVATIONS

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

CFPR: Miguel/James

- ✓ 49C Cove base in kitchen not clean - some areas done
- ✓ 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 - to be cleaned now, was used today
- ✓ 47C gaskets damaged 3 door Freezer - ordered
- ✓ 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 ~~to~~ 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 -> @ 98°F ✓

Person in Charge (Signature) Date 5/28/24
 Inspector (Signature) L. Bimay Date 5/28/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/28/24

Establishment The Main Course Town Manchester

reinspection 6/7/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in fridge aioli	41 41				

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.
	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 4 hours
	Stand up freezer in basement confirmed UL classified = NSF ✓
	keep an eye on reach in fridge - temp reduced, continue to monitor.

Person in Charge (Signature)

Inspector (Signature) D. Stoney

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

*re-opening inspection

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/20/2024

Establishment Between Rounds

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
wic-cheese	40F	Bay Marie (right)		quat sanitizer	200ppm
TURKEY	40F	water	33F	bucket	
		cream cheese	36F		
Bay Marie left					
water	34F				
cream cheese	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.

Item Number	Observations and Corrective Actions
	Health dept on site 8AM for reinspection to open; CFPM/owner: Ajay Mathew present
	Bay Marie (left + right) both functioning / maintaining temperature of food product. person in charge to monitor temperatures multiple times throughout shifts / operating hours.
	okay to open this day per health dept.
51c	Faucet of back handsink leaking
49c	exterior of white bins with bagel toppings by WIF not clean
39c	Boxes stored on floor of WIF
49c	Floor of WIF not clean
49c	Shelving with microwaves extremely dusty / not clean
49c	interior of cabinets not clean near slicers
47 PF	cutting boards heavily gauged - to be replaced
	discussed CFPM must be present during operating hours ↳ Training more staff to meet FDA Food code requirement

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

Date 6/21/2024
Date 6/21/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/25/24

Establishment Burger class

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
	JR & KP on site w/ fire marshal.
	Hood fan over flat top grill not functioning. Gas to grill has been shut off by order of fire marshal.
	3 Bay sink plumbing is leaking heavily. 3 bay sink tagged out of service by Building Dept.
	Restaurant voluntarily closed.
	DO NOT Reopen until reinspected by Health Dept.
	Contact health Dept. when above issues are corrected to schedule inspection.
	CFPM must be on site during all operating hours.

Person in Charge (Signature) Miguel Rivera

Date 6/25/24

Inspector (Signature) Juan Z...

Date 6/25/24

Food Establishment Inspection Report

Page 1 of 1

LHD Manchester Inspection Report Continuation Sheet Date 6/28/24
 Establishment Burger Class Town Manchester

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

OBSERVATIONS AND CORRECTIVE ACTIONS	
Item Number	<small>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.</small>
	CFPM on site.
	Hood Fan has been fixed and is working. OK'd by Fire Marshal.
	Hood has been properly cleaned. OK'd by Fire Marshal.
	3 Bay Sink has been repaired.
	Kitchen has been cleaned throughout.
	OK to reopen today.

Person in Charge (Signature) Miguel Date 6/28/24
 Inspector (Signature) [Signature] Date 6/28/24

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Operator/Person in Charge

Food Establishment Inspection Report

LHD ~~cajon cafe~~ Inspection Report Continuation Sheet Date 6/25/24
manchester
 Establishment cajon cafe 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
JR-148	On site with Fire marshal, Roger, for hood inspection.
	General cleanliness poor throughout kitchen.
	Discussed preparation timeframes and procedures with person in charge. Only prepare necessary quantities of food at one time. Storage of food must be at least 6" off the floor.
	Health Dept. to follow up on 6/28/24 regarding issues from previous report that are outstanding.
	Hood is overdue for professional cleaning. Hood must be cleaned by 7/2/24 per Fire Marshal.

Person in Charge (Signature) [Signature] Date 6.28.24
 Inspector (Signature) [Signature] Date 6/25/24

Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 6/25/24

Establishment Charley's Grilled 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.
	JR + KP on site w/ Fire Marshal, Roger. Hood overdue for professional cleaning. Hood must be cleaned by 7/2/25 per Fire Marshal.
	Email <u>jramirez@manchesteret.gov</u> invoice for grease trap.
	Continue to work on routine cleaning. Grease trap area must be maintained.
	Create a plan of action for FRP replacement. must be installed properly to FDA standards. Email Jose (see above) a timeline for construction by <u>6/28/24</u> .
	At least one CFPM must be on site during all hours of operation. Cannot be the same person for two locations.

Miguel Rivera

Person in Charge (Signature) Miguel Rivera

Date 6/25/24

Inspector (Signature) JR

Date 6/25/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 6/18/24
Establishment Charley's Grilled Subs		Time In 11:00 AM PM Time Out 12:30 AM PM
Address 194 Buckland Hills Dr. #2058		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Sung Woo		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 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"/>	<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"/>
<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	<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 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 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"/>	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"/>	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 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/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input 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					
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 type="checkbox"/>	P/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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) *Miguel Rivera* Date **6/18/24**

Person in Charge (Printed) **Miguel Rivera**

Inspector (Signature) *José Ramirez* Date **6/18/24**

Inspector (Printed) **José Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	6-21-24	2
Priority Foundation Item Violations	6-28-24	4
Core Item Violations	6-28-24	16
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		

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 6/28/24 ✓

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/18/24

Establishment Charley's Grilled Subs Town Manchester

Reinspection 6/28/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep fable chicken	41F	Hot Hold cheese sauce	138F	Hand sink by ice machine	95F
Steak	31F	W/C Sliced cheese	41F		
Shredded cheese	41F	Sliced tomatoes	41F		
Mozz sticks	41F	Chicken	27F		
raw chicken	32F				
Sliced cheese	41F				
Sliced tomatoes	39F				
Hot hold Fries	135F				

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.
	Kevin, manager on site (not CFPM)
49C	Metal cart on cookline unclean ✓
2C	NO CFPM on site, Miguel (CFPM) arrived midway through inspection (col)
10PF	NO Soap at hand sink by ice machine ✓
10PF	NO paper towels at hand sink by ice machine ✓
37C	unlabeled Squeeze bottles at front service line ✓
23PF	Food not properly date marked. ✓
38PF	live roaches under Soda station by POS
49C	Ceiling tiles unclean throughout
49C	exterior of equipment at cookline unclean ✓
47RE	Shelving under Soda station at cookline damaged/uncleanable ✓
52P	Grease trap missing cover/unclean/emptying into uncovered bucket
49C	Walls unclean throughout ✓
55C	FRP not sealed to wall throughout
47RE	W/F Gasket damaged
49C	W/F Floor unclean ✓
47RE	exposed insulation in W/F
47RE	W/C Gasket damaged
47C	Shelving in W/C peeling
37C	containers of food not labeled throughout ✓
49C	Floors unclean throughout, especially under equipment ✓

Note Ice machine not in use. New unit arrives in a few weeks. Using Burger class.

Note Multiple glue traps full of live roaches at front line. Traps replaced every 2 days

Person in Charge (Signature) Miguel Pineda

Date 6/18/24

Inspector (Signature) [Signature]

Date 6/18/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/18/24

Establishment Charley's Grilled Subs Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Health Dept Cell					
866-734-6009					

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.
49C	Storage room floor unclean. ✓
16P	NO sanitizer prepared. (COS)
Notes	Discussed proper date marking. All ready to eat refrigerated foods must be date marked and discarded or used within 7 days. Foods not date marked during reinspection will need to be discarded.
Note	PLC states pest control service treats every 4 weeks. Pest control report not available. PLC instructed to email Jramirez@manchesterct.gov pest control reports by 6/21/24.
Note	Overall unclean. Thorough cleaning needed. Floors, walls, ceiling, and exterior of all other equipment must be cleaned and maintained. Address all core "C" violations regarding cleanliness in 10 days. (6/28)
Note	Hood baffles are clean. PLC states baffles are cleaned daily. Hood was due to be cleaned April 2024.
Note	Send more employees to CFPM training to ensure a CFPM is on site during all operating hours.
Note	Spoke with Bobby, owner, voluntarily closing for the day. Health Dept. to reinspection when cleanliness issues are addressed. prior to reopening Health Dept approval required.
Person in Charge (Signature)	<u>Miguel Garcia</u> Date <u>6/18/24</u>
Inspector (Signature)	<u>Jeremi</u> Date <u>6/18/24</u>

Food Establishment Inspection Report

Page 1 of 1

LHD Manchester

Inspection Report Continuation Sheet

Date 6/18/24

Establishment Charley's Grilled Subs Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
(A large handwritten scribble or signature spans across the entire table area.)					

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.
	JR + KP onsite at 3:30pm for re-opening inspection
	Employees currently cleaning. overall improvement!
	Exterior of equipment on cookline to be fully cleaned by 4:00 pm.
	okay to re-open once cleaning is complete on cookline.
	email jramirez@manchesterct.gov pest control reports after every treatment.
(A large handwritten scribble or signature spans across the bottom half of the table area.)	

Person in Charge (Signature) Miguel Rivera

Date 6/18/24

Inspector (Signature) [Signature]


Date 6/18/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 7/2/24

Establishment Cheeks Chicken & Waffles
Address 648 center st.
Town/City Manchester
Permit Holder _____

Time In 2:00 AM/PM Time Out 3:30 AM/PM
LHD Manchester
Purpose of Inspection: Routine Pre-op
Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R		
1	✓			Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf			15	✓			Food separated and protected	P/C				
2	✓			Certified Food Protection Manager for Classes 2, 3, & 4	C			16	✓			Food-contact surfaces: cleaned & sanitized	P/Pf/C				
Employee Health								Time/Temperature Control for Safety									
3	✓			Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf			18				Proper cooking time and temperatures	P/Pf/C				
4	✓			Proper use of restriction and exclusion	P			19				Proper reheating procedures for hot holding	P				
5	✓			Written procedures for responding to vomiting and diarrheal events	Pf			20				Proper cooling time and temperatures	P				
Good Hygienic Practices								Consumer Advisory									
6	✓			Proper eating, tasting, drinking, or tobacco products use	P/C			21				Proper hot holding temperatures	P				
7	✓			No discharge from eyes, nose, and mouth	C			22	✓			Proper cold holding temperatures	P				
Preventing Contamination by Hands								Highly Susceptible Population									
8	✓			Hands clean and properly washed	P/Pf			23				Pasteurized foods used; prohibited foods not offered	P/C				
9	✓			No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C			24				Time as a public health control: procedures and records	P/Pf/C				
10	✓			Adequate handwashing sinks, properly supplied/accessible	P/C			Food/Color Additives and Toxic Substances									
Approved Source								Conformance with Approved Procedures									
11	✓			Food obtained from approved source	P/Pf/C			25				Consumer advisory provided: raw/undercooked food	Pf				
12	✓			Food received at proper temperature	P/Pf			26	✓			Food additives: approved and properly used	P				
13	✓			Food in good condition, safe, and unadulterated	P/Pf			27	✓			Toxic substances properly identified, stored & used	P/Pf/C				
14	✓			Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C			28	✓			Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C				
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							
30				Pasteurized eggs used where required	P			43	✓			In-use utensils: properly stored	C				
31				Water and ice from approved source	P/Pf/C			44				Utensils/equipment/linens: properly stored, dried, & handled	Pf/C				
32				Variance obtained for specialized processing methods	Pf			45				Single-use/single-service articles: properly stored & used	P/C				
Food Temperature Control								Utensils and Equipment									
33				Proper cooling methods used; adequate equipment for temperature control	Pf/C			46				Gloves used properly	C				
34				Plant food properly cooked for hot holding	Pf			47	✓			Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C				
35				Approved thawing methods used	Pf/C			48				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C				
36				Thermometers provided and accurate	Pf/C			49	✓			Non-food contact surfaces clean	C				
Food Identification								Physical Facilities									
37	✓			Food properly labeled; original container	Pf/C			50				Hot and cold water available; adequate pressure	Pf				
Prevention of Food Contamination								Violations documented									
38	✓			Insects, rodents, and animals not present	Pf/C			51				Plumbing installed; proper backflow devices	P/Pf/C				
39	✓			Contamination prevented during food preparation, storage & display	P/Pf/C			52	✓			Sewage and waste water properly disposed	P/Pf/C				
40	✓			Personal cleanliness	Pf/C			53				Toilet facilities: properly constructed, supplied, & clean	Pf/C				
41	✓			Wiping cloths: properly used and stored	Pf/C			54				Garbage and refuse properly disposed; facilities maintained	C				
42	✓			Washing fruits and vegetables	P/Pf/C			55	✓			Physical facilities installed, maintained, and clean	P/Pf/C				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								58 Adequate ventilation and lighting; designated areas used									
Person in Charge (Signature) <u>M. Adel</u> Date <u>7-2-24</u>								Natural rubber latex gloves not used per CGS §19a-36f									
Person in Charge (Printed) <u>Haseeb Ahmed</u>								Violations documented		Date corrections due				#			
Inspector (Signature) <u>Jose Ramirez</u> Date <u>7/2/24</u>								Priority Item Violations		<u>7/5/24</u>				3			
Inspector (Printed) <u>Jose Ramirez</u>								Priority Foundation Item Violations		<u>7/12/24</u>				3			
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.								Core Item Violations		<u>10/2/24</u>				27			
								Risk Factor/Public Health Intervention Violations									
								Repeat Risk Factor/Public Health Intervention Violations						5			
Requires Reinspection - check box if you intend to reinspect								Good Retail Practices Violations						28			

reinspection 7/12/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 7/2/24
 Establishment Cheeks Chicken Town Manchester reinspection 7/12/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door RIC North American Chicken	38F			Hand sink by 3 bay Bathroom sink	110F 102F
reach in raw chicken	40F				
Fried chicken internal	185F				

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.
	Haseeb CFPM on site
✓ 43C	Scoop buried in white flour bin
✓ 52P	Grease trap not operating. Strong odor.
✓ 38PF	Flies present around 3 bay. Heavy presence.
✓ 37C	unlabeled containers unlabeled dry granulars throughout
✓ 41C	Wet rag stored on prep table by prep sink, throughout
49C	Walls unclean throughout
49C	exterior of flour bins unclean
49C	Shelving above 3 bay unclean
✓ 15C	Container of dry batter on prep table not covered
49C	exterior of equipment unclean
49C	gaskets unclean throughout
49C	interior of 1 door RIC unclean, throughout
49C	Shelving unclean throughout
✓ 39C	Containers of oil & ketchup stored on floor
✓ 55C	Storage room full of garbage/clutter - better, keep removing
55C	holes in wall in storage room - will be office space
✓ 38C	large gap in rear door not screened - screen still damaged
✓ 10C	Paper towels not in dispenser in bathroom
✓ 49C	Utility room floor unclean, lined w/ cardboard - all clutter removed - floor cleaned
✓ 38PF	rodent droppings present in utility room
✓ 16P	NO sanitizer prepared

Person in Charge (Signature) M. H. [Signature] Date 07/2/24
 Inspector (Signature) [Signature] Date 7-2-24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-2-24

Establishment cheeks chicken

Town Manchester

reinspection 7/12/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Sliced formats	38F				
chicken	37F				
Cheese	37F				
Mac & cheese	34F				
door RIC True					
raw chicken	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.

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>390</u>	Ice build up in chest freezer
<u>49c</u>	Shelving in WIC unclean
<u>390</u>	Food stored on floor in WIC
<u>23PF</u>	Food not properly date marked
<u>49c</u>	WIC Floor unclean
<u>49c</u>	Shelving under prep tables unclean
<u>47c</u>	gasket damaged on chest freezer by WIC - better - ice build up to be removed
<u>37c</u>	unlabeled squeeze bottles at cook line
<u>28P</u>	Cleaning chemicals stored w/ food products
<u>47c</u>	Non commercial toaster at cook line - replaced w/ NSF
<u>56c</u>	lights above cookline not shielded
<u>56c</u>	Hood baffles unclean
Note W/ Haseeb scheduled to meet at office at 1pm. come prepared with a completed application and payment	
48PF No test strips available	
dough mixer removed	
new back door being installed monday	

Person in Charge (Signature) M. Asif

Date 7-2-24

Inspector (Signature) [Signature]

Date 7-2-24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/10/24

Establishment CJ's Pizza 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.
	JR on site for mop sink follow up.
	Mop sink construction complete and now in compliance.
	All food surfaces protected during construction.
	coolers all at 41°F or below.
	Okay to operate per Health Dept. this day

Person in Charge (Signature) [Signature]

Date 7-10-24

Inspector (Signature) [Signature]

Date 7-10-24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2																																																																																																																																																																																																																																																																																																																															
Establishment type: Permanent Temporary Mobile Other	Date: 6/4/24	Time In: 2:00 AM/PM Time Out: 3:30 AM/PM																																																																																																																																																																																																																																																																																																																															
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Address: 410 MTW		Purpose of Inspection: Routine Pre-op																																																																																																																																																																																																																																																																																																																															
Town/City: Manchester		Reinspection Other																																																																																																																																																																																																																																																																																																																															
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<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="4"></th><th>Employee Health</th><th>V</th><th>COS</th><th>R</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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Person in Charge (Signature): <i>Xiang Bio Chen</i> Date: 06/04/24	Violations documented: 6-7-24 3 Priority Item Violations: 3 Priority Foundation Item Violations: 6-14-24 3 Core Item Violations: 9-4-24 13 Risk Factor/Public Health Intervention Violations: 4 Repeat Risk Factor/Public Health Intervention Violations: 4 Good Retail Practices Violations: 15 ✓ Requires Reinspection - check box if you intend to reinspect: <input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																																
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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.																																																																																																																																																																																																																																																																																																																																	

Reinspection 6/14/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 6/4/24

Establishment Crab Catcher

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table		hot hold rice	142°F	hand sink (back)	95°F
Sausage	41F	Cold prep table Fish	36F	Chlorine bucket	120 PPM
boiled eggs	41F	breaded Shrimp	35F	3 bay sink	120F
Potatoes	41F	1 door Pepsi R/C coleslaw	40F	employee BR Sink	92F
Shrimp	40F	W/C raw chicken wing	39F	Hand sink server station	95F
MUSCLES	41F	Sausage	38F	Hand sink at bar	100F
cooked Corn	41F	Crab leg	41F	Customer BR Sink	95F
raw chicken	37F	cut melon	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.

Reinspection 6/14/24


- 37C unlabeled spices on speedrack by stove + bottles on cookline
- 15P chicken over seafood + beef in WIF ✓
- 49c floor in WIF not clean ✓
- 56c hood unclean, was due 5/27/24, PIC to schedule ASAP
- 49c Gaskets unclean throughout
- 43c tongs stored ~~on~~ on oven handle ✓
- 49c Floor unclean under cookline equipment
- 23PF Food not properly date marked throughout ✓
- 49c exterior of ice machine unclean ✓
- 49c exterior of seasoning bins unclean (by ice machine)
- 16PF handheld can opener unclean ✓
- 56c W/C light not bright enough
- 49c W/C shelving unclean
- 43c rice spoon stored in stagnant water by rice cooker
- 55c Damaged floor tiles by rear 3 bay sink
- 51P No hose bib vacuum breaker at mop sink
- 47PF Yellow cutting board gauged ✓
- Note 2-door reach in on cookline not in use x2
- 49c Shelving unclean throughout
- 28P unlabeled spray bottle w/ cleaning chemical ✓
- Note Discussed cooling
- Note provided allergen poster

Person in Charge (Signature) _____

Date 6/04/24

Inspector (Signature) Jesse

Date 6/4/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2																																																																																																																																																																																																																																																																																																																															
Establishment type: Permanent Temporary Mobile Other _____	Date: 7-9-24																																																																																																																																																																																																																																																																																																																																
Establishment Creamy Rolls Ice Cream		Time In 3:00 AM/PM Time Out 4:00 AM/PM																																																																																																																																																																																																																																																																																																																															
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<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																																																																																																																																																																																																																																																																																																																																	
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<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 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"/>																																																																																																																																																																																																																																																																																																																										
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<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"/>																																																																																																																																																																																																																																																																																																																										
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<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																																																																																																																																																																																																																																																																																																																																	
<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"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
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<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																																																																																																																																																																																																																																																																																																																																	
<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 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 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 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%; 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 type="checkbox"/></td><td>Utensils/equipment/linens: properly stored, dried, & handled</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Single-use/single-service articles: properly stored & used</td><td>P/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 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 checked="" type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>P/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> <td colspan="5" style="text-align: center;">Physical Facilities</td> </tr> <tr> <td><input 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>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 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 checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; 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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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<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"/>																																																																																																																																																																																																																																																																																																																											
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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
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<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 checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
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<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
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Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																																																																																																																																																																	
Person in Charge (Signature) Heather Wing Date 7-9-24	Violations documented																																																																																																																																																																																																																																																																																																																																
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Inspector (Signature) Jose Ramirez Date 7-9-24	Priority Item Violations	7-11-24																																																																																																																																																																																																																																																																																																																															
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Reinspection 7-22-24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/9/24

Establishment Creamy Rolls Ice Cream Town Manchester

Reinspection 7-22-24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door RIC Cream	41F			handsink by 3 bay	111 F
				Quat 3 bay	150 ppm

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.

51P
Customer bathroom handsink at 135F
128F, adjust water heater or install mixing valve
48PF
No test strips available ✓

- Note Discussed signing up more employees for the CFPM course
- Note Discussed form 1A & 1B
- Note Discussed proper date marking. All RTE Foods that are refrigerated must be date marked and used or discarded within 7 days.
- Note Provided allergen poster
- Note Thermometer available

Person in Charge (Signature) Date 7-9-24
 Inspector (Signature) Date 7-9-24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 7/16/24

Establishment Dunkin Donuts - oakland Time In 12:00 AM/PM Time Out 1:00 AM/PM

Address 81 Oakland St. LHD Manchester

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

Permit Holder Derek Pacheco 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	✓				Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf			15	✓				Food separated and protected	P/C		
2	✓				Certified Food Protection Manager for Classes 2, 3, & 4	C			16	✓				Food-contact surfaces: cleaned & sanitized	P/Pf/C		
3	✓				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf			17	✓				Proper disposition of returned, previously served, reconditioned, and unsafe food	P		
4	✓				Proper use of restriction and exclusion	P			18					Proper cooking time and temperatures	P/Pf/C		
5	✓				Written procedures for responding to vomiting and diarrheal events	Pf			19					Proper reheating procedures for hot holding	P		
6	✓				Proper eating, tasting, drinking, or tobacco products use	P/C			20					Proper cooling time and temperatures	P		
7	✓				No discharge from eyes, nose, and mouth	C			21					Proper hot holding temperatures	P		
8	✓				Hands clean and properly washed	P/Pf			22					Proper cold holding temperatures	P/C		
9	✓				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C			23	✓				Proper date marking and disposition	P/Pf		
10	✓				Adequate handwashing sinks, properly supplied/accessible	P/C			24					Time as a public health control: procedures and records	P/Pf/C		
11	✓				Food obtained from approved source	P/Pf/C			25					Consumer advisory provided: raw/undercooked food	Pf		
12	✓				Food received at proper temperature	P/Pf			26					Highly Susceptible Population	P/C		
13	✓				Food in good condition, safe, and unadulterated	P/Pf			27					Food/Color Additives and Toxic Substances	P		
14	✓				Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C			28	✓				Food additives: approved and properly used	P		
									29	✓				Toxic substances properly identified, stored & used	P/Pf/C		
									29					Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C		

GOOD RETAIL PRACTICES

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

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

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

Violations documented Date corrections due #

Priority Item Violations	<u>7/19/24</u>	<u>2</u>
Priority Foundation Item Violations	<u>7/26/24</u>	<u>3</u>
Core Item Violations	<u>10/16/24</u>	<u>8</u>
Risk Factor/Public Health Intervention Violations		<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>9</u>
Good Retail Practices Violations		<u>9</u>
Requires Reinspection - check box if you intend to reinspect		

Person in Charge (Signature) K. Labory Date 7/16/24

Person in Charge (Printed) Kaisha Labory

Inspector (Signature) Jose Ramirez Date 7/16/24

Inspector (Printed) Jose Ramirez

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 7/30/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/16/24

Establishment Dunkin Donuts (Oakland) Town Manchester

Reinspection 7/30/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIF ambient	40F	Cold prep table egg	41F	3 bay Sink	120F
WIC ambient	38F	Sausage	39F	3 bay Quat	400ppm
WIC Milk	41F	quiche	41F		
2 door RIC Turbo		Cream cheese	39F	under counter cooler	
Sausage patty	40F	Cream cheese cold prep table		Cream	39F
wrap	41F	Sliced cheese	50F	Milk dispenser cream	41F
egg patty	33F	individual cream cheese	57F	Quat bucket	400ppm
			57F	CUSTOMER BR sink	125F

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
	<u>Kaisha CFPM on site</u>
10PF	interior of hand sink by ovens unclean/used as dump sink ✓
49C	WIF ceiling/walls unclean
56C	Employee Food commingled w/ restaurant food in WIC
49C	WIC floor unclean
49C	standing liquid under dry storage shelving
47C	Caulk behind 3 bay unclean/uncleanable. must be white.
49C	exterior of ice bin (Cambro) unclean
22P	Sliced cheese ^{36F} & individual cream cheese ^{39F} 39F > 41F. (CoS) discarded
16PF	16PF Front line prep tables unclean w/ syrup build up ✓
16PF	Metal speed well w/ lids unclean. (CoS) lids discarded
39C	ice build up & standing water in drive thru beverage cooler
49C	Floors unclean throughout/under equipment
51P	Customer Bathroom sink 125F. 127F (must be fixed by 8-5-24 or hire a different plumber) current plumber on vacation
Note	Customer Bathroom handsink must be 85-115F.
Note	Discussed increasing cleaning frequency of floors and food contact surfaces.
Note	Instructed PIC to not use cold prep table w/ cream cheese until unit in 41F or below.
Note	Test strips & thermometer available

Person in Charge (Signature) H. Savory

Inspector (Signature) [Signature]

Date 7-16-24

Date 7-16-24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 7/15/24	Time In: 2:45 AM/PM Time Out: 3:45 AM/PM
Establishment: EA Teriyaki		LHD: Manchester
Address: 194 Buckland Hill dr #2056		Purpose of Inspection: Routine Pre-op
Town/City: Manchester		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
<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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		Certified Food Protection Manager for Classes 2, 3, & 4	16
<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"/>
3		Management, food employee and conditional employee; knowledge, responsibilities and reporting	17
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		Proper use of restriction and exclusion	18
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		Written procedures for responding to vomiting and diarrheal events	19
Good Hygienic Practices			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		Proper eating, tasting, drinking, or tobacco products use	20
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		No discharge from eyes, nose, and mouth	21
Preventing Contamination by Hands			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		Hands clean and properly washed	22
<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	23
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		Adequate handwashing sinks, properly supplied/accessable	24
Approved Source			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		Food obtained from approved source	25
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		Food received at proper temperature	26
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		Food in good condition, safe, and unadulterated	27
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		Required records available: molluscan shellfish identification, parasite destruction	28

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30		Pasteurized eggs used where required	33
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31		Water and ice from approved source	34
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32		Variance obtained for specialized processing methods	35
Food Temperature Control			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33		Proper cooling methods used; adequate equipment for temperature control	36
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34		Plant food properly cooked for hot holding	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35		Approved thawing methods used	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36		Thermometers provided and accurate	
Food Identification			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37		Food properly labeled; original container	
Prevention of Food Contamination			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38		Insects, rodents, and animals not present	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39		Contamination prevented during food preparation, storage & display	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40		Personal cleanliness	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41		Wiping cloths: properly used and stored	
<input type="checkbox"/>	<input type="checkbox"/>	<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) **Reina** Date **07/15/2024**

Person in Charge (Printed) _____

Inspector (Signature) **Jose Ramirez** Date **7/15/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	7/17/24	2
Priority Foundation Item Violations	7/25/24	4
Core Item Violations	10/15/24	10
Risk Factor/Public Health Intervention Violations		4
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.

Reinspection 7/16/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 7-15-24
 Establishment EA Teriyaki Town Manchester Reinspection 7-16-24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIC chicken	40F	Hot Hold grill chicken	154F	Hand sink by ice	120F
raw Beef	37F	rice	144F		
marinated raw chicken	41F	Spring roll	145F		
under counter cooler		Cold drawer chicken	32F		
Chicken	41F	Shrimp	37F		
Hot Hold rice	170F	Beef	36F		
Brown rice	180F	Hot Hold noodles	152F		
WIC chicken	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
	under counter cooler 39F
50PF	No Hot water at 3 bay 115F
49C	interior of under counter cooler unclean
16PF	interior of ice machine unclean
43C	Scoop Handle buried in Flour bin
37C	unlabeled squeeze bottles throughout
49C	exterior of flour bin unclean
10PF	equipment stored in hand sink by 3 bay ✓
47C	caulk around 3 bay unclean/not cleanable
51P	No hose bib vacuum breaker at mop sink
16P	No sanitizer made. (COS)
49C	interior & exterior of cook line equipment unclean
49C	standing liquid on floor in storage room
10PF	No paper towels at hand sinks by WIC ✓
49C	Shelving throughout unclean
49C	WIC ceiling unclean
49C	Ceiling vent above 3 bay unclean.


Note Do not use under counter reach in until it is serviced and holding food at 41F or below. unit at 39F

Note Hot water must be available by 7-16-24 10:00am. Cannot open unless hot water is available at 3 bay and inspected by health dept. R

Person in Charge (Signature) Reina Date 07/15/2024
 Inspector (Signature) [Signature] Date 7-15-24

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: 7/1/24
Establishment: <u>Filomena's</u>		Time In: <u>12:30 AM (PM)</u> Time Out: <u>1:45 AM (PM)</u>
Address: <u>775 main st.</u>		LHD: <u>Manchester</u>
Town/City: <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder: <u>Michael Kelley</u>		Reinspection: Other

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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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						
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"/>
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"/>
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"/>
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"/>
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"/>
Written procedures for responding to vomiting and diarrheal events						
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						
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						
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						
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						
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/accessable						
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						
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						
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						
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						

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					
31	<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"/>
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"/>
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"/>
Plant food properly cooked for hot holding					
35	<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"/>
Thermometers provided and accurate					
Food Identification					
37	<input checked="" 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 checked="" 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"/>	<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"/>
Personal cleanliness					
41	<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"/>
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>[Signature]</u>	Date: <u>7-1-24</u>
Person in Charge (Printed): <u>Michael A. Kelley</u>	
Inspector (Signature): <u>[Signature]</u>	Date: <u>7/1/24</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.

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		0
Core Item Violations	<u>7-11-24</u>	2
Risk Factor/Public Health Intervention Violations	<u>7-11-24</u>	5
Repeat Risk Factor/Public Health Intervention Violations		3
Good Retail Practices Violations		4
Requires Reinspection - check box if you intend to reinspect		

Reinspection 7-11-24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-1-24

Establishment Filomena's Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
W/F ambient	13F	Cold prep table Pizz station		Hand sink by warewash	110F
W/C Mozz	38F	Bacon	40F	Hand sink by Pizza station	100F
Chicken wing	38F	Sliced tomatoes	39F	Customer BR sink	115F
Salami	38F	Sausage	38F		
Ham	38F	Shredded cheese	39F	Hot hold meatballs	140F
Turkey	38F	cold prep table Pasta	40F	marinara	140F
Basement 2 door RIF	8F	red sauce	38F		
Chicken cooked to	195F	cream	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 Code of Regulations.

Reinspection 7-11-24



- 10PF No paper towels at hand sink by warewash ✓
- 15C Food uncovered in RIF ✓
- 49C W/C Floor unclean ✓
- 38C Basement Bay door open w/ no screen ✓
- 37C unlabeled squeeze bottles throughout ✓
- 49C FRP next to and ~~behind~~ behind grill unclean Being cleaned now
- 23PF Food not properly date marked throughout ✓

Note all 'C' violations above must be corrected by 7-11-24. 'PF' also due 7-11-24

Note All ready-to-~~eat~~ refrigerated foods must be date marked & held for no more than 7 days unless frozen.

Note overall cleanliness much improved. Continue to monitor and clean under & between equipment.

Note Good glove use & handwashing observed

Note Test strips & thermometer available

Note Discussed allergen poster. Available on CT DPH website

Person in Charge (Signature) [Signature]

Date 7-1-24

Inspector (Signature) [Signature]

Date 7-1-24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 5/31/24	
Establishment La Toquilla	Time In 12:00 AM/PM Time Out 1:30 AM/PM	
Address 21 Oak St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Mis Zambrano	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"/>	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"/>				<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<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"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting													
4	<input checked="" 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"/>
Proper use of restriction and exclusion													
5	<input checked="" type="checkbox"/>	<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"/>
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"/>	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"/>				<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<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"/>
Hands clean and properly washed													
9	<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"/>
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"/>				<input checked="" type="checkbox"/>	<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"/>				<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<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"/>
Food received at proper temperature													
13	<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	<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"/>	<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

OUT	N/A	N/O	V	COS	R	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"/>	<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>	<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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"/>			<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) **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	6/3/24	2
Priority Foundation Item Violations	6/10/24	4
Core Item Violations	8/31/24	10
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		5
Good Retail Practices Violations		7
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 6/14/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/31/24

Establishment La Toquilla

Town Manchester

Reinspection 6/14/24

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	100ppm
back room cold prep		shredded mozz	38		
chicken	37	sausage	38		
steak	38	reach in freezer	1 °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
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 dishmachine
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) Miguel Ambrado

Date 5/31/24

Inspector (Signature) [Signature]

Date 5/31/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 7-3-24
Establishment Poke Don		Time In 10:30 AM/PM Time Out 12:00 AM/PM
Address 179 Deming St. #12		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Allen Zhuo		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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input checked="" 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 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"/>
Good Hygienic Practices															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 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	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/C	<input checked="" 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 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			
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 checked="" 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"/>	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) _____ Date 7/3/24															
Person in Charge (Printed) Allen Zhuo															
Inspector (Signature) _____ Date _____															
Inspector (Printed) Jose Ramirez															
Violations documented _____ Date corrections due _____ # _____															
Priority Item Violations _____ CoS _____ 2															
Priority Foundation Item Violations _____ 7-13-24 _____ 1															
Core Item Violations _____ 10-3-24 _____ 9															
Risk Factor/Public Health Intervention Violations _____ 4															
Repeat Risk Factor/Public Health Intervention Violations _____															
Good Retail Practices Violations _____ 8															
Requires Reinspection - check box if you intend to reinspect _____															

reinspection 7/15/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-3-24

Establishment Poke Don

Town Manchester

reinspection 7/18/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table by Fryer		W/F ambient	-1 F	Hand sink by Prep Sink	110 F
Cooked onion	41 F	Front line coleslaw	41 F 41 F	Customer Hand sink	115 F
milk	41 F	Shrimp	41 F		
Hot hold rice	200 F	Sauce	39 F		
WIC Salmon	41 F	Hot Hold brown rice	150 F		
Chicken	41 F				
Shrimp	41 F				
Eggs	41 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	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.
41C	several wet rags on prep table in kitchen, not in sanitizer
2C	No CFPM on site, Allen (CFPM) come in half way through.
37C	unlabeled squeeze bottles throughout w/ sauces
43C	Whisks stored in standing water by tea station
28P	unlabeled squeeze bottle w/ soap (COS)
23PF	Food not properly date marked in WIC
49C	W/F Floor unclean
49C	exterior of rice bins unclean
49C	shelving unclean throughout
56C	Hood baffles unclean. Hood was due to be cleaned June, 2024
49C	Floor under equipment unclean
16P	Chlorine bucket at front line at 0ppm. (COS) remade to 50ppm.
49C	interior of cabinet under hand sink at front line unclean
Note	Parasite destruction records available and renewed
Note	A CFPM must be on site during all operating hours. Send more employees to the course as necessary to ensure all shifts are covered. If no CFPM is available the FSE must be closed until a CFPM is on site.
Note	monitor WIC and cold prep unit.
Note	Keep lids on front service cold prep foods when not serving.
Note	Pest control twice a month
Note	Test strips & thermometer available

Person in Charge (Signature)

Date 7/3/24

Inspector (Signature)

Date 7-3-24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____	Date: 7-10-24	
Establishment Randys Wooster St. Pizza	Time In 12:00 AM/PM Time Out 1:30 AM/PM	
Address 285 E. Center St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Evelina Oldziej	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	IN	OUT	N/A	N/O	V	COS	R
Supervision										
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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

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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thermometers provided and accurate									
Food Identification									
37	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food properly labeled; original container									
Prevention of Food Contamination									
38	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insects, rodents, and animals not present									
39	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<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) <i>Evelina Oldziej</i>	Date 7/10/24
Person in Charge (Printed) Evelina Oldziej	
Inspector (Signature) <i>Jose Ramirez</i>	Date 7-10-24
Inspector (Printed) Jose Ramirez	

Violations documented	Date corrections due	#
Priority Item Violations	7/13/24	4
Priority Foundation Item Violations	7/20/24	9
Core Item Violations	10/10/24	21
Risk Factor/Public Health Intervention Violations		8
Repeat Risk Factor/Public Health Intervention Violations		8
Good Retail Practices Violations		26
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 7-22-24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-10-24

Establishment Randy Wooster St. Pizza Town Manchester

RI 7-22-24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
W/C meatballs	38F	Pizza station		Hand sink Basement	111F
Chicken	39F	Peppers	39F	Basement BR sink	100F
Sliced tomatoes	38F	ground beef	40F	Customer BR sink	115F
Pizza	41F	Mashed potatoes	40F		
Cold prep table cookline		Pizza Sauce	41F		
sliced tomatoes	38F				
ranch	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 Code.
	<u>EWA CFPM on site</u>
10 PF	No paper towels at hand sink in basement ✓
49C	Speed racks in basement unclean ✓
37C	unlabeled bins w/ granulars in basement ✓
37C	unlabeled Squeeze bottles throughout ✓
38 PF	Flies present in basement prep area Monthly Pest control. New Britain Pest Control ✓
16 PF	unclean table mounted can opener blade ✓
39 PF	tray of broccoli stored on top of trash can ✓
49C	interior of hand sink in basement unclean ✓
49 PF	unclean knife stored on unclean note book on prep table ✓
44C	Dish racks stored on floor by dishmachine in basement ✓
47C	Cracked plastic containers on wire shelving by dish machine ✓
44C	Jumbled utensils on wire shelving by dish machine ✓
49C	exterior of ice machine unclean ✓
16 PF	interior of ice machine unclean ✓
15 P	Bottle of gatorade stored in ice machine ✓
55C	Cove base missing/damaged by ice machine ✓
45 P	Pizza boxes stored on floor in basement ✓
10 PF	No paper towels in employee bathroom in basement ✓
39 P	Non commercial bucket used for ice ✓
37C	unlabeled squeeze bottles at cookline ✓
47C	Prep table by ovens gauge gauged, not an NSF or equivalent ✓
Person in Charge (Signature)	<u>Evelyn Olden</u> Date <u>7/10/24</u>
Inspector (Signature)	<u>[Signature]</u> Date <u>7-10-24</u>

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7-10-24

Establishment Randys Wooster St. Pizza Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door RIC by oven		Cold drawer under grill			
Chicken	41F	Chicken wing	39F		
sliced cheese	41F	Cold prep table by grill			
ham	41F	sliced tomatoes	40F		
sliced tomatoes	41F	cheese	41F		
1 door RIC Atoesa		Chicken	41F		
roasted tomatoes	40F	Hot Hold marinara	135F		
Pepperoni	40F	Veg. soup	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.
49C	Pizza cold prep table gaskets unclean
49C	interior of pizza cold prep table unclean
16P	Chlorine bucket > 200 ppm ✓
54C	No trash can at hand sink by ovens
23PF	Containers of food not properly datemarked throughout ✓
56C	Hood baffles over grill/fryer unclean
49C	exterior of all equipment at cookline unclean
10PF	equipment stored in hand sink by fryer ✓
47C	non commercial black speed rack cart not cleanable/unclean/damaged
49C	interior of microwave by fryer unclean
49C	gaskets unclean throughout
49C	Wire shelving by fryer unclean
49C	Floor unclean throughout
Note:	continue to declutter unused equipment throughout FSE
	Submit written procedure to Health Dept. to use Time as a Public Health control for pizza sold by the slice. Needs to be labeled with time prep/discard time. No more than 4 hours.
Note:	2-Door RIC at 71F. Not in use.
Note:	Discussed proper date marking. All RTE refrigerated foods must be date marked and used or discarded within 7 days. Foods not date marked will be discarded.

Person in Charge (Signature) Evelyn Olden
 Inspector (Signature) Joe Ricci

Date 7/10/24
 Date 7-10-24

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

Establishment type: Permanent Temporary Mobile Other
Establishment: Roosters Chicken & Waffles
Address: 394 Middle Tpke West
Town/City: Manchester
Permit Holder: Riccardo Francois



Date: 2/21/24
Time In: 11:40 AM/PM Time Out: 1:20 AM/PM
LHD: Manchester
Purpose of Inspection: Routine Pre-op
Reinspection: Other

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Table with columns for item number, compliance status (IN, OUT, N/A, N/O), violation type (V, COS, R), and description of the risk factor or intervention.

GOOD RETAIL PRACTICES

Table with columns for item number, compliance status (OUT, N/A, N/O), violation type (V, COS, R), and description of the retail practice.

Person in Charge (Signature) [Signature] Date 2/02/2024
Person in Charge (Printed) [Name]
Inspector (Signature) [Signature] Date 2/21/24
Inspector (Printed) Jose Ramirez

Violations documented table with columns for violation type and count.

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.

Inactivated 5/17/24
as of 2-21-24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 2/21/24

Establishment Roosters Chicken & Waffles Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table				Hand sink by 3 bay	105F
sliced cheese	37F			Hand sink employee Bathroom	55F
shredded cheese	37F			Prep sink	110F
RIC by grill					
sliced tomato	38F				
raw chicken wings	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.
	Ravi (employee) on site
49c	Exterior & interior of all equipment unclean
15P	Sliced tomatoes in RIC stored directly on shelf
51c	3 bay sink not in use due to leaking plumbing.
1PF	No PIC present
2C	No CFPM present
16P	kitchenwares being washed in prep sink
10PF	No hot water in employee bathroom
49c	Floor/walls unclean throughout
55c	Clutter under front service counter & behind cold prep table wall
37c	Unlabeled squeeze bottles w/ various sauces throughout
55c	Damaged floor tiles by 3 bay
49c	unclean shelving above 3 bay
36PF	NO thermometer available
16PF	Interior of microwave unclean
28PF	unlabeled spray bottle w/ cleaning chemical stored by prep sink.
56c	Hood unclean. was due to be cleaned October 2023.
22P	To go containers of various sauces stored at room temp @ 70F. CO5 discarded
47c	RIC hinge damaged
3P Note	employees not knowledgeable on basic food safety principles. 3P
Note	JR & Employee called owner, no answer. Louinel Sterling 860-960-4222, Riccardo Franchise owner

Person in Charge (Signature) Ravi

Date 02/21/24

Inspector (Signature) [Signature]

Date 2/21/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 2/21/24

Establishment Roosters Chicken & Waffles 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 |
|-------------|--|
| Note | employee stated they are manually washing kitchenwares in prep sink because 3 bay sink plumbing leaks when used. |
| Note | Hood cleaning must be scheduled by 2/23/24. |
| Note | JR spoke w/ Lou (owner) on the phone. JR reviewed all violations w/ Lou. Lou agreed to voluntarily close until 3 bay sink is repaired, thermometer is available, and CFPM is on site during all operating hours. Business to remain closed until Lou contacts JR or health dept. and reinspection completed. |
| Note | Lou stated that sauces have been diluted in a manner that makes them non TCS. Explained to Lou that a request must be submitted & approved by health dept. before that special process continues. |

Inactivated 5/17/24 as of 2/21/24

Person in Charge (Signature) Lou

Date 02/21/24

Inspector (Signature) [Signature]

Date 2/21/24

Connecticut Department of Public Health

Food Establishment Inspection Report

Risk Category: 3

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.

P	IN	OUT	N/A	N/O	V	cos	R	Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item						
								IN	OUT	N/A	N/O			
								Supervision						
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"/>	Protection from Contamination	
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 separated and protected	
3	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	
5	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	Time/Temperature Control for Safety	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	
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"/>	Proper date marking and disposition	
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"/>	Time as a public health control: procedures and records	
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"/>	Consumer Advisory	
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"/>	Highly Susceptible Population	
					P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	
					P/Pf	<input type="checkbox"/>	<input type="checkbox"/>						Food/Color Additives and Toxic Substances	
					P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						Food additives: approved and properly used	
					P/Pf	<input type="checkbox"/>	<input type="checkbox"/>						Toxic substances properly identified, stored & used	
					P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						Compliance with Approved Procedures	
					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.

OUT	N/A	N/O	V	cos	R	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						
														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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>
														46	<input type="checkbox"/>

Person in Charge (Signature) [Signature] Date 5/31/24

Person in Charge (Printed) Luis G. G. G. 5/31/24

Inspector (Signature) [Signature] Date 5/31/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	6-10-24	7
Core Item Violations	8-31-24	9
Risk Factor/Public Health Intervention Violations		5
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		11
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 6/14/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/31/24

Establishment Shady Glen Town Manchester

Reinspection 6/4/24

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

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-405.12 of the Food Code.



Item Number	Observations and Corrective Actions
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 Sponges removed this day
38C	Basement screen door left open (-COS)
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 (COS)
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

Food Establishment Inspection Report

Page 1 of 1

LHD Manchester

Inspection Report Continuation Sheet

Date 6/18/24

Establishment Charley's Grilled Subs Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
[A large, faint, illegible scribble or signature spans across the entire table area.]					

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
	JR + KP onsite at 3:30pm for re-opening inspection
	Employees currently cleaning. overall improvement!
	Exterior of equipment on cookline to be fully cleaned by 4:00 pm.
	okay to re-open once cleaning is complete on cookline.
	email jramirez@manchesterct.gov pest control reports after every treatment.
[A large, faint, illegible scribble or signature spans across the bottom half of the table area.]	

Person in Charge (Signature) Meghan Rivet

Date 6/18/24

Inspector (Signature) [Signature]

Date 6/18/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of <u>2</u>																
Establishment type: Permanent Temporary Mobile Other _____		Date: <u>7/12/24</u>																
Establishment: <u>Wendys</u>	 Connecticut Department of Public Health	Time In _____ AM/PM Time Out _____ AM/PM																
Address: <u>262 Spencer 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										Protection from Contamination								
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 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 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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										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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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										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										Utensils and Equipment								
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"/>	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"/>
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"/>	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"/>
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"/>	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"/>
Food Temperature Control										Physical Facilities								
33	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	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"/>
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"/>	51	<input checked="" 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"/>
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"/>	52	<input checked="" 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"/>
Food Identification										Repeats								
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"/>				Violations documented			Date corrections due		#
Prevention of Food Contamination													Priority Item Violations			Immed. 7/15/24		1
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"/>				Priority Foundation Item Violations			July 22, 24		2
39	<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"/>	<input type="checkbox"/>				Core Item Violations			Today's		4
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"/>				Risk Factor/Public Health Intervention Violations					1
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"/>				Repeat Risk Factor/Public Health Intervention Violations					1
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"/>				Good Retail Practices Violations					6
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																		
Person in Charge (Signature) <u>Paul Jaser</u> Date <u>7/12/24</u>																		
Person in Charge (Printed) <u>PAUL JASER</u>																		
Inspector (Signature) <u>Denise Payne RS</u> Date <u>7/12/24</u>																		
Inspector (Printed) <u>Denise Payne RS</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 7/12/24

Establishment Wendys

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Hamburger Sta.</u>	<u>39F</u>	<u>Chicken breast</u>	<u>158F</u>	<u>Hot water - HS</u>	<u>106F</u>
<u>botl milk</u>	<u>41F</u>	<u>Hamburger</u>	<u>138F</u>		
<u>Sour cream</u>	<u>38F</u>		<u>148F</u>		
	<u>39F</u>	<u>Potatoes</u>	<u>185F</u>	<u>front HS @ 80F * people using ?? Mgr states w temp OK but takes a while</u>	
		<u>Chicken Nugget</u>	<u>167F</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.

- 22P American cheese @ 60F Discarded.
 Manager states Time vs Temp - no approved written procedure or time marking on product. - Provide via email for approval *
 Changed container + included lids to retain temp.
- 51PF Mop sink + Hand sink unit - dripping/leaking
- 55C Floors, generally unclean; Grease build up at 3 bay wall behind ice machine
 Lime build up behind drive thru soda machine
 Walk in freezer - food debris/trash on floor under racks
- 49C Condiment holders at service counter and drive thru unclean with build-up.
- 39C Reach in freezer - Vent of interior Ice buildup + drip. repair or replace unit.
- 33PF Walk in Cooler @ 45F next therm. 41F on interior.
 Manager states defrosts 1030am - 1130pm (30 min ago)
 - Reset time to defrost after hours
 - Verify unit is maint + able to keep food/product below 41F.
 Manager Contacted Regional Supervisor to get someone out Today (backup refig. if NOT fixed today)
- Note: Discussed relocating drying utensils at hood rim of Sari-bay
- 52C Standing Water on Coolline floor.
 * Paper Towel Dispenser at hand sink, needs repair

Person in Charge (Signature) [Signature] Date _____
 Inspector (Signature) Dennis Payne Date 7/12/24

mail repair: Today
- dpayne@manchesterct.gov