



## Manchester Health Department

479 Main Street

Manchester, CT 06040


Establishment:	Date of Inspection:
A/ madina - 246 Broad st.	8/30/24
KP on site to follow up on freezer removal.	
Pest control, A and A, is scheduled for tomorrow morning. (8/31/24)	
All freezers are still present. The RIF has been emptied of its contents and cleaned. The upstairs chest freezer has been emptied of all food. Downstairs; one chest freezer has been unplugged and emptied of all food. One chest freezer remains on and full of food.	
KP called Jeff Catlett and he agreed that since progress was made we will extend the freezer removal deadline one week from today. All freezers are to be removed by 9/6/24 or PIC will voluntarily close.	
Pest control report needed by 9/3/24.	
Initial (Inspector)	Initial (Person in Charge)
Kate Pesun	



**Manchester Health Department**

479 Main Street

Manchester, CT 06040

Establishment: Big Y Express	Date of Inspection: 8/29/2024
<ul style="list-style-type: none"> <li>- roller to be placed at end of counter - sneeze guard attached (self service) - cook/reheat</li> <li>• rolls for hot dog pre-packaged buns + sleeves (hot dog)</li> <li>• no chili/cheese sauce - only pumps for condiments (ketchup, mustard, <del>teriyaki</del>)</li> <li>• drawers with extra supplies next to roller</li> <li>- • Thermometers / alcohol wipes</li> <li>• Three Bay - quat sanitizer (test strips available)</li> <li>• dedicated NSF commercial rack in WIC to be stored</li> <li>• Frozen boxes to be stored in 2 door freezer</li> <li>- CFPM on site during operating hours</li> <li>- Tongs to be wash, Rinse, sanitized every 4 hours</li> <li>- Health Dept discussed change from class 1 to class 2 establishment - when renewal is due in November, class change + \$200.00 Fee due.</li> <li>- proposed sept 9th to start change + add new items</li> <li>- Allergen awareness signage</li> <li>- no handwash sign at front counter handsink.</li> <li>- okay per Manchester Health Dept.</li> </ul>	
Initial (Inspector) L.G.	Initial (Person in Charge)  Tim



\* Complaint Inspection

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/5/2024

Establishment Dave + Busters

Town Manchester


## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Marinara hot	96F	oasis ice cream mix	45F	WIC ✓	38F
garlic bacon aioli	55F	ranch/blue cheese	60F	WIF ✓	22F
cut tomato	56F	BBQ-hot	95F	WIC Meat ✓	38F
pico de gallo	51F	hot sauce-hot	91F		
marinara	52F				
ranch dressing	48F	dairy @ bar-milk	45F		
cheese	48/49F				

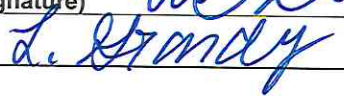
## OBSERVATIONS AND CORRECTIVE ACTIONS

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.
	CFPM: Eric
	Temps along cookline cold units range between 45-56/60F. All food items out of temperature voluntarily discarded. Hot items between 91-96F. person in charge voluntarily discarded all food products
	all units to be kept close. person in charge has been adding ice and monitoring all food in drawers. Thermometers inside all walk ins being monitored by person in charge.
	Health Dept to require Temp logs for WIC/WIF and food product along cookline.
	person in charge to voluntarily close kitchen/bar until electricity issues are resolved. pre-operational inspection is required by Health dept prior to re-opening. Health Dept in office 7:30 AM - 5 pm. call 860-647-3193 or email <a href="mailto:grandy@manchesterct.gov">grandy@manchesterct.gov</a> for reinspection date/time.
	wash/rinse/sanitize all surfaces/equipment prior to reopening inspection

Person in Charge (Signature) 

Date 8/5/2024

Inspector (Signature) 

Date 8/5/2024



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>8/6/24</b>
Establishment <b>DAVE + BUSTERS</b>		Time In <b>8:30</b> AM/PM Time Out <b>9:30</b> AM/PM
Address <b>194 BUCKLAND HILLS DR.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: Routine Pre-op
Permit Holder <b>CFPM: ERIC</b>		Reinspection Other <b>Re-opening</b>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
<small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small>															
<small>Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed</small>															
<small>P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small>															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/P/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
<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"/>	<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"/>	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 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"/>	Highly Susceptible Population			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES															
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>															
<small>Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</small>															
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 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"/>	<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"/>		
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"/>	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"/>	<input checked="" 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"/>	<input type="checkbox"/>		
Food Identification															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<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"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<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"/>	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"/>	<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 <b>8-6-24</b>		Violations documented		Date corrections due		#		Priority Item Violations		-			
Person in Charge (Printed) <b>Eric Quzada</b>				Priority Foundation Item Violations		<b>prior to opening</b>		1		Core Item Violations		<b>11/6/24</b>			
Inspector (Signature) <i>[Signature]</i>		Date <b>8/6/24</b>		Risk Factor/Public Health Intervention Violations				1		Repeat Risk Factor/Public Health Intervention Violations					
Inspector (Printed) <b>Lauren Grandy</b>				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 8/6/24

Establishment Dave + Busters

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cheese in cold	39F	wic	35	hot water 3 bay	110F
cookline drawers	38-39F	Fish	39F	handsink	96F
TOP knits	35F	chicken	40F		
Butter - 2 door	39F	wic	36F	quat 3 bay	200ppm
2 door Freezer	-3F	Beef marinated	38F	hot water bar-h.s.	103F
		WIF	12F	Milk at bar	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
	CFPM: Eric
47c	top cold unit missing handle
16pF	interior of fry freezer not clean - clean prior to opening
41c	towel stored under cutting board on cookline <u>CAC</u>
note*	wipe down condensation on refrigeration along cookline
52c	severe ice build up in WIF
	↳ discussed reaching out to licensed hvac for repairs
	overall clean + organized
	all refrigeration working/operating correctly
	okay to put food back in units
	kitchen + bar okay by healthdept to open this day!



Person in Charge (Signature)

Date 8-6-24

Inspector (Signature)


*L. Grandy*

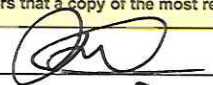
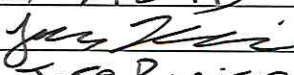
*[Signature]*

Date 8/6/24



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>8/27/24</b>
Establishment <b>Al Madina</b>		Time In <b>2:45 AM/PM</b> Time Out <b>4:00 AM/PM</b>
Address <b>246 Broad St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>MOHAMMED A, AZAD</b>		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				IN	OUT	N/A	N/O	V	COS	R	Protection from Contamination													
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"/>	15	<input checked="" type="checkbox"/>	<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"/>		
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"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Health													17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	Time/Temperature Control for Safety													
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"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>		
Good Hygienic Practices													20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>		
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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													23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>		
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"/>	Consumer Advisory													
10	<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"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Approved Source													Highly Susceptible Population											
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"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>		
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/Color Additives and Toxic Substances													
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"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	28	<input checked="" 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"/>		
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.																								
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	Proper Use of Utensils												
30	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>		
31	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
32	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>		
Food Temperature Control													46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of gloves	C	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment																		
34	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<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"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>		
Food Identification													Physical Facilities											
37	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>		
Prevention of Food Contamination													51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
38	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
39	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>		
41	<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"/>	<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"/>		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	<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"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													Natural rubber latex gloves not used per CGS §19a-36f											
Person in Charge (Signature) 		Date <b>8-27</b>		Violations documented			Date corrections due			#														
Person in Charge (Printed) <b>AZAD</b>					Priority Item Violations			<b>8-30-24</b>			<b>2</b>													
Inspector (Signature) 		Date <b>8/27/24</b>		Priority Foundation Item Violations			<b>9-6-24</b>			<b>7</b>														
Inspector (Printed) <b>Jose Ramirez</b>					Core Item Violations			<b>11-27-24</b>			<b>6</b>													
					Risk Factor/Public Health Intervention Violations						<b>7</b>													
					Repeat Risk Factor/Public Health Intervention Violations																			
					Good Retail Practices Violations						<b>8</b>													
					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 8/27/24

Establishment Al Madina Town Manchester


### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken cooked to WIC chicken	165F			Hand sink by 2 bay	110F
Chicken	41F			employee BR Sink	85F
Rice	40F				
bone soup	41F				
door RIC rice	40F				
Hot hold rice	41F				
	186F				

### 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.
	Mohammed CFPM on site
10PF	kitchenwares stored in hand sink by 2 bay. (CoS)
10PF	no paper towels in employee Bathroom.
39P	to go bags used to store Food (direct contact w/ Food)
23PF	Containers of Food in WIC not properly date marked
49C	WIC Fan cover unclean. WIC Shelves unclean
37C	containers of Food not labeled throughout.
16PF	interior of microwave unclean
22P	eggs stored at prep table by cookline at 75F. (CoS) Discarded
45C	reuse of single use containers as scoops throughout.
49C	exterior of Fryer unclean
37C	unlabeled Squeeze bottles & Shakers throughout.
10PF	no paper towels at hand sink by 3 bay.
56C	Hood baffles unclean
16PF	Deli slicer unclean
38PF	live roach at cookline & basement & in chest freezers in basement
Note	Non commercial chest freezers must be removed or replaced by 9/27/24.
Note	Professional pest control must provide service by 8/28/24. Submit pest control report to health dept.
Note	Non Commercial chest freezers must be removed or replaced w/ NSF or equivalent.
Note	Discussed establishing employee food section in WIC.
Note	Submit spec sheets for new freezers to SR before purchasing.
Person in Charge (Signature)	 Date <u>8-27</u>
Inspector (Signature)	 Date <u>8/27/24</u>



Risk Category: <u>3</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>8/22/2024</u>	
Establishment <u>Allerz Catering</u>	 <p>Connecticut Department of Public Health</p>	Time In <u>11</u> AM/PM Time Out <u>11:30</u> AM/PM
Address <u>141 Center St</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Deane Young</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>								
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures				P/Pf/C <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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding				P <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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Good Hygienic Practices</b>				20 Proper cooling time and temperatures				P <input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
6 Proper eating, tasting, drinking, or tobacco products use				21 Proper hot holding temperatures				P <input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
7 No discharge from eyes, nose, and mouth				22 Proper cold holding temperatures				P <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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Preventing Contamination by Hands</b>				23 Proper date marking and disposition				P/Pf <input type="checkbox"/>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
8 Hands clean and properly washed				24 Time as a public health control: procedures and records				P/Pf/C <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"/>	<b>Consumer Advisory</b>								
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				25 Consumer advisory provided: raw/undercooked food				Pf <input type="checkbox"/>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>								
10 Adequate handwashing sinks, properly supplied/accessible				26 Pasteurized foods used; prohibited foods not offered				P/C <input type="checkbox"/>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>								
<b>Approved Source</b>				27 Food additives: approved and properly used				P <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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
11 Food obtained from approved source				28 Toxic substances properly identified, stored & used				P/Pf/C <input type="checkbox"/>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>								
12 Food received at proper temperature				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C <input type="checkbox"/>							
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>									
14 Required records available: molluscan shellfish identification, parasite destruction															

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils							
OUT	N/A	N/O	V	COS	R	OUT	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"/>		
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled				Pf/C <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"/>		
32 Variance obtained for specialized processing methods				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"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Food Temperature Control</b>				46 Gloves used properly							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>					
33 Proper cooling methods used; adequate equipment for temperature control				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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34 Plant food properly cooked for hot holding				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"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35 Approved thawing methods used				49 Non-food contact surfaces clean				C <input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>					
36 Thermometers provided and accurate				50 Hot and cold water available; adequate pressure				Pf <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"/>		
<b>Food Identification</b>				51 Plumbing installed; proper backflow devices				P/Pf/C <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				52 Sewage and waste water properly disposed				P/Pf/C <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"/>		
<b>Prevention of Food Contamination</b>				53 Toilet facilities: properly constructed, supplied, & clean				Pf/C <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				54 Garbage and refuse properly disposed; facilities maintained				C <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"/>		
39 Contamination prevented during food preparation, storage & display				55 Physical facilities installed, maintained, and clean				P/Pf/C <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"/>		
40 Personal cleanliness				56 Adequate ventilation and lighting; designated areas used				C <input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f					
41 Wiping cloths: properly used and stored											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
42 Washing fruits and vegetables											

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

Person in Charge (Signature) <u>Deane Young</u>	Date <u>8/22/24</u>
Person in Charge (Printed) <u>Deane Young</u>	
Inspector (Signature) <u>L. Grandy</u>	Date <u>8/22/2024</u>
Inspector (Printed) <u>L. Grandy</u>	

Violations documented	Date corrections due	#
Priority Item Violations	<u>8/27/24</u>	<u>1</u>
Priority Foundation Item Violations		
Core Item Violations	<u>11/22/2024</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		<u>1</u>
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.







Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>8/7/2024</b>	
Establishment <b>Audacity</b>	Time In <b>11:30</b> AM/PM	Time Out <b>12:30</b> AM/PM
Address <b>825 Main St.</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Christine R.</b>	Reinspection Other <b>30 day</b>	



**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 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"/>	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<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 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"/>			<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"/>	<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"/>	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"/>	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"/>	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 checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Insects, rodents, and animals not present	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Wiping cloths: properly used and stored	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 type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) *Dominoic Santos* Date **8/7/24**

Person in Charge (Printed) **Dominoic Santos**

Inspector (Signature) *L. Grandy* Date **8/7/2024**

Inspector (Printed) **Lauren Grandy**

Violations documented	Date corrections due	#
Priority Item Violations	<b>8/10/2024</b>	<b>3</b>
Priority Foundation Item Violations	<b>8/17/2024</b>	<b>2</b>
Core Item Violations	<b>11/7/2024</b>	<b>2</b>
Risk Factor/Public Health Intervention Violations		<b>4</b>
Repeat Risk Factor/Public Health Intervention Violations		<b>1</b>
Good Retail Practices Violations		<b>9</b>

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 8/7/2024

Establishment Audacity

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cheese	40F	hot hold - sausage	164F	dish machine	50-100ppm
coleslaw	39F	Mashed potato w/heat	109F		
cut tomato	41F			quat 3 bay	200-400ppm
chicken salad	40F	Beer cooler	38F		
raw burger	40F				
undercounter Fish	40F	w/c	39F		
Tartar sauce	40F	mashed potato ball	40F		
		cheese	41F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM on site - DOM
39c	lettuce in handsink by cookline - discussed not using as dump sink
37c	Squeeze bottles not labeled on cookline
49c	2 door undercounter gasket on cookline not clean
15p	Food not protected in 1 door standing cooler at cookline
note*	discuss date marking with person in charge
15p	raw meat (frozen) stored comingled with ice cream
54c	Cleaning equipment stored on floor by prep sink
49c	exterior of chest freezer not clean (in basement)
47c	milk crate used as shelving in w/c
53c	no cover on trash in restrooms
50pF	hot water in mens restroom at 74 - must be 85-115F
10pF	Soap dispenser at bar must be mounted or pump dispenser
15p	Ice not protected at bar area (cos) by bartender
36c	no alcohol wipes to clean thermometer
note*	Thermometer available
note*	overall good equipment/utensil storage
note*	no ill employees
note*	vomit/diarrhea kit available
	Health dept to follow up on priority/priority foundation violations on 8/12 or 8/13

Person in Charge (Signature)

Date 8/7/24

Inspector (Signature)

Date 8/7/2024



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 8/26/24

Establishment Ayaan Food & Fuel Time In 2:30 AM/PM Time Out 3:30 AM/PM

Address 220 Spruce St. LHD Manchester

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

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

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) Moydul Rahman Date 8.26.24

Person in Charge (Printed) Moydul Rahman

Inspector (Signature) Jose Ramirez Date 8/26/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>9/5/24</u>	<u>3</u>
Core Item Violations	<u>11/26/24</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>5</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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



# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 8/26/24

Establishment Ayaan Food + Fuel Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk dispenser milk	40F			Hand sink by 3 bay	105F
WIC milk	39F			Hand sink Bathroom	86F
1 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 & 8-406.11 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	WIC Fan covers unclean
49C	WIC shelving unclean
10PF	No soap at hand sink by 3 bay (COS)
55C	clutter/bags of office supplies on floor by 3 bay
10C	No signage at hand sinks by 3 bay & register & Bathroom
48PF	No test strips available (chlorine)
47C	Sugar stored in non food grade container in cabinet by register
10PF	No soap in bathroom hand sink (COS)

- Note All equipment must be NSF or equivalent.
- Note All unused equipment must be removed.
- Note Coffee pots must be washed, rinsed, sanitized in 3 bay.
- Note Hand sinks are only to be used for handwashing.

Person in Charge (Signature) MWML Date 8-26-24  
 Inspector (Signature) Jay Z... Date 8/26/24



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>8/13/24</b>
Establishment <b>BJ's Restaurant + Brew</b>		Time In <b>4:00</b> AM/PM <b>PM</b> Time Out <b>5:30</b> AM/PM <b>PM</b>
Address <b>320 Buckland Hills Dr.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <b>Margaret Thompson</b>		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
<b>Supervision</b>				<b>Protection from Contamination</b>									
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									
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input 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 diarrhea events				Proper cooling time and temperatures									
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Proper hot holding temperatures									
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Proper cold holding temperatures									
<b>Preventing Contamination by Hands</b>				<b>Conformance with Approved Procedures</b>									
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				Proper date marking and disposition									
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 checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Time as a public health control: procedures and records									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>						
Adequate handwashing sinks, properly supplied/accessible				Consumer advisory provided: raw/undercooked food						Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Pasteurized foods used; prohibited foods not offered						P/C	<input type="checkbox"/>	<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 checked="" 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						P	<input type="checkbox"/>	<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 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						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>						
Required records available: molluscan shellfish identification, parasite destruction				Compliance with variance/specialized process/ROP criteria/HACCP Plan						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R
<b>Safe Food and Water</b>						<b>Proper Use of Utensils</b>					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	43	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	45	<input type="checkbox"/>	<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					
<b>Food Temperature Control</b>						<b>Utensils and Equipment</b>					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<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"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Plant food properly cooked for hot holding						Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<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"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Thermometers provided and accurate						Non-food contact surfaces clean					
<b>Food Identification</b>						<b>Physical Facilities</b>					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Food properly labeled; original container						Hot and cold water available; adequate pressure					
<b>Prevention of Food Contamination</b>						51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Insects, rodents, and animals not present						Plumbing installed; proper backflow devices					
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display						Sewage and waste water properly disposed					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Personal cleanliness						Toilet facilities: properly constructed, supplied, & clean					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
Wiping cloths: properly used and stored						Garbage and refuse properly disposed; facilities maintained					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Washing fruits and vegetables						Physical facilities installed, maintained, and clean					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						Adequate ventilation and lighting; designated areas used					
						<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f					

Person in Charge (Signature) <i>Nicholas Kerack</i> Date <b>8/13/24</b>	<b>Violations documented</b>	<b>Date corrections due</b>	<b>#</b>
Person in Charge (Printed) <b>Nicholas Kerack</b>	Priority Item Violations		0
Inspector (Signature) <i>Jose Ramirez</i> Date <b>8/13/24</b>	Priority Foundation Item Violations	<b>8-23-24</b>	2
Inspector (Printed) <b>Jose Ramirez</b>	Core Item Violations	<b>11-13-24</b>	7
	Risk Factor/Public Health Intervention Violations		1
	Repeat Risk Factor/Public Health Intervention Violations		
	Good Retail Practices Violations		8
	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 8/13/24  
 Establishment BJ's Brewhouse Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
W/C Chicken wing	37F	Cook line cold prep		3 bay Quat	400ppm
Sliced tomatoes	40F	Chicken	41F	Hand sink kitchen	112F
Burger	41F	ground beef	41F	Hand sink at bar	100F
Salmon	36F	Shred cheese	40F	MEN customer BR	90F
W/F ambient	0F	Sliced tomatoes	41F		
steak cooked to	152F	tuna	38F		
Cold prep cookline sausage	40F	Pico	40F		
Hot Hold Chicken Soup	180F	Pasta	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
	Nick CFPM on site
38PF	Drain Flies present throughout
49C	Shelving by warewash unclean
47C	damaged gasket on CVAP oven
49C	exterior of grill unclean
37C	unlabeled squeeze bottles at cookline
49C	Floor under cookline equipment unclean
49C	unclean gasket on 2 door Hoshizaki Freezer by Fryer
49C	Floor drain by ice machine not draining / unclean
16PF	interior of ice machine unclean
Note	Ecolab scheduled for tomorrow to service dish machine.
Note	Good Glove use & hand washing observed
Note	PIC knowledgeable on Food Safety
Note	Discussed having employees wear gloves when wrapping clean utensils
Note	Discussed establishing designated area for employee food/beverages.
Note	Discussed remaking quat buckets as needed to maintain 150 - 400ppm.
Note	Ecolab scheduled to treat for drain flies next week
Note	Test Strips & thermometer available

Person in Charge (Signature) [Signature] Date 8/13/24  
 Inspector (Signature) [Signature] Date 8/13/24



Risk Category: <u>2</u>		<b>Food Establishment Inspection Report</b>				Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>8/7/2024</u>			
Establishment <u>Cariito's Bakery</u>				Time In <u>9:15</u> AM/PM Time Out <u>10:15</u> AM/PM			
Address <u>73 A Tolland Tpke</u>				LHD <u>Manchester</u>			
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder <u>Rebecca Muniz</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
<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 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"/>	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"/>	Required records available: molluscan shellfish identification, parasite destruction	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	
<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"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <u>Rebecca Muniz</u> Date <u>8-7-24</u>				Person in Charge (Printed) <u>Rebecca Muniz</u>			
Inspector (Signature) <u>Lauren Grandy</u> Date <u>8/7/2024</u>				Inspector (Printed) <u>Lauren Grandy</u>			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.							



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/7/2024

Establishment Carlito's Bakery Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
refrigerated cooler cheesecake	41F	2 door TRUE - Frosting	41F	Front hand sink	95 F
		1 door soke		restroom hot water	89F
Milk at coffee cooler	41F	TURKEY	38F		
		CHEESE	40F		
2 door TRUE Freezer	-4F				


### 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: Rebecca
16 pf	paninipress exterior not clean
49c	wall behind panini press not clean
55c	ceiling tiles in restroom stained
53c	no toilet paper dispenser in restroom
47c	non commercial soke cooler used for refrigeration
49c	<del>47pf</del> exterior of bins with cookie cutters / supplies not clean
47pf	non food contact / NSF containers being used to store food product in 2 door Atosa cooler
	↳ Food contact containers required, must be NSF / equivalent
note*	test strips / food thermometers
14 pf	Allergen statement required at front counter / on menu
note*	Overall clean + organized
note*	good storage of equipment / utensils
note*	no cooking at time of visit

Person in Charge (Signature) <u>Rebecca M</u>	Date <u>8-7-2024</u>
Inspector (Signature) <u>L Grandy</u>	Date <u>8/7/2024</u>




Risk Category:	<b>Food Establishment Inspection Report</b>			Page 1 of <u>2</u>												
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>8/27/24</u>		Time In <u>12:15 AM/PM</u> Time Out <u>1:30 AM/PM</u>													
Establishment <u>Cheeks Chicken</u>			LHD <u>Manchester</u>													
Address <u>648 Center St.</u>			Purpose of Inspection: <u>Routine</u> Pre-op													
Town/City <u>Manchester</u>	Permit Holder <u>Haseeb Ahmed</u>		Reinspection Other _____													
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																
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			
<b>Supervision</b>							<b>Protection from Contamination</b>									
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 checked="" type="checkbox"/>	<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized									
<b>Employee Health</b>							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 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							<b>Time/Temperature Control for Safety</b>									
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									
<b>Good Hygienic Practices</b>							Proper hot holding temperatures									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<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 cold holding temperatures									
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>			
No discharge from eyes, nose, and mouth							Proper date marking and disposition									
<b>Preventing Contamination by Hands</b>							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							<b>Consumer Advisory</b>									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<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"/>	<b>Highly Susceptible Population</b>									
Adequate handwashing sinks, properly supplied/accessible							Pasteurized foods used; prohibited foods not offered									
<b>Approved Source</b>							<b>Food/Color Additives and Toxic Substances</b>									
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"/>	<b>Conformance with Approved Procedures</b>									
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							<b>GOOD RETAIL PRACTICES</b>									
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			
<b>Safe Food and Water</b>						<b>Proper Use of Utensils</b>										
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<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"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<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"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods						Single-use/single-service articles: properly stored & used										
<b>Food Temperature Control</b>						Gloves used properly										
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<b>Utensils and Equipment</b>						V	COS	R		
Proper cooling methods used; adequate equipment for temperature control						Food and non-food contact surfaces cleanable, properly designed, constructed, and used								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<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								P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Approved thawing methods used						Non-food contact surfaces clean								C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<b>Physical Facilities</b>						V	COS	R		
Thermometers provided and accurate						Hot and cold water available; adequate pressure								Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>						Plumbing installed; proper backflow devices								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food properly labeled; original container						Sewage and waste water properly disposed								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>						Toilet facilities: properly constructed, supplied, & clean								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Insects, rodents, and animals not present						Garbage and refuse properly disposed; facilities maintained								C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Contamination prevented during food preparation, storage & display						Physical facilities installed, maintained, and clean								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Personal cleanliness						Adequate ventilation and lighting; designated areas used								C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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								C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	Violations documented      Date corrections due      # Priority Item Violations      COS      1 Priority Foundation Item Violations      9/6/24      3 Core Item Violations      * 8/27/24      10 Risk Factor/Public Health Intervention Violations      1 Repeat Risk Factor/Public Health Intervention Violations      1 Good Retail Practices Violations      13 Requires Reinspection - check box if you intend to reinspect <input checked="" 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>M. Aed</u>			Date <u>8-27-24</u>			Person in Charge (Printed) <u>Haseeb Ahmed</u>										
Inspector (Signature) <u>Jose Ramirez</u>			Date <u>8/27/24</u>			Inspector (Printed) <u>Jose Ramirez</u>										
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																







Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>8/29/24</b>	
Establishment: <b>Chick-Fil-A</b>	Time In _____ AM/PM	Time Out _____ AM/PM
Address: <b>Pleasant Valley Rd</b>	LHD: <b>Manchester</b>	
Town/City: <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> 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	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				Proper cooking time and temperatures							
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				Proper reheating procedures for hot holding							
<b>Employee Health</b>				<b>Consumer Advisory</b>				<b>Highly Susceptible Population</b>							
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Consumer advisory provided: raw/undercooked food				Pasteurized foods used; prohibited foods not offered							
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>								
Proper use of restriction and exclusion				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Food additives: approved and properly used							
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<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				Adequate handwashing sinks, properly supplied/accessible				Toxic substances properly identified, stored & used							
<b>Good Hygienic Practices</b>				<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>							
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use				Food obtained from approved source				Compliance with variance/specialized process/ROP criteria/HACCP Plan							
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
No discharge from eyes, nose, and mouth				Food received at proper temperature				Required records available: molluscan shellfish identification, parasite destruction							
<b>Preventing Contamination by Hands</b>				<b>Good Retail Practices</b>											
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</b>								
Hands clean and properly washed				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>				
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				OUT				30				43			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31				44				
Adequate handwashing sinks, properly supplied/accessible				32				45				46			
<b>Preventing Contamination by Hands</b>				<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>							
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33				47				
Hands clean and properly washed				34				48				49			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	34				50				
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				35				51				52			
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	35				53				
Adequate handwashing sinks, properly supplied/accessible				36				54				55			
<b>Approved Source</b>				<b>Food Identification</b>				<b>Physical Facilities</b>							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37				56				
Food obtained from approved source				38				56							
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	38								
Food received at proper temperature				39											
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	39								
Food in good condition, safe, and unadulterated				40											
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40								
Required records available: molluscan shellfish identification, parasite destruction				41											
<b>GOOD RETAIL PRACTICES</b>				<b>Prevention of Food Contamination</b>				<b>Violations documented</b>				<b>Date corrections due</b>			
<b>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</b>				42				Priority Item Violations				#			
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				43				Priority Foundation Item Violations				1			
OUT				44				Core Item Violations				3			
30				45				Risk Factor/Public Health Intervention Violations				0			
31				46				Repeat Risk Factor/Public Health Intervention Violations				0			
32				47				Good Retail Practices Violations				4			
33				48				Requires Reinspection - check box if you intend to reinspect							
34				49											
35				50											
36				51											
37				52											
38				53											
39				54											
40				55											
41				56											
42															

Person in Charge (Signature): _____ Date: <b>8/29/24</b>
Person in Charge (Printed): <b>Nickie Truobridge</b>
Inspector (Signature): <b>Denise Payne</b> Date: <b>8/29/24</b>
Inspector (Printed): <b>Denise Payne</b>

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







Risk Category: <u>i</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>8/13/24</u>	
Establishment <u>Cinnabon Carvel</u>	Time In <u>11:00</u> AM/PM Time Out <u>11:45</u> AM/PM	
Address <u>194 Buckland Hills Dr. #186</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Darius Szteborowski</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"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding									
<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	<input type="checkbox"/>	<input type="checkbox"/>
6 Good Hygienic Practices				20 Proper cooling time and temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7 Proper eating, tasting, drinking, or tobacco products use				21 Proper hot holding temperatures									
<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"/>
8 Preventing Contamination by Hands				22 Proper cold holding temperatures									
<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	<input type="checkbox"/>	<input type="checkbox"/>
9 Hands clean and properly washed				23 Proper date marking and disposition									
<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"/>
10 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				24 Time as a public health control: procedures and records									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Adequate handwashing sinks, properly supplied/accessible				25 Consumer advisory provided: raw/undercooked food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12 Food obtained from approved source				26 Highly Susceptible Population									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Food received at proper temperature				27 Food/Color Additives and Toxic Substances									
<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"/>
14 Food in good condition, safe, and unadulterated				28 Toxic substances properly identified, stored & used									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
15 Required records available: molluscan shellfish identification, parasite destruction				29 Conformance with Approved Procedures									
<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/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
16 Compliance with variance/specialized process/ROP criteria/HACCP Plan				30									

**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"/>
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"/>	Pf/C	<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"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
33 Food Temperature Control				46 Gloves used properly					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Proper cooling methods used; adequate equipment for temperature control				47 Utensils and Equipment					
<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"/>
35 Plant food properly cooked for hot holding				48 Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
<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"/>
36 Approved thawing methods used				49 Non-food contact surfaces clean					
<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"/>
37 Thermometers provided and accurate				50 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"/>
38 Food Identification				51 Hot and cold water available; adequate pressure					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39 Food properly labeled; original container				52 Plumbing installed; proper backflow devices					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40 Prevention of Food Contamination				53 Sewage and waste water properly disposed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41 Insects, rodents, and animals not present				54 Toilet facilities: properly constructed, supplied, & clean					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
42 Wiping cloths: properly used and stored				55 Garbage and refuse properly disposed; facilities maintained					
<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"/>
43 Washing fruits and vegetables				56 Physical facilities installed, maintained, and clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
44 Adequate ventilation and lighting; designated areas used				57 Adequate ventilation and lighting; designated areas used					
<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"/>
45 Natural rubber latex gloves not used per CGS §19a-36f				58 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>[Signature]</u>	Date <u>08/13/24</u>
Person in Charge (Printed) <u>Meliza Baltazar</u>	
Inspector (Signature) <u>[Signature]</u>	Date <u>8/13/24</u>
Inspector (Printed) <u>Jose Ramirez</u>	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	<u>11-13-24</u>	02
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

LHD Manchester

Inspection Report Continuation Sheet

Date 8/13/24

Establishment Cinnabon Carvel Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIF ambient	-2 F	2 door under counter TIC		3 bay quat	400 ppm
2 door RIF ambient	-1 F	1 half & half	40 F	Hand sink	120 F
1 door RIC ambient	32 F	1 milk	40 F		
1 door RIC					
1 dough	40 F				
1 churro	40 F				
under counter freezer ambient	3 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.

- 49C Floor under dry storage shelves unclean
- 41C Wet rags stored on counters

Note Wet rags must be stored in sanitizer bucket

Note Test strips & thermometer available

Person in Charge (Signature) [Signature]


Inspector (Signature) [Signature]

Date 08/13/24

Date 8/13/24



Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>8/7/24</u>	
Establishment <u>Dunkin - west middle tpke</u>	Time In <u>2:45</u> AM/PM <u>PM</u> Time Out <u>3:45</u> AM/PM <u>PM</u>	
Address <u>255 A west middle tpke</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Cary Gannon</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				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				Proper cooking time and temperatures					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Proper reheating procedures for hot holding					
<b>Employee Health</b>				<b>Consumer Advisory</b>				<b>Highly Susceptible Population</b>					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Consumer advisory provided: raw/undercooked food				Pasteurized foods used; prohibited foods not offered					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>						
Proper use of restriction and exclusion				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Food additives: approved and properly used					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<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				Adequate handwashing sinks, properly supplied/accessible				Toxic substances properly identified, stored & used					
<b>Good Hygienic Practices</b>				<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>					
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Food obtained from approved source				Compliance with variance/specialized process/ROP criteria/HACCP Plan					
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Food received at proper temperature				Required records available: molluscan shellfish identification, parasite destruction					
<b>Preventing Contamination by Hands</b>				<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Pasteurized eggs used where required				In-use utensils: properly stored					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled					
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used					
<b>Good Retail Practices</b>				<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>					
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		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control				Plant food properly cooked for hot holding				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"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used				Thermometers provided and accurate				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"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate				<b>Food Identification</b>				<b>Physical Facilities</b>					
36	<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"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container				<b>Prevention of Food Contamination</b>				Adequate ventilation and lighting; designated areas used					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f						
Insects, rodents, and animals not present				Contamination prevented during food preparation, storage & display				Hot and cold water available; adequate pressure					
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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display				Personal cleanliness				Plumbing installed; proper backflow devices					
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness				Wiping cloths: properly used and stored				Sewage and waste water properly disposed					
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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored				Washing fruits and vegetables				Toilet facilities: properly constructed, supplied, & clean					
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"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables								Garbage and refuse properly disposed; facilities maintained					
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"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
								Physical facilities installed, maintained, and clean					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													

Person in Charge (Signature) <u>[Signature]</u> Date <u>8-7-24</u>	Violations documented	Date corrections due	#
Person in Charge (Printed) <u>Melissa Delisle Rodriguez</u>	Priority Item Violations	<u>8/17/24</u>	<u>1</u>
Inspector (Signature) <u>[Signature]</u> Date <u>8/17/2024</u>	Core Item Violations	<u>11/17/24</u>	<u>6</u>
Inspector (Printed) <u>Lauren Brandy</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>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 8/27/24

Establishment Empire Kitchen

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Shrimp	41F	Cold prep table		Hand sink by WIC	100F
Chicken	41F	Shrimp	38F	customer BR sink	110F
egg roll	41F	beef	38F		
beef	40F	noodles	40F		
2 door RIF ambient	1F	Chicken	38F		
1 door RIF ambient	-2F	Hot Hold red sauce			
Hot hold egg roll	145F	Soup			
Hot hold yellow rice	170F	Chicken cooked to	190F		

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Jian Lin CFPM on site
10PF	No soap at hand sink by WIC
10PF	<sup>Cardboard</sup> boxes stored in hand sink by 3 bay
15C	Containers of Food in WIC not covered
49C	WIC shelves unclean. WIC Fan cover unclean.
23PF	Food not properly date marked in WIC
38C	Back door open w/ no screen door
49C	walls unclean throughout
37C	Bins of white granulars in dry storage not labeled
<del>49C</del>	interior of hand sink by register unclean
56C	Hood baffles unclean. No sticker on hood w/ date last cleaned.
49C	Floor under cookline equipment unclean
16PF	interior of cold prep table unclean
37C	Seasoning shakers at cookline not labeled
49C	ceiling unclean throughout
49C	exterior of all equipment unclean
Note	Discussed proper thawing procedure
Note	All prepared & refrigerated foods must be date marked & used or discarded within 7 days.
Note	Thorough cleaning needed throughout. All 49c violations must be corrected by 9/27/24.
Note	PIC states Hood scheduled to be cleaned 8/31/24
Person in Charge (Signature)	Date <u>8/27/24</u>
Inspector (Signature)	Date <u>8/27/24</u>







# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/1/2024

Establishment Faris Mini Mart (Mobil) Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC	39F				
Milk in cooler (coffee station)	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	Self serve donuts being sold - discussed options with person in charge - donuts to be discarded and will only do pre-packaged donuts
49c	interior of shelving/cabinets at coffee station not clean
16pf	interior of microwave not clean
49c	FLOOR in walk in cooler not clean
49c	Fan cover in walk in cooler not clean
39c	redbull/gatorade stored on floor in back of house
56c	cleaning equipment stored on floor in back of house
53c	employee restroom floor not clean
53c	holes in wall of restroom
53pf	handsink/nozzles not clean in restroom
53pf	no paper towels in restroom
55c	remove excess clutter in back of house
48pf	no test strips available - pic to order this day

Person in Charge (Signature)	Date <u>8/1/24</u>
Inspector (Signature) <u>L. Brandy</u>	Date <u>8/1/24</u>



Risk Category: <u>3</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>8/22/24</u>
Establishment <u>Five star chinese</u>		Time In <u>11:30</u> AM/PM Time Out <u>1</u> AM/PM
Address <u>296 west middle Tpke</u>		LHD <u>manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Tian</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
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	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"/>	<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					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"/>
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"/>		Time/Temperature Control for Safety							
4	<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"/>		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"/>
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"/>		19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
					Good Hygienic Practices					20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
6	<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"/>		21	<input checked="" 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 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					23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		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"/>
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	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		Consumer Advisory							
10	<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"/>		25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
					Approved Source					Highly Susceptible Population							
11	<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"/>		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"/>
12	<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"/>		Food/Color Additives and Toxic Substances							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					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.					29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
					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							
	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	<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"/>	<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"/>	<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					46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>		Utensils and Equipment							
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"/>		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"/>
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"/>		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"/>
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"/>		49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
					Food Identification					Physical Facilities							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
					Prevention of Food Contamination					51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>		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"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>		55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																	
Person in Charge (Signature) <u>Tian</u> Date _____												Violations documented Date corrections due #					
Person in Charge (Printed) <u>TIAN Hehe Liu</u>												Priority Item Violations <u>8/27/2024</u> <u>7</u>					
Inspector (Signature) <u>L. Grandy</u> Date <u>8/22/2024</u>												Priority Foundation Item Violations <u>9/2/2024</u> <u>5</u>					
Inspector (Printed) <u>Lauren Grandy</u>												Core Item Violations <u>11/22/2024</u> <u>3</u>					
												Risk Factor/Public Health Intervention Violations <u>7</u>					
												Repeat Risk Factor/Public Health Intervention Violations _____					
												Good Retail Practices Violations _____					
												Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/> <u>13</u>					

reinspection: 8/26/2024 10/27/2024



# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 8/22/2024

Establishment Five Star Chinese Town manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC		internal chicken	165F	bleach - 3 bay	50-100
raw chicken	41F	brown rice finger			
egg rolls	41F	in warmer	163F	wonton soup	185F
pork - defrosting	28F			white rice warmer	167F
shrimp cooking	82F	Boat Maru - beansprout	41F	front sliding	
chicken cooling	78F	raw chicken	41F	egg roll	41F
		raw shrimp	41F	crab ragoon	41F
WIF	0F	cooked beef	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: TIAN / Mei on site ✓
15p	egg rolls / food product in WIC uncovered
49c	shelving in WIC not clean
15p	<del>raw beef</del> stored over raw shrimp in WIF
15p	chicken stored over raw beef in WIF
47c	cooked chicken on <del>pan</del> boxes of oil - (cos) moved to speed rack
56c	cell phone/keys stored on dry storage rack
16pF	exterior of breading container not clean
47c	rice cooker/warmer stored on cardboard bin - discussed stainless steel table
28p	Bleach bucket not labeled (cos) - discussed placement of bucket
47c	cardboard as liner on stainless steel table below rice cooker
49c	exterior of microwave not clean
49c	hood baffles not clean
16p	peeler + chopper near prep table not clean
16p	paint brush used for eggs - discarded - Food Grade brushes only
37pF	liquids on table near wok <del>not</del> not labeled
49c	gasket of 1 door Beverage air Freezer not clean
47pF	reuse of large soy sauce containers
note*	TCS Foods (Milk) stored in coke cooler → move to NSF/commercial cooler
47pF	non food grade containers used for condiments
note*	discuss date marking
note*	thermometer/test strips available

Person in Charge (Signature) Mei Yang Date 8/22/2024  
 Inspector (Signature) L. Brandy Date 8/22/2024







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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 8/7/24

Establishment Flight Fit Fun Time In 1:15 AM/PM Time Out 1:45 AM/PM

Address 145 Spencer st LHD Manchester

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

Permit Holder Diamond Taylor 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"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>Food/Color Additives and Toxic Substances</b>						
<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>GOOD RETAIL PRACTICES</b>				<b>Physical Facilities</b>									
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		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			43	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			44	<input type="checkbox"/>	<input type="checkbox"/>					
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			45	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			46	<input type="checkbox"/>	<input type="checkbox"/>					
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<b>Utensils and Equipment</b>							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			47	<input type="checkbox"/>	<input type="checkbox"/>					
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			48	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Food Temperature Control</b>				<b>Physical Facilities</b>									
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			49	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			50	<input type="checkbox"/>	<input type="checkbox"/>					
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			51	<input type="checkbox"/>	<input type="checkbox"/>					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			52	<input type="checkbox"/>	<input type="checkbox"/>					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			53	<input type="checkbox"/>	<input type="checkbox"/>					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			54	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Food Identification</b>				<b>Physical Facilities</b>									
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			55	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Prevention of Food Contamination</b>				<b>Physical Facilities</b>									
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			56	<input type="checkbox"/>	<input type="checkbox"/>					
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Natural rubber latex gloves not used per CGS §19a-36f							
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

Person in Charge (Signature) Diamond Taylor Date 8-7-24

Person in Charge (Printed) Diamond Taylor

Inspector (Signature) Jose Ramirez Date 8/7/24

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.


Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>8-17-24</u>	2
Core Item Violations	<u>11-7-24</u>	6
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		5
Requires Reinspection - check box if you intend to reinspect		







Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>8/27/24</b>
Establishment <b>Hana Sushi</b>		Time In <b>4:00 AM/PM</b> Time Out <b>5:00 AM/PM</b>
Address <b>248 Broad St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>XIU YI KUANG</b>		Reinspection Other _____



### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

### GOOD RETAIL PRACTICES

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

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

Safe Food and Water				Proper Use of Utensils			
OUT	N/A	N/O	V	OUT	N/A	N/O	V
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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			
56 Adequate ventilation and lighting; designated areas used				57 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 <b>8/27/24</b>	Violations documented	Date corrections due	#
Person in Charge (Printed) <b>XIU YI KUANG</b>	Priority Item Violations	<b>8-30-24</b>	<b>3</b>
Inspector (Signature) <i>[Signature]</i> Date <b>8/27/24</b>	Priority Foundation Item Violations	<b>9-6-24</b>	<b>4</b>
Inspector (Printed) <b>Jose Ramirez</b>	Core Item Violations	<b>11-27-24</b>	<b>7</b>
	Risk Factor/Public Health Intervention Violations		<b>2</b>
	Repeat Risk Factor/Public Health Intervention Violations		
	Good Retail Practices Violations		<b>12</b>
	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 8/27/24

Establishment Hana Sushi Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
RFC tuna	41	hot hold rice	135°F	handsink	138°F
salmon	40			sanitizer bucket (bleach)	50ppm
cold prep shrimp	41			customer bathroom	145°F
front sushi tuna	41				
spicy salmon mix	41				
2 door reach in egg	41				
tofu	37				
cartelope	39				

### 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 on site.
47pf	cutting board by 3-bay heavily gauged
47pf	knife on metal wall hanger missing handle (COS)
49c/16pf	exterior and interior of microwave unclean
48PF	dishmachine reading 0 for sanitizer
52C	standing water in interior of cold prep unit on cookline
37C	unlabeled squeeze bottles and granulars throughout
49C	prep table lower shelving along cookline unclean
28P	unlabeled bottle w/ bleach water (COS)
49C	handsink by sushi station unclean. Hand wash only
49C	exterior of equipment unclean (chest freezer especially)
45P	paper goods / to-go containers stored in employee bathroom
49C	wall behind 3-bay and back storage area unclean
51P	customer bathroom hot water @ 145°F max allowed 115°F

- Note: Dishmachine requires ~~sanitizing~~ servicing. Use 3-bay to sanitize dishes.
- Note: Test strips and thermometer available
- Note: Discussed proper cooling w/ PIC

Person in Charge (Signature)	Date <u>8/27/24</u>
Inspector (Signature)	Date <u>8/27/24</u>



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 8/27/24

Establishment Hartford Road Cafe Time In 1:45 AM/PM Time Out 3:00 AM/PM

Address 378 Hartford Road LHD Manchester

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

Permit Holder Christian H. Morin Jr Reinspection Other \_\_\_\_\_



**FOODBORNE ILLNESS RISK FACTORS and PUBLIC HEALTH INTERVENTIONS**

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

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

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

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessibile	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 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"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

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

OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	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"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	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"/>	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"/>	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"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) [Signature] Date 8-27-24

Person in Charge (Printed) Christian H. Morin Jr

Inspector (Signature) [Signature] Date 8/27/24

Inspector (Printed) Jose Ramirez

Violations Documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>9-6-24</u>	4
Core Item Violations		0
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		

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







Risk Category: <b>A</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>8/22/24</b>	
Establishment: <b>Husino Sushi</b>	Time In: <b>10:30</b> AM/PM	Time Out: <b>11</b> AM/PM
Address: <b>317 Highland St</b>	LHD: <b>Manchester</b>	
Town/City: <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder: <b>Krikta</b>	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						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"/>
<b>Employee Health</b>										<b>Time/Temperature Control for Safety</b>															
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"/>
<b>Good Hygienic Practices</b>										<b>Consumer Advisory</b>															
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"/>
<b>Preventing Contamination by Hands</b>										<b>Compliance with Approved Procedures</b>															
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>												
<b>Approved Source</b>										<b>Food/Color Additives and Toxic Substances</b>															
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food						Pf	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>												
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered						P/C	<input type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used						P	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>										<b>Utensils and Equipment</b>															
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>										<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</i>															
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"/>			
<b>Food Temperature Control</b>										<b>Physical Facilities</b>															
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control						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"/>			
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding						Pf	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	Plumbing installed; proper backflow devices						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"/>	52	<input type="checkbox"/>	Sewage and waste water properly disposed						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"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Food Identification</b>										<b>Prevention of Food Contamination</b>															
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	Insects, rodents, and animals not present						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Prevention of Food Contamination</b>										<b>Physical Facilities</b>															
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	39	<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"/>	40	<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						Pf	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	Wiping cloths: properly used and stored						Pf	<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"/>	42	<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) *[Signature]* Date **8/22/24**

Person in Charge (Printed) \_\_\_\_\_

Inspector (Signature) *[Signature]* Date **8/22/24**

Inspector (Printed) **Lauren Brandy**


Violations documented	Date corrections due	#
Priority Item Violations	—	—
Priority Foundation Item Violations	—	—
Core Item Violations	<b>11/22/24</b>	1
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		

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







Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>																																																																																																																																																																																																																																																																																																																															
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>8/27/24</u>	Time In: <u>8:45</u> <u>AM</u> /PM Time Out: <u>9:30</u> <u>AM</u> /PM																																																																																																																																																																																																																																																																																																																															
Establishment: <u>Homewood Suites</u>		LHD: <u>Manchester</u>																																																																																																																																																																																																																																																																																																																															
Address: <u>109 Pavilions Dr.</u>		Purpose of Inspection: <u>Routine</u> Pre-op																																																																																																																																																																																																																																																																																																																															
Town/City: <u>Manchester</u>		Reinspection Other _____																																																																																																																																																																																																																																																																																																																															
Permit Holder: <u>Brennan McDermaff</u>	<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																																																																																																																																																																																																																																																																																																																																
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>																																																																																																																																																																																																																																																																																																																																	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																																																																																																																																																																																																																																																																																																																																	
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" 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, &amp; 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Employee Health</b></td><td></td><td></td><td></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Good Hygienic Practices</b></td><td></td><td></td><td></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Preventing Contamination by Hands</b></td><td></td><td></td><td></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessibility</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Approved Source</b></td><td></td><td></td><td></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	IN	OUT	N/A	N/O	Supervision	V	COS	R	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Employee Health</b>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper 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"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good Hygienic Practices</b>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Preventing Contamination by Hands</b>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Adequate handwashing sinks, properly supplied/accessibility	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Approved Source</b>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned &amp; sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Time/Temperature Control for Safety</b></td><td></td><td></td><td></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper hot holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cold holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper date marking and disposition</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Time as a public health control: procedures and records</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Consumer Advisory</b></td><td></td><td></td><td></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Highly Susceptible Population</b></td><td></td><td></td><td></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Food/Color Additives and Toxic Substances</b></td><td></td><td></td><td></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Toxic substances properly identified, stored &amp; used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Conformance with Approved Procedures</b></td><td></td><td></td><td></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R	<input checked="" type="checkbox"/>	<input 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"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<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"/>	<b>Time/Temperature Control for Safety</b>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper 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"/>	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"/>	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"/>	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"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>								<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"/>	<b>Highly Susceptible Population</b>								<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"/>	<b>Food/Color Additives and Toxic Substances</b>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>								<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"/>
IN	OUT	N/A	N/O	Supervision	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Employee Health</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper 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"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Good Hygienic Practices</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Preventing Contamination by Hands</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Adequate handwashing sinks, properly supplied/accessibility	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Approved Source</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input 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"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<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"/>																																																																																																																																																																																																																																																																																																																										
<b>Time/Temperature Control for Safety</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper 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"/>	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"/>	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"/>	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"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Consumer Advisory</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
<b>Highly Susceptible Population</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
<b>Food/Color Additives and Toxic Substances</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Conformance with Approved Procedures</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
<b>GOOD RETAIL PRACTICES</b>																																																																																																																																																																																																																																																																																																																																	
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 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;"><b>Food Temperature Control</b></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;"><b>Food Identification</b></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;"><b>Prevention of Food Contamination</b></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 &amp; 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"/>	<b>Food Temperature Control</b>							<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"/>	<b>Food Identification</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>							<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 checked="" 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, &amp; 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 &amp; 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;"><b>Utensils and Equipment</b></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 type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input 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;"><b>Physical Facilities</b></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 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, &amp; clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td></td><td></td></tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input checked="" 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"/>	<b>Utensils and Equipment</b>					<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>					<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																																																																		
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"/>																																																																																																																																																																																																																																																																																																																											
<b>Food Temperature Control</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																											
<b>Food Identification</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<b>Prevention of Food Contamination</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																											
OUT	Proper Use of Utensils	V	COS	R																																																																																																																																																																																																																																																																																																																													
<input checked="" 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"/>																																																																																																																																																																																																																																																																																																																													
<b>Utensils and Equipment</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<b>Physical Facilities</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																																																																																																																																																																																																																																																																																
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>8/27/24</u> Person in Charge (Printed) <u>Brennan McDermaff</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations Documented</th><th>Date corrections due</th><th>#</th></tr> </thead> <tbody> <tr> <td>Priority Item Violations</td><td></td><td></td></tr> <tr> <td>Priority Foundation Item Violations</td><td><u>9-6-24</u></td><td><u>1</u></td></tr> <tr> <td>Core Item Violations</td><td><u>11-27-24</u></td><td><u>1</u></td></tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td><td></td><td><u>2</u></td></tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr> <tr> <td>Good Retail Practices Violations</td><td></td><td><u>1</u></td></tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td><td></td><td></td></tr> </tbody> </table>		Violations Documented	Date corrections due	#	Priority Item Violations			Priority Foundation Item Violations	<u>9-6-24</u>	<u>1</u>	Core Item Violations	<u>11-27-24</u>	<u>1</u>	Risk Factor/Public Health Intervention Violations		<u>2</u>	Repeat Risk Factor/Public Health Intervention Violations			Good Retail Practices Violations		<u>1</u>	Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																									
Violations Documented	Date corrections due	#																																																																																																																																																																																																																																																																																																																															
Priority Item Violations																																																																																																																																																																																																																																																																																																																																	
Priority Foundation Item Violations	<u>9-6-24</u>	<u>1</u>																																																																																																																																																																																																																																																																																																																															
Core Item Violations	<u>11-27-24</u>	<u>1</u>																																																																																																																																																																																																																																																																																																																															
Risk Factor/Public Health Intervention Violations		<u>2</u>																																																																																																																																																																																																																																																																																																																															
Repeat Risk Factor/Public Health Intervention Violations																																																																																																																																																																																																																																																																																																																																	
Good Retail Practices Violations		<u>1</u>																																																																																																																																																																																																																																																																																																																															
Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																																																	
Inspector (Signature) <u>[Signature]</u> Date <u>8/27/24</u> Inspector (Printed) <u>José 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 8/22/24

Establishment Jade Garden

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table		WIC Beef	38F	Hand sink	110F
Shrimp	38F	Chicken	38F	Chlorine bucket	100ppm
chicken	38F	Hot Hold brown rice	150F	employee BR sink	100F
Beef	41F				
ribs	41F				
1 door RIC chicken	39F				
egg roll cooked to	197F				
Hot Hold rice	156F				

## OBSERVATIONS AND CORRECTIVE ACTIONS


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

Item Number	Observations and Corrective Actions
	<u>Sie CFPM on site</u>
28P	Bottle of unlabeled pills stored above cold prep table <u>COS</u>
49C	interior of 1 door RIC by Fryer unclean
15C	Food uncovered in 1 door RIF. Shrimp & Spring rolls covered
39P	w/ice build up. <u>COS</u> Discarded
49C	Dry storage shelves unclean
49C	WIC Floor, walls, Fan cover unclean
15C	Containers of Food in WIC not covered
49C	interior of microwave unclean
47C	table mounted can opener rusted
47C	rice cooker by water heater unclean w/ heavy build up.
	Note rice cooker by water heater must be removed or replaced if heavy build up cannot be removed.
	Note Discussed keeping all Food containers covered in WIC & RIC & RIF
	Note Medication must be stored in sealed container away from Food.

Person in Charge (Signature) <u>[Signature]</u>	Date <u>8/24/24</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>8/22/24</u>



Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <del>Permanent</del> Temporary Mobile Other _____	Date: <b>8/15/2024</b>	
Establishment <b>Melody Rein-King of Pearl</b>	Time In <b>10:45</b> AM/PM Time Out <b>11:15</b> AM/PM	
Address <b>Lic # AU-42716</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Ameen Lee</b>	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							
								Proper disposition of returned, previously served, reconditioned, and unsafe food							
Employee Health				Time/Temperature Control for Safety											
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting								Proper cooking time and temperatures							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion								Proper reheating procedures for hot holding							
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Written procedures for responding to vomiting and diarrheal events								Proper cooling time and temperatures							
								Proper hot holding temperatures							
Good Hygienic Practices				Consumer Advisory											
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use								Consumer advisory provided: raw/undercooked food							
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population								
No discharge from eyes, nose, and mouth								Pasteurized foods used; prohibited foods not offered							
								Food/Color Additives and Toxic Substances							
Preventing Contamination by Hands				Compliance with Approved Procedures											
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed								Food additives: approved and properly used							
9	<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"/>		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								Toxic substances properly identified, stored & used							
10	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures								
Adequate handwashing sinks, properly supplied/accessible								Compliance with variance/specialized process/ROP criteria/HACCP Plan							
Approved Source				GOOD RETAIL PRACTICES											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.								
Food obtained from approved source								Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils				
Food received at proper temperature								30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<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"/>	Pasturized eggs used where required				In-use utensils: properly stored				
Food in good condition, safe, and unadulterated								31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				Single-use/single-service articles: properly stored & used				
Required records available: molluscan shellfish identification, parasite destruction								32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			
								Food Temperature Control				Utensils and Equipment			
								33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
								34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
								35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean			
								36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
								37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure			
								39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			
								41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed			
								43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean			
								45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained			
								47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean			
								49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used			
								51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f			
								52	<input 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 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) <i>Ameen Lee</i> Date <b>8/15/24</b>				Violations documented				Date corrections due				#	
Person in Charge (Printed) <b>Ameen Lee</b>				Priority Item Violations									
Inspector (Signature) <i>L. Brady</i> Date <b>8/15/2024</b>				Priority Foundation Item Violations									
Inspector (Printed) <b>Lauren Brady</b>				Core Item Violations									
				Risk Factor/Public Health Intervention Violations									
				Repeat Risk Factor/Public Health Intervention Violations									
				Good Retail Practices Violations									
				Requires Reinspection - check box if you intend to reinspect									

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







Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>																																																																																																																																																																																																																																																																																																																															
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>8/8/24</b>																																																																																																																																																																																																																																																																																																																																
Establishment <b>Krispy Krunchy Chicken (Maganti)</b>	Time In <b>1:30</b> AM/PM Time Out <b>2:30</b> AM/PM																																																																																																																																																																																																																																																																																																																																
Address <b>270 WMT</b>	LHD <b>Manchester</b>																																																																																																																																																																																																																																																																																																																																
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op																																																																																																																																																																																																																																																																																																																																
Permit Holder <b>DRASAD MAGANTI</b>	Reinspection Other _____																																																																																																																																																																																																																																																																																																																																
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																																																																																																																																																																																																																																																																																																																																	
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																																																																																																																																																																																																																																																																																																																																	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																																																																																																																																																																																																																																																																																																																																	
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Supervision</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Certified Food Protection Manager for Classes 2, 3, &amp; 4</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="8" style="text-align: center;"><b>Employee Health</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper use of restriction and exclusion</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Written procedures for responding to vomiting and diarrheal events</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="8" style="text-align: center;"><b>Good Hygienic Practices</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper eating, tasting, drinking, or tobacco products use</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No discharge from eyes, nose, and mouth</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="8" style="text-align: center;"><b>Preventing Contamination by Hands</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hands clean and properly washed</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Adequate handwashing sinks, properly supplied/accessible</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="8" style="text-align: center;"><b>Approved Source</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food obtained from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food received at proper temperature</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food in good condition, safe, and unadulterated</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Required records available: molluscan shellfish identification, parasite destruction</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	IN	OUT	N/A	N/O	Supervision	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Employee Health</b>								<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"/>	<b>Good Hygienic Practices</b>								<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"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Preventing Contamination by Hands</b>								<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"/>	<b>Approved Source</b>								<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 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"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th><th>OUT</th><th>N/A</th><th>N/O</th><th>Protection from Contamination</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food separated and protected</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food-contact surfaces: cleaned &amp; sanitized</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="8" style="text-align: center;"><b>Time/Temperature Control for Safety</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooking time and temperatures</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper reheating procedures for hot holding</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling time and temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper hot holding temperatures</td><td>R</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cold holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper date marking and disposition</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Time as a public health control: procedures and records</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="8" style="text-align: center;"><b>Consumer Advisory</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="8" style="text-align: center;"><b>Highly Susceptible Population</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="8" style="text-align: center;"><b>Food/Color Additives and Toxic Substances</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food additives: approved and properly used</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Toxic substances properly identified, stored &amp; used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="8" style="text-align: center;"><b>Conformance with Approved Procedures</b></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>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>								<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"/>	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 cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<b>Consumer Advisory</b>								<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"/>	<b>Highly Susceptible Population</b>								<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"/>	<b>Food/Color Additives and Toxic Substances</b>								<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"/>	<b>Conformance with Approved Procedures</b>								<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"/>
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"/>																																																																																																																																																																																																																																																																																																																										
<b>Employee Health</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
<b>Good Hygienic Practices</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Preventing Contamination by Hands</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
<b>Approved Source</b>																																																																																																																																																																																																																																																																																																																																	
<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 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"/>																																																																																																																																																																																																																																																																																																																										
IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Time/Temperature Control for Safety</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>	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 cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	R	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input 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"/>																																																																																																																																																																																																																																																																																																																										
<b>Consumer Advisory</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
<b>Highly Susceptible Population</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
<b>Food/Color Additives and Toxic Substances</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
<b>Conformance with Approved Procedures</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
<b>GOOD RETAIL PRACTICES</b>																																																																																																																																																																																																																																																																																																																																	
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 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;"><b>Food Temperature Control</b></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;"><b>Food Identification</b></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;"><b>Prevention of Food Contamination</b></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 &amp; 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"/>	<b>Food Temperature Control</b>							<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"/>	<b>Food Identification</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>							<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, &amp; 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 &amp; 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;"><b>Utensils and Equipment</b></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input 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;"><b>Physical Facilities</b></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 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, &amp; clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td></td><td></td></tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>					<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>					<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																																																																		
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"/>																																																																																																																																																																																																																																																																																																																											
<b>Food Temperature Control</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																											
<b>Food Identification</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<b>Prevention of Food Contamination</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																											
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"/>																																																																																																																																																																																																																																																																																																																													
<b>Utensils and Equipment</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<b>Physical Facilities</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																																																																																																																																																																																																																																																																																
Person in Charge (Signature) <b>M. C. P...</b> Date <b>08/08/2024</b> Person in Charge (Printed) _____ Inspector (Signature) <b>Jose Ramirez</b> Date <b>8/8/24</b> Inspector (Printed) <b>Jose Ramirez</b>																																																																																																																																																																																																																																																																																																																																	
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.																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th><th>Date corrections due</th><th>#</th></tr> </thead> <tbody> <tr> <td>Priority Item Violations</td><td><b>COS</b></td><td><b>1</b></td></tr> <tr> <td>Priority Foundation Item Violations</td><td><b>COS</b></td><td><b>1</b></td></tr> <tr> <td>Core Item Violations</td><td><b>11-8-24</b></td><td><b>1</b></td></tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr> <tr> <td>Good Retail Practices Violations</td><td></td><td></td></tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td><td></td><td></td></tr> </tbody> </table>			Violations documented	Date corrections due	#	Priority Item Violations	<b>COS</b>	<b>1</b>	Priority Foundation Item Violations	<b>COS</b>	<b>1</b>	Core Item Violations	<b>11-8-24</b>	<b>1</b>	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																																																																																																																																																																																																																																																																																																									
Violations documented	Date corrections due	#																																																																																																																																																																																																																																																																																																																															
Priority Item Violations	<b>COS</b>	<b>1</b>																																																																																																																																																																																																																																																																																																																															
Priority Foundation Item Violations	<b>COS</b>	<b>1</b>																																																																																																																																																																																																																																																																																																																															
Core Item Violations	<b>11-8-24</b>	<b>1</b>																																																																																																																																																																																																																																																																																																																															
Risk Factor/Public Health Intervention Violations																																																																																																																																																																																																																																																																																																																																	
Repeat Risk Factor/Public Health Intervention Violations																																																																																																																																																																																																																																																																																																																																	
Good Retail Practices Violations																																																																																																																																																																																																																																																																																																																																	
Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																																																	







Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>8/6/24</b>	
Establishment <b>Long Horn Steak House</b>	Time In <b>2:00 AM/PM</b> Time Out <b>3:30 AM/PM</b>	
Address <b>350 Buckland Hills Dr</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Dakota Mort</b>	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	
<b>Supervision</b>							
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
<b>Employee Health</b>							
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
<b>Good Hygienic Practices</b>							
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
<b>Preventing Contamination by Hands</b>							
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible
<b>Approved Source</b>							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction
<b>Protection from Contamination</b>							
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food
<b>Time/Temperature Control for Safety</b>							
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition
24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records
<b>Consumer Advisory</b>							
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food
<b>Highly Susceptible Population</b>							
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered
<b>Food/Color Additives and Toxic Substances</b>							
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used
<b>Conformance with Approved Procedures</b>							
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan

**GOOD RETAIL PRACTICES**

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

Mark OUT if numbered item is not in compliance				V=violation type	Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
OUT	N/A	N/O	V	COS	R			
<b>Safe Food and Water</b>								
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	
<b>Food Temperature Control</b>								
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	
<b>Food Identification</b>								
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	
<b>Prevention of Food Contamination</b>								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	
41	<input 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	
<b>Proper Use of Utensils</b>								
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	
<b>Utensils and Equipment</b>								
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	
<b>Physical Facilities</b>								
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				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>Dakota Mort</i>	Date <b>8/6/24</b>
Person in Charge (Printed) <b>Dakota Mort</b>	Date <b>8/6/24</b>
Inspector (Signature) <i>Jose Ramirez</i>	Date <b>8/6/24</b>
Inspector (Printed) <b>Jose Ramirez</b>	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<b>8-16-24</b>	3
Core Item Violations	<b>11-6-24</b>	10
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		10
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 8/6/24

Establishment Long Horn

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Burger	41F	2 door RIC Filet	40F	Hand sink cook line	111F
Steak	40F	Steak	38F		
Baked potato	40F	Cookline cold drawer		Expoline 2 door RIC	
Pork chops	38F	Salmon	39F	Spin dip	41F
Salmon	38F	Burger	39F	Hot hold lobster chowder	145F
Cheese	38F	Cold prep table cheese	41F	Quat bucket	200ppm
Hot Hold onion soup	143F	Sliced tomatoes	39F	Customer BR sink	100F
Steak cooked to	165F	Calw chicken	41F	Hand sink Bar	89F

## 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 t
10PF	kitchen wares stored in hand sink by Warewash (CoS)
39c	ice build up in WIF
49c	Walls unclean by prep sink & 3 bay sink
49c	light shields/ceiling vent in dry storage unclean/ceiling vents throughout
49c	Floor under dry storage shelving unclean
49c	Speed racks unclean throughout
49c	interior of 2 door Traulsen RIC at cookline unclean
49c	interior of cold drawers at cookline unclean
49c	exterior of Fryers unclean
10PF	interior of hand sink by warewash unclean
49c	Shelving w/plates at cookline unclean
49c	Soda machine nozzle back splash unclean
10PF	No Soap or paper towels at handsink (CoS)
Note:	Discussed to cover food once cooled
Note:	Thermometer + test strips available
Note:	Discussed relabeling bottles + granulars <del>case</del> when wearing off
Note:	Discussed proper cooling procedure.
Note:	Pest control performed monthly, no issues.
Note:	Good hand washing observed



Person in Charge (Signature) [Signature]

Date 8/6/24

Inspector (Signature) [Signature]

Date 8/6/24



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 8/20/24

Establishment Main Pub and Restaurant Time In 1:30 AM/PM Time Out 2:45 AM/PM

Address 306 Main St. LHD Manchester

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

Permit Holder Keith Beaulieu 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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<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"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					



# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 8/20/24

Establishment main Pub Town manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Turkey	38F	Cold prep table cookline		Hand Sink by Fryer	142F
Chicken	39F	Pico	41F	<del>Hand Sink</del>	
Sausage Soup	37F	cole slaw	41F	lactic acid	4.3
Chicken wings	41F	cheese	41F	customer BR sink	86F
Basement 2 door RTC		Sliced tomatoes	41F	Hot Hold onion soup	170F
cream	39F	Turkey	39F	rice	135F
Cold drawer chicken	38F	Salmon	41F	Dish machine chlorine	100PPM
Burger	38F	roast beef	40F	Bar Hand Sink	133F

### 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
	Bryan CFPM ON Site
49C	WIC Shelves unclean
49C	exterior of basement ice machine unclean
49C	Floor under/around ice machine unclean w/ standing water
38PF	flies present in basement by ice machine
55C	Floor by fryer damaged on cookline
16PF	interior of cold prep table by cookline unclean
56C	Hood baffles unclean. Hood was due to be cleaned July 2024
49C	Ceiling unclean throughout
37C	unlabeled squeeze bottles at cookline
49C	exterior of cookline equipment unclean
16PF	table mounted can opener unclean (COS)
16PF	interior of utensil drawer by deli slicer unclean
16PF	Deli slicer unclean (COS)
47PF	Paint brush used as butter brush (COS)
16PF	Soda gun holder at bar unclean (COS)
Note	Submit Plan For Patio beverage station
Note	Submit request to JR For using time as a control For batter station
Note	Great <del>active</del> managerial control
Note	Discussed increasing cleaning freq. of exterior of Flour bins
Person in Charge (Signature)	<u>Bryan [Signature]</u> Date <u>8/20/24</u>
Inspector (Signature)	<u>[Signature]</u> Date <u>8/20/24</u>



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

Establishment type: Permanent Temporary Mobile Other<sup>1</sup> Date: 7/22/24

Establishment Market on Main Time In \_\_\_\_\_ AM/PM Time Out \_\_\_\_\_ AM/PM

Address 793 Main St LHD Manchester

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

Permit Holder \_\_\_\_\_ Reinspection Other "Lic was on hold"



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

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

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

Person in Charge (Signature) [Signature] Date 07/22/2024

Person in Charge (Printed) Sabina Kananian

Inspector (Signature) [Signature] Date 7/22/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations		4
Risk Factor/Public Health Intervention Violations		0
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 7-22-24

Establishment Market on Main Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Pre-operational after being closed "HOLD"</u>				<u>Hot Water</u>	<u>121</u>
				<u>Delicase</u>	<u>35F</u>
				<u>Quat</u>	<u>200ppm</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	Description
<u>48C</u>	<u>3 Bays sink - no caulk at FRP</u>
<u>38C</u>	<u>Quat present</u>
<u>49C</u>	<u>Paper for grinders - holder unclean</u>
<u>55C</u>	<u>Walls - additional cleaning / painting if needed</u>
	<u>Tuna Salad @ 38F / Date marking ✓</u>
	<u>Macaroni Salad @ 36F * Date marked this day</u>
	<u>Therm. on order (Arrives today) all. Wipes needed</u>
	<u>material - in display should be washable</u>
	<u>30 day inspection Required</u>
	<u>New worker - 6/21/2029 Serve Safe Ramesh Babu Gajavalli</u>

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





Manchester Health Department

479 Main Street  
Manchester, CT 06040

Establishment: Market on Main St - <u>Pre Op. (Lic. on hold)</u>	Date of Inspection: 7-22-24
New menu - Not boxed product / Bogner's new source bread - Stranos	
Discussed 7 days max on RTE <del>TES</del> 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) <sup>* send ext label</sup>	
Discussed motor cover for Deli case (Radiator covers a metal) <sup>clean/paint sheet</sup>	
✓	Floors next to counter <sup>coffee</sup> unclean
✓	Counter tops/decks chipped
Hallow stirres not allowed - on order, use box as dispenser until solid come in	
✓	Tea container - interior unclean
✓	1 door cabinet missing FRP - Shelf into gap at floor gnats / fly in counter area
Allergen sign - send New Copy	
Defrost - Discussed monitoring temperature <sup>after</sup> defrost	
Initial (Inspector) D Payne	Initial (Person in Charge) Sulwa



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 8/28/24

Establishment Market on Main Time In \_\_\_\_\_ AM/PM Time Out \_\_\_\_\_ AM/PM

Address 793 Main St LHD Manchester

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

Permit Holder \_\_\_\_\_ Reinspection \_\_\_\_\_ Other \_\_\_\_\_



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1				Pf			15				P/C		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected						
2				C			16				P/Pf/C		
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						
<b>Employee Health</b>							17				P		
3				P/Pf			<b>Time/Temperature Control for Safety</b>						
Management, food employee and conditional employee; knowledge, responsibilities and reporting							18				P/Pf/C		
4				P			Proper cooking time and temperatures						
Proper use of restriction and exclusion							19				P		
5				Pf			Proper reheating procedures for hot holding						
Written procedures for responding to vomiting and diarrheal events							20				P		
<b>Good Hygienic Practices</b>							Proper cooling time and temperatures						
6				P/C			21				P		
Proper eating, tasting, drinking, or tobacco products use							Proper hot holding temperatures						
7				C			22				P		
No discharge from eyes, nose, and mouth							Proper cold holding temperatures						
<b>Preventing Contamination by Hands</b>							23				P/Pf		
8				P/Pf			Proper date marking and disposition						
Hands clean and properly washed							24				P/Pf/C		
9				P/Pf/C			Time as a public health control: procedures and records						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							<b>Consumer Advisory</b>						
10				Pf/C			Consumer advisory provided: raw/undercooked food						
Adequate handwashing sinks, properly supplied/accessible							<b>Highly Susceptible Population</b>						
<b>Approved Source</b>							Pasteurized foods used; prohibited foods not offered						
11				P/Pf/C			<b>Food/Color Additives and Toxic Substances</b>						
Food obtained from approved source							27				P		
12				P/Pf			Food additives: approved and properly used						
Food received at proper temperature							28				P/Pf/C		
13				P/Pf			Toxic substances properly identified, stored & used						
Food in good condition, safe, and unadulterated							<b>Conformance with Approved Procedures</b>						
14				P/Pf/C			Compliance with variance/specialized process/ROP criteria/HACCP Plan						
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			P			43					
Pasteurized eggs used where required						In-use utensils: properly stored					
31			P/Pf/C			44					
Water and ice from approved source						Utensils/equipment/linens: properly stored, dried, & handled					
32			Pf			45					
Variance obtained for specialized processing methods						Single-use/single-service articles: properly stored & used					
<b>Food Temperature Control</b>						46					
33			Pf/C			Gloves used properly					
Proper cooling methods used; adequate equipment for temperature control						<b>Utensils and Equipment</b>					
34			Pf			47					
Plant food properly cooked for hot holding						Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
35			Pf/C			48					
Approved thawing methods used						Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
36			Pf/C			49					
Thermometers provided and accurate						Non-food contact surfaces clean					
<b>Food Identification</b>						<b>Physical Facilities</b>					
37			Pf/C			50					
Food properly labeled; original container						Hot and cold water available; adequate pressure					
<b>Prevention of Food Contamination</b>						51					
38			Pf/C			Plumbing installed; proper backflow devices					
Insects, rodents, and animals not present						52					
39			P/Pf/C			Sewage and waste water properly disposed					
Contamination prevented during food preparation, storage & display						53					
40			Pf/C			Toilet facilities: properly constructed, supplied, & clean					
Personal cleanliness						54					
41			C			Garbage and refuse properly disposed; facilities maintained					
Wiping cloths: properly used and stored						55					
42			P/Pf/C			Physical facilities installed, maintained, and clean					
Washing fruits and vegetables						56					
						Adequate ventilation and lighting; designated areas used					
						Natural rubber latex gloves not used per CGS §19a-36f					

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

Person in Charge (Signature) [Signature] Date 08/28/2024

Person in Charge (Printed) \_\_\_\_\_

Inspector (Signature) [Signature] Date 8/28/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		1
Core Item Violations		2
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect		

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








Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>8/7/2024</u>
Establishment <u>McDonalds</u>		Time In <u>10:15</u> AM/PM Time Out _____ AM/PM
Address <u>184 Spencer St</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>CFPM: Roselia</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				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"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			Food separated and protected				P/C							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Certified Food Protection Manager for Classes 2, 3, & 4				C			Food-contact surfaces: cleaned & sanitized				P/P/C							
Employee Health				Consumer Advisory				Highly Susceptible Population										
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>								
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf			Consumer advisory provided: raw/undercooked food				Pf							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Highly Susceptible Population											
Proper use of restriction and exclusion				P			26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Pasteurized foods used; prohibited foods not offered				P/C							
Written procedures for responding to vomiting and diarrheal events				Pf			Food/Color Additives and Toxic Substances											
Good Hygienic Practices				Conformance with Approved Procedures				GOOD RETAIL PRACTICES										
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Proper eating, tasting, drinking, or tobacco products use				P/C			Food additives: approved and properly used				P							
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
No discharge from eyes, nose, and mouth				C			Toxic substances properly identified, stored & used				P/P/C							
Preventing Contamination by Hands				Good Retail Practices				Safe Food and Water										
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Hands clean and properly washed				P/Pf			Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				31	<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			Pasteurized eggs used where required				P							
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Adequate handwashing sinks, properly supplied/accessible				P/C			Water and ice from approved source				P/Pf/C							
Approved Source				Food Temperature Control				Utensils and Equipment										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Food obtained from approved source				P/Pf/C			Proper cooling methods used; adequate equipment for temperature control				Pf/C							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Food received at proper temperature				P/Pf			Plant food properly cooked for hot holding				Pf							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Food in good condition, safe, and unadulterated				P/Pf			Approved thawing methods used				Pf/C							
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Required records available: molluscan shellfish identification, parasite destruction <u>chinese</u>				P/Pf/C			Food Identification											
GOOD RETAIL PRACTICES				Prevention of Food Contamination				Physical Facilities										
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				37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
				Food properly labeled; original container				Pf/C			Hot and cold water available; adequate pressure				Pf			
				Insects, rodents, and animals not present				Pf/C			50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				Contamination prevented during food preparation, storage & display				P/Pf/C			51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				Personal cleanliness				Pf/C			Plumbing installed; proper backflow devices				P/Pf/C			
				Wiping cloths: properly used and stored				C			52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				Washing fruits and vegetables				P/Pf/C			Sewage and waste water properly disposed				P/Pf/C			
				Permit Holder shall notify customers that a copy of the most recent inspection report is available.								Toilet facilities: properly constructed, supplied, & clean				Pf/C		
				Person in Charge (Signature) <u>R. Cartagena</u> Date <u>8/7/24</u>								Garbage and refuse properly disposed; facilities maintained				C		
				Person in Charge (Printed) <u>Roselia Cartagena</u>								Physical facilities installed, maintained, and clean				P/Pf/C		
				Inspector (Signature) <u>L. Brandy</u> Date <u>8/7/24</u>								Adequate ventilation and lighting; designated areas used				C		
				Inspector (Printed) <u>Lauren Brandy</u>								Natural rubber latex gloves not used per CGS §19a-36f				C		
				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	<u>8/17/24</u>	<u>1</u>
Core Item Violations	<u>11/7/24</u>	<u>9</u>
Risk Factor/Public Health Intervention Violations		<u>2</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>8</u>
Requires Reinspection - check box if you intend to reinspect		



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/7/2024

Establishment McDonald's - Spencer Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
egg	155°F	travisen cut tomato	39°F	wif	38°F
sausage	151°F	travisen 2door - Ham	40°F	big mac sauce	41°F
chicken nugget	165°F				
cookline		meat drawer burger raw	39°F	dairy	
cheese	41°F	internal burger	165°F	milk	37°F
cut tomato	39°F			cream	40°F
2door freezer	4°F	wif	6°F	restroom H.W.	87°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
	CFPM: <i>Roseelia cartagena</i>
49c	shelving under hot hold where paper stored not clean
16pF	interior of travisen w/ produce not clean
49c	gasket of undercounter 2door travisen not clean
49c	jumbled utensils on dry storage shelf near drive thru (COS)
49c	ceiling tiles along cookline stained/not clean
not x	chlorine bucket 50-100 ppm - test strips required
49c	mop sink not clean (COS)
10c	handwash sign missing by 3 bay sink
49c	Fan covers outside of wic not clean
49c	gasket of drawer by ice cream area in front not clean
52c	ice build up near floor in wif
	thermometers/alcohol wipes available
	Test strips available
	good glove use/handwashing
	no issues with pest - orkin out monthly
	overall clean + organized!
	new Breakfast (all day) coming soon. New NSF hot hold unit to be installed along cookline
	good active managerial control!
	email lgrandy@manchesterct.gov with corrective actions to above violations

Person in Charge (Signature) [Signature]

Date 8/7/2024

Inspector (Signature) [Signature]

Date 8/7/2024



Risk Category: <b>i</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <b>8/29/24</b>	
Establishment: <b>Mobil - Maganti</b>	Time In: <b>10:15</b> AM/PM	Time Out: <b>10:45</b> AM/PM
Address: <b>240 West Middle Tpke</b>	LHD: <b>Manchester</b>	
Town/City: <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> 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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
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"/>	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"/>	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"/>
5	<input checked="" 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 checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<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"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<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"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<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"/>
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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<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"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<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"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils									
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	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"/>
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"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	48	<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"/>
36	<input 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"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	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"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/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"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	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"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	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"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/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"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				56	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature) *[Signature]* Date **8/29/24**

Person in Charge (Printed) **Suresh**

Inspector (Signature) *[Signature]* Date **8/29/24**

Inspector (Printed) **Lauren Grandy**

Violations documented	Date corrections due	#
Priority Item Violations	(COS)	1
Priority Foundation Item Violations	9/9/24	2
Core Item Violations	11/29/24	3
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect		

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: 9/9/24







Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>8/22/24</u>
Establishment <u>Moran Family R</u>		Time In <u>11:00</u> AM/PM Time Out <u>12:00</u> AM/PM
Address <u>534 Middle Tpke E</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Oscar Moran</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				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"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Employee Health				Good Hygienic Practices				Consumer Advisory					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>
Preventing Contamination by Hands				Approved Source				Highly Susceptible Population					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		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	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"/>		
31	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>		
32	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>		
Safe Food and Water						Proper Use of Utensils							
33	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>		
34	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>								
35	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>								
36	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>								
Food Temperature Control						Utensils and Equipment							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>		
38	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>		
39	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>		
40	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>								
41	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>								
42	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>								
Food Identification						Physical Facilities							
43	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>		
44	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>		
45	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>		
46	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>		
47	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>		
48	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>		
49	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>		
50	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>								
51	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>								
52	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>								
53	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>								
54	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>								
55	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>								
56	<input type="checkbox"/>	<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) <u>[Signature]</u>	Date <u>8-22-24</u>	Violations documented
Person in Charge (Printed) <u>Oscar Moran</u>		Priority Item Violations
Inspector (Signature) <u>[Signature]</u>	Date <u>8/22/24</u>	Priority Foundation Item Violations
Inspector (Printed) <u>Jose Ramirez</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

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<u>9/1/24</u>	<u>2</u>
Core Item Violations	<u>11/22/24</u>	<u>6</u>
Risk Factor/Public Health Intervention Violations		<u>3</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>5</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: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>					
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>8/26/24</b>					
Establishment <b>Paganis Catering</b>		Time In <b>1:45 AM/RM</b> Time Out <b>2:30 AM/PM</b>					
Address <b>78 Maple St.</b>		LHD <b>Manchester</b>					
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op					
Permit Holder <b>Michael A. Paganis</b>		Reinspection Other _____					
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>							
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed							
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
Supervision				Protection from Contamination			
IN	OUT	N/A	N/O	IN	OUT	N/A	N/O
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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				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			
<b>Employee Health</b>				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				<b>Time/Temperature Control for Safety</b>			
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			
<b>Good Hygienic Practices</b>				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			
<b>Preventing Contamination by Hands</b>				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				<b>Consumer Advisory</b>			
10 Adequate handwashing sinks, properly supplied/accessible Pf/C				25 Consumer advisory provided: raw/undercooked food Pf			
<b>Approved Source</b>				<b>Highly Susceptible Population</b>			
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				<b>Food/Color Additives and Toxic Substances</b>			
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			
<b>GOOD RETAIL PRACTICES</b>				<b>Conformance with Approved Procedures</b>			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				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							
Safe Food and Water				Proper Use of Utensils			
OUT	N/A	N/O	V	OUT	N/A	N/O	V
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required 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			
<b>Food Temperature Control</b>				46 Gloves used properly C			
33 Proper cooling methods used; adequate equipment for temperature control Pf/C				<b>Utensils and Equipment</b>			
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			
<b>Food Identification</b>				<b>Physical Facilities</b>			
37 Food properly labeled; original container Pf/C				50 Hot and cold water available; adequate pressure Pf			
<b>Prevention of Food Contamination</b>				51 Plumbing installed; proper backflow devices P/Pf/C			
38 Insects, rodents, and animals not present Pf/C				52 Sewage and waste water properly disposed P/Pf/C			
39 Contamination prevented during food preparation, storage & display P/Pf/C				53 Toilet facilities: properly constructed, supplied, & clean Pf/C			
40 Personal cleanliness Pf/C				54 Garbage and refuse properly disposed; facilities maintained C			
41 Wiping cloths: properly used and stored C				55 Physical facilities installed, maintained, and clean P/Pf/C			
42 Washing fruits and vegetables P/Pf/C				56 Adequate ventilation and lighting; designated areas used C			
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) <i>[Signature]</i> Date <b>8/26/24</b>	Violations documented	Date corrections due	#				
Person in Charge (Printed)	Priority Item Violations		1				
Inspector (Signature) <i>[Signature]</i> Date <b>8/26/24</b>	Priority Foundation Item Violations	<b>9/5/24</b>	1				
Inspector (Printed) <b>Jose Ramirez</b>	Core Item Violations	<b>11/26/24</b>	1				
	Risk Factor/Public Health Intervention Violations		1				
	Repeat Risk Factor/Public Health Intervention Violations						
	Good Retail Practices Violations						
	Requires Reinspection - check box if you intend to reinspect		1				







Risk Category: <u>3</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>3</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>8/20/2024</u>
Establishment <u>pho 99</u>		Time In <u>1:30</u> AM/PM <u>PM</u> Time Out <u>3:00</u> AM/PM <u>PM</u>
Address <u>212 Broad Street</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Peter</u>		Reinspection Other _____
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
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		
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>
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 COS R Pf <input type="checkbox"/> <input type="checkbox"/> <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 COS R P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Employee Health</b>		
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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	18 <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"/> <input type="checkbox"/> <input type="checkbox"/>	21 <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	19 <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"/> <input type="checkbox"/> <input type="checkbox"/>	22 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Good Hygienic Practices</b>		
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"/> <input type="checkbox"/> <input type="checkbox"/>	20 <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 <u>Tapioca pearls</u> P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23 <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Consumer Advisory</b>	
<b>Preventing Contamination by Hands</b>		
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"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Highly Susceptible Population</b>	
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"/> <input type="checkbox"/> <input type="checkbox"/>	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>	
<b>Approved Source</b>		
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"/> <input type="checkbox"/> <input type="checkbox"/>	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Conformance with Approved Procedures</b>	
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>GOOD RETAIL PRACTICES</b>		
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		
<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>	<b>Utensils and Equipment</b>
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required V COS R P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	43 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored C <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	44 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled P/C <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Food Temperature Control</b>		
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"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Physical Facilities</b>	
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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	
35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used Pf/C <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Food Identification</b>		
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container P/C <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Prevention of Food Contamination</b>		
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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	
39 <input checked="" 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"/> <input type="checkbox"/> <input type="checkbox"/>	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>	56 <input checked="" 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"/> <input type="checkbox"/> <input type="checkbox"/>	
41 <input checked="" 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"/> <input type="checkbox"/> <input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f <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"/> <input type="checkbox"/> <input type="checkbox"/>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) _____ Date <u>8/20/2024</u>	Violations documented Date corrections due #	
Person in Charge (Printed) _____	Priority Item Violations <u>8/23/24</u> 6	
Inspector (Signature) <u>L. Grandy</u> Date <u>8/20/2024</u>	Priority Foundation Item Violations <u>8/30/24</u> 4	
Inspector (Printed) <u>Lauren Grandy</u>	Core Item Violations <u>11/20/2024</u> 10	
	Risk Factor/Public Health Intervention Violations 5	
	Repeat Risk Factor/Public Health Intervention Violations	
	Good Retail Practices Violations 15	
	Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>	

reinspection: 8/23/24



# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 8/20/2024


Establishment pho 99

Town manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
BAY MARIL		wic-chicken	41F	3 bay bleach	50-100 ppm
BEEF	42F	noodles	41F	hot water-h.s.	89F
veggies	41F	butter	41F		
		cut broccoli	41F		
white rice	138F			mens h.w.	114F
soup broth	212F	WIF	0F	womens h.w	114F

### 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: peter on site
49c	hood not clean - due June 2024
47c	cardboard on floor by cookline
43c	Tongs stored on oven handle on cookline
47p	bay Marie not functioning correctly @ 50F ↳ Food product, beef, cut veggies, broth between 41-42F - moved to walk in cooler and other functioning units ↳ owner to not use unit until repaired ↳ owner to call licensed hvac for repair (3pm this day) ↳ call health dept prior to re-using unit (Thursday @ 10AM)
41c	cloth stored on cutting board
44pF	dirty unclean dishes stored along cookline
22p	TOFU @ 49F - voluntarily discarded by owner
49c	shelving below grill top not clean
15p/37pF	white granulars not protected along cookline / not labeled
47pF	oster convection oven not commercial NSF equivalent
noted	discussed designated areas for staff drinks/food
56c	personal bag stored co-mingled with to go cups
15p	raw chicken / beef stored above egg rolls in 1 door freezer
noted	discussed date marking policy
49c	shelving in wic not clean
49c	Fan in wic not clean
15p	Food covered with cloths in wic
Person in Charge (Signature)	
Inspector (Signature) <u>R. Grandy</u>	Date <u>8/20/2024</u>







Risk Category: <u>1</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>													
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>8/20/24</u>													
Establishment <u>Ray's Convenience</u>		Time In <u>3:30</u> AM/PM Time Out <u>4:30</u> AM/PM													
Address <u>269 E. Center St</u>		LHD <u>Manchester</u>													
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op													
Permit Holder <u>Ray Naman</u>		Reinspection Other													
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>															
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
	IN	OUT	N/A/N/O	Supervision	V	COS	R		IN	OUT	N/A/N/O	Protection from Contamination	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>		15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Food-contact surfaces: cleaned & sanitized	P/C	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Employee Health</b>					17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		<b>Time/Temperature Control for Safety</b>						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>		18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>		19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Good Hygienic Practices</b>					20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>		21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>		22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Preventing Contamination by Hands</b>					23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		24	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<b>Consumer Advisory</b>						
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"/>		25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Approved Source</b>					<b>Highly Susceptible Population</b>						
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"/>		26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/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"/>		<b>Food/Color Additives and Toxic Substances</b>						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<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"/>		28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				<b>GOOD RETAIL PRACTICES</b>					<b>Conformance with Approved Procedures</b>						
				<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>					29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				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					<b>Safe Food and Water</b>						
	OUT/N/A/N/O				V	COS	R		OUT			Proper Use of Utensils	V	COS	R
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>		43	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>		45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Food Temperature Control</b>					46	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<b>Utensils and Equipment</b>						
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>		47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		48	<input checked="" 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"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	P/C	<input type="checkbox"/>	<input type="checkbox"/>		49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Food Identification</b>					<b>Physical Facilities</b>						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Prevention of Food Contamination</b>					51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>		52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		53	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		54	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>		55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		56	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
				Permit Holder shall notify customers that a copy of the most recent inspection report is available.					<b>Violations documented</b>						
				Person in Charge (Signature) <u>[Signature]</u> Date <u>8/20/24</u>					<b>Date corrections due</b>		<b>#</b>				
				Person in Charge (Printed) <u>NAMAN RAY</u>					<u>8/23/24</u>		<u>1</u>				
				Inspector (Signature) <u>[Signature]</u> Date <u>8/20/24</u>					<u>8/30/24</u>		<u>8</u>				
				Inspector (Printed) <u>Jose Ramirez</u>					<u>11/20/24</u>		<u>11</u>				
											<u>4</u>				
											<u>16</u>				
											<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 8/20/24

Establishment Ray's Convenience Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk dispenser	37F			employee bathroom	72
milk in WIC	40				

### 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	Syrup station unclean
16PF	milk dispenser nozzles not clean
49C	counter at coffee station not clean
55C	Floor damaged throughout
45C	single service items (straws) not protected
49C	interior of cabinets by coffee station not clean
51C	faucet on coffee counter loose
47C	mop sink faucet repaired w/ duct tape
49C	interior of hand sink in back not clean
50PF	hand sink in back had no water (COS)
10C	paper towels not in dispenser
10PF	no soap or paper towels in employee bathroom
50PF	employee bathroom hot water faucet does not work water in employee bathroom @ 72°F
49C	floor in WIC not clean
49C	shelves w/ TCS foods on them in WIC not clean
36PF	no thermometer <del>in use</del> (thin probe)
38PF	mouse droppings present near 2-bay
48PF	2-bay sink not being used. Hand sink being used instead
48PF	no test strips available
16P	no sanitizer made

Person in Charge (Signature)


Date 8/20/24

Inspector (Signature)

Date 8/20/24



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>8/22/24</b>	
Establishment <b>Sebastians at MCC</b>	Time In <b>10:00</b> <b>AM</b> PM Time Out <b>11:00</b> <b>AM</b> PM	
Address <b>60 Bidwell St.</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Joe Semlow</b>	Reinspection Other _____	



Keeping Connecticut Healthy  
**DPH**  
Connecticut Department of Public Health

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use				20 Proper cooling time and temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth				21 Proper hot holding temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed				22 Proper cold holding temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 Proper date marking and disposition									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessible				24 Time as a public health control: procedures and records									
<input checked="" type="checkbox"/>	<input 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"/>
11 Food obtained from approved source				25 Consumer advisory provided: raw/undercooked food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature				26 Highly Susceptible Population									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated				27 Food additives: approved and properly used									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction				28 Toxic substances properly identified, stored & used									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan									
<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"/>	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"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<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"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<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"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
33 Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
34 Plant food properly cooked for hot holding				47 Utensils and Equipment							
<input type="checkbox"/>	<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"/>	
35 Approved thawing methods used				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
36 Thermometers provided and accurate				49 Non-food contact surfaces clean							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
37 Food properly labeled; original container				50 Physical Facilities							
<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	<input type="checkbox"/>	<input type="checkbox"/>	
38 Insects, rodents, and animals not present				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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
39 Contamination prevented during food preparation, storage & display				52 Sewage and waste water properly disposed							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
40 Personal cleanliness				53 Toilet facilities: properly constructed, supplied, & clean							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
41 Wiping cloths: properly used and stored				54 Garbage and refuse properly disposed; facilities maintained							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
42 Washing fruits and vegetables				55 Physical facilities installed, maintained, and clean							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				56 Adequate ventilation and lighting; designated areas used							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
				Natural rubber latex gloves not used per CGS §19a-36f							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Permit Holder shall notify customers that a copy of the most recent inspection report is available.											
Person in Charge (Signature) <b>Joe Semlow</b> Date <b>8.22.24</b>				Violations documented				Date corrections due			
Person in Charge (Printed) <b>Joe Semlow</b>				Priority Item Violations				9/1/24			
Inspector (Signature) <b>Jose Ramirez</b> Date <b>8/22/24</b>				Priority Foundation Item Violations				11/22/24			
Inspector (Printed) <b>Jose Ramirez</b>				Core Item Violations				2			
				Risk Factor/Public Health Intervention Violations				2			
				Repeat Risk Factor/Public Health Intervention Violations				5			
				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 8/22/24

Establishment Sebastians at MCC Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIC ambient	30F			Hand sink by 3 bay	90F
WIC chicken	38 F			Quat sanitizer	400ppm
1 sliced cheese	36F			3-bay hot water	105°F
WIF ambient	-5F				

### 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.
16 PF	interior of ice machine unclean <del>is</del> , not going to be used yet
49C	gaskets unclean throughout (COS)
49C	dry storage shelves by WIF unclean (COS)
49C	interior of 2 door warmer unclean (COS)
16PF	meat slicer unclean, wash, rinse, sanitize prior to opening
49C	interior of 3-door To-Go cold prep unit unclean / gaskets
50PF	3-bay hot water @ 105°F. Hot water just turned on according to PIC. Health Dept to follow up on Monday prior to opening. Minimum of 110°F required.
	Okay to operate contingent on hot water. License to be provided Monday. HD to follow up on Monday for hot water.
Note:	Using Time as a Public Health control for To-Go hot sandwiches. Email JR w/ written procedure.
Note:	Allergen notices posted, labels for To-Go items in compliance.
Note	Thermometers and test strips available
Note	provide trash cans near all hand sinks
Note	all paper goods must be off the ground

Person in Charge (Signature)	Date <u>8/22/24</u>
Inspector (Signature)	Date <u>8/22/24</u>



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>			
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>8/7/24</b>			
Establishment <b>Shop Rite</b>		Time In <b>11:00</b> (AM/PM) Time Out <b>12:45</b> AM/PM			
Address <b>214 Spencer st.</b>		LHD <b>Manchester</b>			
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op			
Permit Holder <b>Richard Cohen</b>		Reinspection Other _____			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
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					
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>			
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			
<b>Employee Health</b>					
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 checked="" 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			
<b>Good Hygienic Practices</b>					
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	22 <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	23 <input 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	<b>GOOD RETAIL PRACTICES</b>			
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 are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				
<b>Approved Source</b>					
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	30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasturized eggs used where required	<b>Safe Food and Water</b>			
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	31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	<b>Food Temperature Control</b>		
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	32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	<b>Food Identification</b>		
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	<b>Prevention of Food Contamination</b>				
<b>Consumer Advisory</b>					
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	35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	<b>Proper Use of Utensils</b>		
<b>Preventing Contamination by Hands</b>					
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	37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	<b>Utensils and Equipment</b>		
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	<b>Physical Facilities</b>				
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	39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure	39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	<b>Violations documented</b>		
<b>Approved Source</b>					
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	40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed	40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	Date corrections due	#	
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	41 <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 Physical facilities installed, maintained, and clean	<b>COS</b>	<b>1</b>	
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	42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used	42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f	<b>8/17/24</b>	<b>3</b>	
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	<b>Person in Charge (Signature)</b>			<b>11/7/24</b>	<b>6</b>
<b>Good Retail Practices</b>			<b>Person in Charge (Printed)</b>		
18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures	<b>Inspector (Signature)</b>			<b>4</b>	
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	<b>Inspector (Printed)</b>			<b>6</b>	
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures	<b>Appeal:</b> 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.				
21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	<b>1st - White: Health Department</b>				
22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	<b>410 Capitol Avenue MS#11FDP</b>				
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	<b>Hartford, CT 06134</b>				
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	<b>2nd - Yellow: Owner/Operator/Person in Charge</b>				
<b>Consumer Advisory</b>			<b>Requires Reinspection - check box if you intend to reinspect</b>		
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	<b>Person in Charge (Signature)</b>		<b>Date</b>		
26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Highly Susceptible Population	<b>Person in Charge (Printed)</b>		<b>Date</b>		
27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food/Color Additives and Toxic Substances	<b>Inspector (Signature)</b>		<b>Date</b>		
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	<b>Inspector (Printed)</b>		<b>Date</b>		
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	<b>Person in Charge (Signature)</b>		<b>Date</b>		



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/7/24

Establishment Shop Rite

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.
	Elaine, CFPM, manager on site
	Produce: Hand sink 104F
49c	interior of hand sink unclean
49c	Ceiling Fan covers unclean
16PF	Prep sink interior unclean
	<hr/>
	Deli: Display cooler - roast beef 35F, ham 38F, turkey 38F
	Swiss cheese 37F, ham 37F, Quat bucket 200ppm
22P	Sandwich cold prep table - sliced tomatoes 49F, boiled eggs 49F
	Sliced cheese 46F, sliced turkey 47F <b>COS</b> Discarded
	Do not use this unit until serviced
	Hot bar: rice 170F, egg plant 169F, chicken 139F
	Clam chowder 175F, Hot hold oven chicken 200F, chicken 163F
49c	Floor, wall behind grill unclean
16PF	interior of ovens unclean
	WIC: Potatoes 37F, sliced tomatoes 33F, chicken 34F
	3 bay Quat 400ppm
	WIC: Ham 37F
	<hr/>
	Seafood: Hand sink 95F, 3 bay quat 400ppm
	Display case - Fish 40F, Shrimp 40F, Scallop 39F
49c	WIC shelves unclean
Person in Charge (Signature)	Date <u>8/7/24</u>
Inspector (Signature)	Date <u>8/7/24</u>









Risk Category:	<b>Food Establishment Inspection Report</b>	Page 1 of ____
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	 <p>Connecticut Department of Public Health</p>	Date: <u>8/7/24</u>
Establishment <u>Snow Fox (shopRite)</u>		Time In <u>12:45 AM/PM</u> Time Out <u>1:15 AM/PM</u>
Address <u>214 Spencer St</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Lin Manning Thant</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"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use				20 Proper cooling time and temperatures									
<input 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"/>
7 No discharge from eyes, nose, and mouth				21 Proper hot holding temperatures									
<input checked="" 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"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed				22 Proper cold holding temperatures									
<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"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 Proper date marking and disposition									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessible				24 Time as a public health control: procedures and records									
<input checked="" 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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source				25 Consumer advisory provided: raw/undercooked food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature				26 Pasteurized foods used; prohibited foods not offered									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated				27 Food additives: approved and properly used									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction				28 Toxic substances properly identified, stored & used									
<input 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"/>
				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan									

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) _____	Date <u>8.7.24</u>
Person in Charge (Printed) <u>Lin Manning Thant</u>	
Inspector (Signature) _____	Date <u>8/7/24</u>
Inspector (Printed) <u>Jose Ramirez</u>	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations		0
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		

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







Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>8/15/2024</b>
Establishment <b>Stevens Bagels - Tolland</b>		Time In <b>12:45</b> AM/PM <b>PM</b> Time Out <b>2:00</b> AM/PM <b>PM</b>
Address <b>11 Tolland Turnpike</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Steve</b>		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"/>	15	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input 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											
								Proper disposition of returned, previously served, reconditioned, and unsafe food											
Employee Health				Time/Temperature Control for Safety															
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	18	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	19	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>						
Written procedures for responding to vomiting and diarrheal events								Proper cooling time and temperatures											
								Proper hot holding temperatures											
Good Hygienic Practices				Consumer Advisory															
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>						
Proper eating, tasting, drinking, or tobacco products use								Consumer advisory provided: raw/undercooked food											
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	Highly Susceptible Population												
No discharge from eyes, nose, and mouth								Pasteurized foods used; prohibited foods not offered											
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"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>						
Hands clean and properly washed								Food additives: approved and properly used											
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	28	<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								Toxic substances properly identified, stored & used											
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Conformance with Approved Procedures												
Adequate handwashing sinks, properly supplied/accessible								Compliance with variance/specialized process/ROP criteria/HACCP Plan											
Approved Source				GOOD RETAIL PRACTICES															
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.												
Food obtained from approved source								Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils								
Food received at proper temperature								30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>						
Food in good condition, safe, and unadulterated								Water and ice from approved source											
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>						
Required records available: molluscan shellfish identification, parasite destruction								Variance obtained for specialized processing methods											
GOOD RETAIL PRACTICES				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				Food Identification															
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>						
Food properly labeled; original container								Food properly labeled; original container											
Prevention of Food Contamination				Prevention of Food Contamination															
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>						
Insects, rodents, and animals not present								Insects, rodents, and animals not present											
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>						
Contamination prevented during food preparation, storage & display								Contamination prevented during food preparation, storage & display											
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>						
Personal cleanliness								Personal cleanliness											
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>						
Wiping cloths: properly used and stored								Wiping cloths: properly used and stored											
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>						
Washing fruits and vegetables								Washing fruits and vegetables											

Person in Charge (Signature) <i>[Signature]</i> Date <b>8.5.24</b> Person in Charge (Printed) <b>Billy Tertin</b> <b>8.5.24</b> Inspector (Signature) <i>[Signature]</i> Date <b>8/15/2024</b> Inspector (Printed) <b>Lauren Grandy</b>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Violations documented		Date corrections due
Priority Item Violations		
Priority Foundation Item Violations		<b>8/15/2024</b>
Core Item Violations		<b>11/5/2024</b>
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		
		<b>#</b>
		<b>2</b>
		<b>11</b>
		<b>1</b>
		<b>12</b>

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 8/5/2024

Establishment Stevens Bagels - Toward Prep Town manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Ham - deli case	40F	cookline refrigerator		hot water h.s.	95F
Lox - deli case	39F	cut tomato	41F	hot water h.s. (back)	122F
Front cold		sausage	40F	quat bucket	200ppm
Tomato	41F	corn beef hash	40F	quat 3 bay	200ppm
Salami	41F	w/c		3 door refrigerator	3F
cream cheese	40F	Lox	40F		
		cream cheese	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
	<b>CFPM: HOLLY</b>
49c	interior of 4 door bagel drawers unclean (crumbs)
49c	shelving in deli case not clean
49c	interior of front "wooden" cabinets not clean
49c	FRP by Fryer not clean
47c	homestyle fryer next to cookline - not under hood/equipment not approved to be used by health dept
16pF	interior of 3 door Freezer not clean (crumbs)
49c	FRP by mixer/prep area not clean
49c	w/c gasket not clean
49c	gaskets of bread cooler not clean
49c	Fan cover in w/c dusty / not clean
49c	walls / mopsink not clean
37pF	pre-packaged food displayed at front by P.O.S. system must have labels w/ ingredients, allergen on each individual container
55c	Floors in prep room with mixer not in good condition ↳ Health dept to reach out to owner with timeline of repairs
note*	person in charge in process of cleaning conventional oven ↳ heavy grease inside
note*	Thermometer available
note*	no cooking on grill at time of visit / no cooling
Person in Charge (Signature)	<u>Holly [Signature]</u>
Date	<u>8.5.24</u>
Inspector (Signature)	<u>A. [Signature]</u>
Date	<u>8/5/2024</u>



Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>8/11/2024</u>
Establishment <u>Subway 4311</u>		Time In <u>1:30</u> AM/PM Time Out <u>2:30</u> AM/PM
Address <u>327 Green Rd</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>CFPM - RUPA</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
6 Good Hygienic Practices				20 Proper cooling time and temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7 Proper eating, tasting, drinking, or tobacco products use				21 Proper hot holding temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
8 Preventing Contamination by Hands				22 Proper cold holding temperatures									
<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	<input type="checkbox"/>	<input type="checkbox"/>
9 Hands clean and properly washed				23 Proper date marking and disposition									
<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/C	<input type="checkbox"/>	<input type="checkbox"/>
10 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				24 Time as a public health control: procedures and records									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
11 Adequate handwashing sinks, properly supplied/accessible				25 Consumer advisory provided: raw/undercooked food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
12 Approved Source				26 Highly Susceptible Population									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Food obtained from approved source				27 Food/Color Additives and Toxic Substances									
<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"/>
14 Food received at proper temperature				28 Toxic substances properly identified, stored & used									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
15 Food in good condition, safe, and unadulterated				29 Conformance with Approved Procedures									
<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"/>
16 Required records available: molluscan shellfish identification, parasite destruction				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan									

**GOOD RETAIL PRACTICES**

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

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

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

Person in Charge (Signature) Rupali Date 8/11/24

Person in Charge (Printed) Rupali

Inspector (Signature) L. Grandy Date 8/11/24

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<u>8/11/2024</u>	<u>1</u>
Core Item Violations	<u>11/1/2024</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.







Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>8/13/24</b>	
Establishment <b>Sweet Frog</b>		Time In <b>3:15</b> AM/PM Time Out <b>3:45</b> AM/PM	
Address <b>1524 Pleasant Valley Rd Unit 1500 E</b>		LHD <b>Manchester</b>	
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <b>Tracy Proctor</b>		Reinspection _____ Other _____	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
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			
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>	
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	
<b>Employee Health</b>			
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	<b>Consumer Advisory</b>		
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	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		
<b>Good Hygienic Practices</b>			
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	<b>Highly Susceptible Population</b>		
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	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered		
<b>Preventing Contamination by Hands</b>			
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	<b>Food/Color Additives and Toxic Substances</b>		
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	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used		
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	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		
<b>Approved Source</b>			
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	<b>Conformance with Approved Procedures</b>		
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan		
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	<b>GOOD RETAIL PRACTICES</b>		
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	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			
<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>	<b>Utensils and Equipment</b>	
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	47 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	49 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean	
<b>Food Temperature Control</b>			
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	<b>Physical Facilities</b>		
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	
36 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	
<b>Food Identification</b>			
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f	
<b>Prevention of Food Contamination</b>			
38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	<b>Violations Documented</b>		
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	Priority Item Violations	#	
40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	Priority Foundation Item Violations	1	
41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	Core Item Violations	3	
42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	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) <b>Tracy Proctor</b> Date <b>8/13/24</b>	Repeat Risk Factor/Public Health Intervention Violations	-	
Person in Charge (Printed) <b>Tracy Proctor</b>	Good Retail Practices Violations	4	
Inspector (Signature) <b>L. Grandy</b> Date <b>8/13/24</b>	Requires Reinspection - check box if you intend to reinspect	-	
Inspector (Printed) <b>Lauren Grandy</b>			

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 8/2/24

Establishment Thomas' Smokey Pit Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk	37F	Hot Ckn	144F	Hand sink	94F
Pulled Pork	38F	Brisket	154F	Hot Water	71/20F
	41F	Ribs	152F	Kitchen	
	41F	Pulled Pork	185F	Quat	300ppm
Brisket	38F				
Chicken	40F				
Turkey Wing	33F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number

55c Room outside staff space jumbled

Date Marking - discussed + reviewed.

Discussed WIC temp - products just at 40/41F.

→ Monitor product as well as thermometer

Discussed reheating after "pulling" hot meat and re-cooling after prepping coleslaw - lightly covered in Walk in Cooler

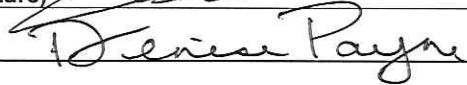
Person in Charge (Signature)



Date

8/2/24

Inspector (Signature)



Date

8/2/24




Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>											
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>8/27/24</u>												
Establishment <u>Wetzels Pretzels (kiosk)</u>	Time In <u>11:00</u> AM/PM Time Out <u>11:30</u> AM/PM												
Address <u>194 Buckland Hills Dr. # 5531</u>	LHD <u>Manchester</u>												
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op												
Permit Holder _____	Reinspection _____ Other _____												
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P	<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"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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/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"/>	Pf/C	<input checked="" 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"/>	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"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C						
<input type="checkbox"/>	<input type="checkbox"/>												







Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>8/27/24</u>	
Establishment <u>Wetzels Pretzels (store)</u>	Time In <u>11:00</u> AM/PM Time Out <u>11:40</u> AM/PM	
Address <u>194 Buckland Hills Dr. #1176</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Christopher Cordeiro</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				Time/Temperature Control for Safety							
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	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"/>
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"/>	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"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<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"/>
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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input checked="" 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"/>
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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
14	<input 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"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES															
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"/>	<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"/>	<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"/>	<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"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<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"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<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"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical Facilities							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<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"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	Pf/C	<input type="checkbox"/>	<input checked="" 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"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <u>[Signature]</u>	Date <u>8-27-24</u>														
Person in Charge (Printed)															
Inspector (Signature) <u>[Signature]</u>	Date <u>8/27/24</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	<u>9-6-24</u>	<u>03</u>
Core Item Violations	<u>11-27-24</u>	<u>1</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		<input checked="" type="checkbox"/>







Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>8/14/24</b>
Establishment <b>Woodbridge Pizza</b>		Time In <b>1:30 AM/PM</b> Time Out <b>2:30 AM/PM</b>
Address <b>489 Middle Turnpike E</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Elias Serrano</b>		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"/>
<b>Employee Health</b>															
<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 reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>															
<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 cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Preventing Contamination by Hands</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>															
<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"/>	<b>Highly Susceptible Population</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Temperature Control</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<b>Utensils and Equipment</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Identification</b>															
<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"/>				
<b>Prevention of Food Contamination</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <b>Ely</b>				Date <b>8-14-24</b>				Violations documented		Date corrections due		#			
Person in Charge (Printed)								Priority Item Violations		8-17-24		4			
Inspector (Signature) <b>Jose Ramirez</b>				Date <b>8/14/24</b>				Priority Foundation Item Violations		8-24-24		10			
Inspector (Printed) <b>Jose Ramirez</b>								Core Item Violations		11-14-24		10			
								Risk Factor/Public Health Intervention Violations				12			
								Repeat Risk Factor/Public Health Intervention Violations							
								Good Retail Practices Violations				12			
								Requires Reinspection - check box if you intend to reinspect				<input checked="" type="checkbox"/>			

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



# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 8/14/24  
 Establishment Woodbridge Pizza Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table by Fryer		WIC ground beef	41F	Hand Sink by Fryer	140F
sliced tomatoes	40F	chicken cutlet	41F	3 bay sink	125F
turkey	41F	sliced cheese	41F	employee BR	115F
cheese	41F	chicken wing	41F		
chicken wing	37F	chicken wings	48F		
burger	40F	Cold prep pizza			
Hot Hold meatball	168F	shred cheese	40F		
		ground beef	39F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
	CEPM Elais on site
10PF	interior of hand sink by Fryer unclean ✓
49C	walls unclean throughout ✓
37C	unlabeled squeeze bottles throughout ✓
38C	side door open w/ no screen door
16PF	interior of microwave unclean
47C	Cold prep table gasket damaged (by Fryer)
22P	Container of chicken wings in WIC at 48F. cooked yesterday. (ca3)
44C	Wet nesting of metal bowls on drying shelf by 3 bay sink.
49C	Shelving above 3 bay unclean/rusted
10PF	No Soap or paper towels at hand sink by 3 bay. <b>No Soap</b>
10PF	Hand Sink by Fryer used as dump sink
23P	Containers of Food not date marked throughout ✓
49C	Ceiling unclean throughout
16PF	table mounted can opener unclean ✓
45C	Single use containers reused as scoop.
55C	standing water in mop bucket/mop stored in standing water ✓
10PF	No Soap or paper towels in employee bathroom. Toilet paper not in dispenser. <b>Paper towels not in dispenser</b>
49C	Interior & Exterior of coolers unclean throughout
16PF	Deli slicer unclean
16PF	interior of ice machine unclean

Person in Charge (Signature) [Signature] Date 8-14-24  
 Inspector (Signature) [Signature] Date 8/14/24



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/14/24

Establishment Woodbridge Pizza

Town Manchester

Reinspection 8/15/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken cooked to	185F			Customer BR	156 F
				customer BR	91F
WIC lasagna	37F				
ground sausage	41F				
milk	52F				
cheese	41F				
ground beef	41F				
eggs	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.
13PF	Dented can not segregated
51P	Customer BR sink at 156F ✓
33PF	Improper cooling methods. Leave uncovered before covering. Once @ 41°F then cover.
16P	No sanitizer solution prepared. (COS) PIC made to correct concentration.
*	Reinspection 8/15/24, all foods must be date-marked. Food not date marked will be discarded.
Note:	Customer bathroom too hot, water must be btw 85-115°F Bathroom must remain closed until fixed. No inside dining allowed.
Note	Walk-in cooler must be serviced if it cannot hold food -at 41°F or below. Utilized reach in freezer to assist with cooling until WIC is serviced.
Note	Discussed dented can policy w/ PIC. Designate an area for dented cans for credit or disposal.
Note	Discussed proper cooling w/ PIC 135-70 in 2hrs 70-41 in an additional 4 hours. Do not cover until @ 41°F cool in shallow pans/containers before transferring into bus bins.
Note:	Discussed date-marking policy. Health Dept reviewed in depth.
Person in Charge (Signature)	Date <u>8-14-24</u>
Inspector (Signature)	Date <u>8/14/24</u>





Manchester Health Department

479 Main Street  
Manchester, CT 06040

\*Final construction

Establishment:	Date of Inspection:
Keeney Elementary school	8/6/24
-handwash sink at 71F - must be 85F or higher for hand wash sinks	
-paper towels/soap/signage/trash at all sinks	
-gap at door near employee storage/mop sink ↳discussed weather strip	
note*	washer/dryer on site
-soap/ <del>paper towel</del> dispenser missing in restroom	
-hole in wall at office space	
-Freezer (walk in) at 65F ↳thermometers required in all cold units	
-wic (40F); reach in cold prep 38F	
-cover plates required for outlets/lights	
-wall to be repaired in dry storage room	
-3 bay hot water at 70F - must reach 110F or greater	
-caulk/seal edge of 3 bay on wall side	
-wash/rinse/sanitize all equipment prior to use	
-discussed hvac above serv line to be finished	
note*	sneeze guard in place at front area ✓
Lgrandy@manchesterct.gov /860-647-3173 email or call once above completed for reinspection	
Initial (Inspector)	Initial (Person in Charge)
L.G.	MB



Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>8/15/2024</b>	
Establishment <b>Soschicken</b>	Time In <b>2</b> AM/PM Time Out <b>2:45</b> AM/PM	
Address <b>411-2 Hartford Rd</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: Routine <b>Pre-op</b>	
Permit Holder <b>omar Abuzavdeh</b>	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events <b>to be purchased</b>	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 type="checkbox"/>	Good Hygienic Practices				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<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 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"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input 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"/>	Conformance with Approved Procedures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control				<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification				<input type="checkbox"/>	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"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination				<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Holder shall notify customers that a copy of the most recent inspection report is available.				<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f			

Person in Charge (Signature) *[Signature]* Date **8/15/2024**

Person in Charge (Printed) **Salah Alomari**

Inspector (Signature) *[Signature]* Date **8/15/2024**

Inspector (Printed) **Lauren Grandy**

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<b>prior food prep</b>	<b>1</b>
Core Item Violations	<b>8/15/24</b>	<b>3</b>
Risk Factor/Public Health Intervention Violations		<b>1</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>3</b>
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 8/15/2024

Establishment SOSchicken

Town Manchester

### TEMPERATURE OBSERVATIONS

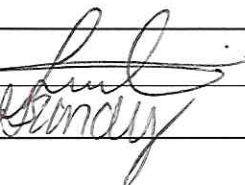
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
4 drawer	34F			hot water hand sink	113F
undercounter refig.	38F			3 bay	119F
undercounter freezer	0F			prep sink	126F
3 door undercounter	39F				
undercounter freezer	0F				

### 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
49c	remove wrap from drawers - wash, rinse sanitize all equipment prior to use
✓ 55c	remove peel from ceiling tiles (cos)
55c	secure cove base at corner in between cold prep units
10pF	paper towels dispenser to be placed more accessible to sink
note*	spices from New Jersey - email to email invoice to Lgrandy@manchesterct.gov
note*	quat test strips available - discussed testing sanitizing solution
note*	thermometer available - person in charge to email a rehol wipes person in charge to purchase vomit/diarrhea clean-up kit health dept to email allergen statement + menu prior to printing
	Food service license to be issued this day. owner to open this saturday.
	wash, rinse, sanitize all equipment prior to opening and bringing in food product.

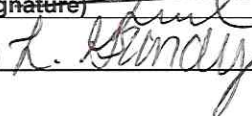
Person in Charge (Signature)



Date

8/15/2024

Inspector (Signature)



Date

8/15/2024



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>8/7/2024</u>
Establishment <u>Auda city</u>		Time In <u>11:30</u> AM/PM Time Out <u>12:30</u> AM/PM
Address <u>825 Main St.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Christine R.</u>		Reinspection Other <u>30 day</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										
IN	OUT	N/A	N/O	Supervision						V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination						V	COS	R	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties						Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected						P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4						C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Employee Health</b>										<b>Time/Temperature Control for Safety</b>												
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding						P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events						Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Good Hygienic Practices</b>										<b>Consumer Advisory</b>												
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input 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"/>	<input type="checkbox"/>	Proper cold holding temperatures						P	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Preventing Contamination by Hands</b>										<b>Highly Susceptible Population</b>												
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible						P/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>													
				<b>Approved Source</b>										<b>Conformance with Approved Procedures</b>												
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"/>	27	<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"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature						P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<b>Compliance with variance/specialized process/ROP criteria/HACCP Plan</b>													
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"/>	29	<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**

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

Mark OUT if numbered item is not in compliance												V=violation type			Mark in appropriate box for COS and/or R									COS=corrected on-site during inspection			R=repeat violation								
OUT	N/A	N/O	Safe Food and Water						V	COS	R	OUT	Proper Use of Utensils						V	COS	R														
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required						P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils: properly stored						C	<input type="checkbox"/>	<input type="checkbox"/>												
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods						Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used						P/C	<input type="checkbox"/>	<input type="checkbox"/>												
				<b>Food Temperature Control</b>										<b>Utensils and Equipment</b>																					
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"/>	47	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding						Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean						C	<input type="checkbox"/>	<input type="checkbox"/>												
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>																						
				<b>Food Identification</b>										<b>Prevention of Food Contamination</b>																					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure						Pf	<input type="checkbox"/>	<input type="checkbox"/>												
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	Plumbing installed; proper backflow devices						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	Sewage and waste water properly disposed						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored						C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained						Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean						P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																			

Person in Charge (Signature) <u>Domestic Santos</u>	Date <u>8/7/24</u>
Person in Charge (Printed) <u>Domestic Santos</u>	
Inspector (Signature) <u>L. Grandy</u>	Date <u>8/7/2024</u>
Inspector (Printed) <u>Lauren Grandy</u>	

Violations documented	Date corrections due	#
Priority Item Violations	<u>8/10/2024</u>	<u>3</u>
Priority Foundation Item Violations	<u>8/7/2024</u>	<u>2</u>
Core Item Violations	<u>11/7/2024</u>	<u>2</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>9</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 8/7/2024

Establishment Avala City

Town Manchester

reinspection 8/13/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cheese	40F	hot hold - sausage	164F	dish machine	50-100ppm
coleslaw	39F	Mashed potato	109F		
cut tomato	41F			quat 3 bay	200-400ppm
chicken salad	40F	Beer cooler	38F		
raw burger	40F				
undercounter Fish	40F	wic	39F		
Tartar sauce	40F	mashed potato ball	40F		
		cheese	41F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM on site - DOM
✓ 39c	lettuce in handsink by cookline - discussed not using as dump sink
✓ 37c	Squeeze bottles not labeled on cookline
✓ 49c	2 door undercounter gasket on cookline not clean
✓ 15p	Food not protected in 1 door standing cooler at cookline
note*	discuss date marking with person in charge
✓ 15p	raw meat (frozen) stored commingled with ice cream
54c	cleaning equipment stored on floor by prep sink
✓ 49c	exterior of chest freezer not clean (in basement)
✓ 47c	milk crate used as shelving in wic
✓ 53c	no cover on trash in restrooms - ordered
✓ 50pF	hot water in mens restroom at 74 - must be 85-115F
✓ 10pF	soap dispenser at bar must be mounted or pump dispenser
✓ 15p	ice not protected at bar area (cos) by bartender
✓ 36c	no alcohol wipes to clean thermometer
note*	Thermometer available
note*	overall good equipment/utensil storage
note*	no ill employees
note*	vomit/diarrhea kit available - ordered
	Health dept to follow up on priority / priority foundation violations on 8/12 or <u>8/13</u>


Person in Charge (Signature)

Date 8/7/24

Inspector (Signature)

Date 8/7/2024



Risk Category: <b>2</b>		<b>Food Establishment Inspection Report</b>				Page 1 of <u>2</u>									
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>8/7/2024</u>											
Establishment <u>Carito's Bakery</u>				Time In <u>9:15</u> AM/PM		Time Out <u>10:15</u> AM/PM									
Address <u>73 A Tolland Pk</u>				LHD <u>Manchester</u>											
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op											
Permit Holder <u>Rebecca Muniz</u>				Reinspection _____ Other <u>reinspection 8/20/24</u>											
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>															
<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															
<b>Supervision</b>				<b>Protection from Contamination</b>											
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/P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized							
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>											
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting								Proper cooking time and temperatures							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion								Proper reheating procedures for hot holding							
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Written procedures for responding to vomiting and diarrheal events								Proper cooling time and temperatures							
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>											
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/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"/>		
Proper eating, tasting, drinking, or tobacco products use								Proper hot holding temperatures							
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input 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							
<b>Preventing Contamination by Hands</b>				<b>Compliance with Approved Procedures</b>											
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed								Proper date marking and disposition							
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								Time as a public health control: procedures and records							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>								
Adequate handwashing sinks, properly supplied/accessible								Consumer advisory provided: raw/undercooked food							
<b>Approved Source</b>				<b>Food/Color Additives and Toxic Substances</b>											
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 checked="" type="checkbox"/>	Pf	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<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"/>	27	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>								
Required records available: molluscan shellfish identification, parasite destruction <u>allergen statement</u>								Compliance with variance/specialized process/ROP criteria/HACCP Plan							
<b>GOOD RETAIL PRACTICES</b>															
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>											
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"/>	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"/>	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"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods								Single-use/single-service articles: properly stored & used							
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>											
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"/>	C	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooling methods used; adequate equipment for temperature control								Gloves used properly							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Plant food properly cooked for hot holding								Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Approved thawing methods used								Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>			
Thermometers provided and accurate								Non-food contact surfaces clean							
<b>Food Identification</b>				<b>Physical Facilities</b>											
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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
Food properly labeled; original container								Hot and cold water available; adequate pressure							
<b>Prevention of Food Contamination</b>				<b>Violations documented</b>											
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	Date	Corrections due	#					
Insects, rodents, and animals not present								Priority Foundation Item Violations	<u>8/17/2024</u>		<u>3</u>				
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations	<u>11/7/2024</u>		<u>5</u>					
Contamination prevented during food preparation, storage & display								Risk Factor/Public Health Intervention Violations			<u>2</u>				
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations								
Personal cleanliness								Good Retail Practices Violations			<u>6</u>				
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect								
Wiping cloths: properly used and stored															
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>									
Washing fruits and vegetables															
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <u>Rebecca Muniz</u> Date <u>8-7-24</u>				Person in Charge (Printed) <u>Rebecca Muniz</u>											
Inspector (Signature) <u>L. Brandy</u> Date <u>8/7/2024</u>				Inspector (Printed) <u>Lauren Brandy</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 8/7/2024

Establishment Carlito's Bakery Town Manchester

reinspection 8/20/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
refrigerated cooler cheesecake	41F	2 door TRUE - Frosting	41F	Front handsink	95 F
		1 door sose		restroom hot water	89F
Milk at coffee cooler	41F	TURKEY	38F		
		Cheese	40F	hot water	89F
2 door TRUE Freezer	-1F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	CFPM: Rebecca
✓ 46 pf	panini press exterior not clean
✓ 49c	wall behind panini press not clean
55c	ceiling tiles in restroom stained
✓ 53c	no toilet paper dispenser in restroom
✓ 47c	non commercial sose cooler used for refrigeration
49c <del>42pf</del>	exterior of bins with cookie cutters/supplies not clean
47pf	non food contact / NSF containers being used to store food product in 2 door Atosa cooler
	↳ Food contact containers required, must be NSF/equivalent
note*	test strips / food thermometers
14 pf	allergen statement required at front counter / on menu
	↳ email copy - carlitosbakery@yahoo.com
note*	overall clean + organized
note*	good storage of equipment / utensils
note*	no cooking at time of visit
	discussed purchasing bins periodically - NSF or equivalent

Person in Charge (Signature) Rebecca M


Date 8-7-2024

Inspector (Signature) L Grandy

Date 8/7/2024



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>8/22/24</b>
Establishment <b>Five star chinese</b>		Time In <b>11:30</b> AM/PM Time Out <b>1</b> AM/PM
Address <b>296 west middle tpke</b>		LHD <b>manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Tian</b>		Reinspection Other <b>Reinspection 8/29/24</b>



### 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"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf			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		
							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"/>				<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			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		
							21 Proper hot holding temperatures				P		
							22 Proper cold holding temperatures				P		
							23 Proper date marking and disposition				P/Pf		
							24 Time as a public health control: procedures and records				P/Pf/C		
Good Hygienic Practices				Consumer Advisory									
<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"/>			
6 Proper eating, tasting, drinking, or tobacco products use				P/C			25 Consumer advisory provided: raw/undercooked food				Pf		
7 No discharge from eyes, nose, and mouth				C			Highly Susceptible Population						
							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8 Hands clean and properly washed				P/Pf			26 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			Food/Color Additives and Toxic Substances						
10 Adequate handwashing sinks, properly supplied/accessible				Pf/C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							27 Food additives: approved and properly used				P		
							28 Toxic substances properly identified, stored & used				P/Pf/C		
							Conformance with Approved Procedures						
							<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
							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

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"/>				<input type="checkbox"/>							
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		
							46 Gloves used properly				C		
Food Temperature Control				Utensils and Equipment									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
33 Proper cooling methods used; adequate equipment for temperature control				Pf/C			47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C		
34 Plant food properly cooked for hot holding				Pf			48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C		
35 Approved thawing methods used				Pf/C			49 Non-food contact surfaces clean				C		
36 Thermometers provided and accurate				Pf/C			Physical Facilities						
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							50 Hot and cold water available; adequate pressure				Pf		
							51 Plumbing installed; proper backflow devices				P/Pf/C		
							52 Sewage and waste water properly disposed				P/Pf/C		
							53 Toilet facilities: properly constructed, supplied, & clean				Pf/C		
							54 Garbage and refuse properly disposed; facilities maintained				C		
							55 Physical facilities installed, maintained, and clean				P/Pf/C		
							56 Adequate ventilation and lighting; designated areas used				C		
							Natural rubber latex gloves not used per CGS §19a-36f						

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

Person in Charge (Signature) <i>Tian</i> Date _____	Violations documented	Date corrections due	#
Person in Charge (Printed) <b>TIAN Hilda Lin</b>	Priority Item Violations	<b>8/27/2024</b>	<b>7</b>
Inspector (Signature) <i>L. Grandy</i> Date <b>8/22/2024</b>	Priority Foundation Item Violations	<b>9/2/2024</b>	<b>5</b>
Inspector (Printed) <b>Lauren Grandy</b>	Core Item Violations	<b>11/22/2024</b>	<b>3</b>
	Risk Factor/Public Health Intervention Violations		<b>7</b>
	Repeat Risk Factor/Public Health Intervention Violations		
	Good Retail Practices Violations		<b>13</b>
	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: 8/26/2024 / 8/27/2024



# Food Establishment Inspection Report

LHD manchester Inspection Report Continuation Sheet Date 8/22/2024  
 Establishment Five Star Chinese Town manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC		internal chicken	165F	bleach - 3 bay	50-100
raw chicken	41F	brown rice finger			
egg rolls	41F	in warmer	163F	wonton soup	185F
pork - defrosting	28F			white rice warmer	165F
shrimp cooling	82F	Bay Maru - beansprout	41F	front sliding	
chicken cooling	78F	raw chicken	41F	egg roll	41F
WIF	0F	raw shrimp	41F	crab ragoon	41F
		cooked beef	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.

- |  |  |  |
|--|--|--|
| ✓ 15 p<br>✓ 49c<br>✓ 15 p<br>✓ 15 p<br>✓ 47c<br>56c<br>✓ 16pF<br>(47c)<br>✓ 28p<br>(47c)<br>✓ 49c<br>(49c)<br>✓ 16p<br>✓ 16p<br>✓ 37pF<br>✓ 49c<br>✓ 47pF<br>note*<br>✓ 47pF<br>note*<br>note* | CFPM: TIAN / Mei on site ✓<br>egg rolls / food product in WIC uncovered<br>shelving in WIC not clean<br><del>raw beef</del> stored over raw shrimp in WIF<br><del>raw</del> chicken stored over raw beef in WIF<br>cooked chicken on <del>pan</del> boxes of oil - (cos) moved to speed rack<br>cell phone/keys stored on dry storage rack<br>exterior of breading container not clean<br>rice cooker/warmer stored on cardboard bin - discussed stainless steel table<br>Bleach bucket not labeled (cos) - discussed placement of bucket<br>cardboard as liner on stainless steel table below rice cooker<br>exterior of microwave not clean<br>hood baffles not clean<br>peeler + chopper near prep table not clean<br>paint brush used for eggs - discarded - Food Grade brushes only<br>liquids on table near wok <del>not</del> not labeled<br>gasket of 1 door Beverage air freezer not clean<br>reuse of large soy sauce containers<br>TCS Foods (Milk) stored in coke cooler → move to NSF/commercial cooler<br>Non food grade containers used for condiments<br>discuss date marking<br>thermometer/test strips available | WIC<br>chicken raw - 40F<br>crab ragoon - 41F<br>cooling chicken fingers<br>@ 60F cooked 2 hrs ago<br>in WIC |
|--|--|--|

Person in Charge (Signature) Mei yu ky Date 8/22/2024  
 Inspector (Signature) L. Brandy Date 8/22/2024







Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: Permanent Temporary Mobile Other _____		Date: <b>7/31/24</b>
Establishment <b>Georgies Kitchen</b>		Time In _____ AM/PM Time Out _____ AM/PM
Address <b>642 Hilliard</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> 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
<b>Supervision</b>						
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"/>
<b>Employee Health</b>						
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"/>
<b>Good Hygienic Practices</b>						
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"/>
<b>Preventing Contamination by Hands</b>						
8	<input type="checkbox"/>	<input checked="" 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"/>
<b>Approved Source</b>						
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"/>
<b>Protection from Contamination</b>						
15	<input type="checkbox"/>	<input checked="" 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"/>
<b>Time/Temperature Control for Safety</b>						
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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P/C	<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"/>
<b>Consumer Advisory</b>						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
<b>Highly Susceptible Population</b>						
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
<b>Food/Color Additives and Toxic Substances</b>						
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"/>
<b>Conformance with Approved Procedures</b>						
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
<b>Safe Food and Water</b>					
<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"/>	P	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
<b>Food Temperature Control</b>					
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
<b>Food Identification</b>					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
<b>Proper Use of Utensils</b>					
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
<b>Utensils and Equipment</b>					
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
<b>Physical Facilities</b>					
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	<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) **ABourd** Date **7/31/24**

Person in Charge (Printed) **Allison Bourd**

Inspector (Signature) **Denise Payne** Date **7/31/24**

Inspector (Printed) **Denise Payne**

Violations documented	Date corrections due	#
Priority Item Violations	<b>Immed. Training</b>	<b>5</b>
Priority Foundation Item Violations	<b>10 days</b>	<b>1</b>
Core Item Violations	<b>90 days</b>	<b>1</b>
Risk Factor/Public Health Intervention Violations		<b>4</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>2</b>
Requires Reinspection - check box if you intend to reinspect		<b>sent</b>

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 8/9/24**



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 7/31/24

Establishment Georgies Kitchen Town Manchester

reinspection 8/9/24

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Butter	41F	"Prep day"		Handsink + hot water	87F
Soucream	41F	No Service this day		3 Bay hot water	120F
Ribs	35F			Shrimp elbow pasta	40F 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 C/PM on site
  - ✓ 38C Kitchen hot water @ 94F - must be a min. 110F - Hot water switch off → turned on this day
  - ✓ 8P Loading dock door open to Kitchen, Exterior door open without screens
  - ✓ 8P No handwashing after Returning to work by staff smoking outdoors
  - ✓ 47PF Unclean towel/wet under pasta drainage. Multiple damaged Utensil-spatulas, discarded
  - ✓ 22P Prepped Chicken at 85F from this morning - discarded
  - ✓ 20P Cooked Ribs not coded properly - discarded - Disc emailed 8/1/24  
- C/PM/owner to retrain All staff on proper food safety and procedures. Owner to document training - send to HDpt in book
  - ✓ 15P Tumbled Foods in Reach in Coolers
  - ✓ 20P Cooked Mac & Cheese @ 84F - discarded.  
ice wands purchased, rack for to-go + single use
- Discussed Food Deliveries - Post 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. mini split
- No ill workers IA/IB onsite
- Allergens posted - Menu ingred \* needs to be complete

Person in Charge (Signature) Alford Date 7/31/24

Inspector (Signature) Denise Robert Payne Date 7/31/24

PIC stated they will be cooling less items and discarding at end of day.

Ice wands + ice machine utilized for cooling.



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>3</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>7/31/24</u>
Establishment <u>Husky pizza</u>		Time In <u>11</u> AM/PM Time Out <u>17:30</u> AM/PM
Address <u>46 West Center Street</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Hasan</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		
<b>Supervision</b>								
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								
<b>Employee Health</b>								
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								
<b>Good Hygienic Practices</b>								
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use								
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
No discharge from eyes, nose, and mouth								
<b>Preventing Contamination by Hands</b>								
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed								
9	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate handwashing sinks, properly supplied/accessible								
<b>Approved Source</b>								
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source								
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Food received at proper temperature								
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, and unadulterated								
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Required records available: molluscan shellfish identification, parasite destruction								
<b>Protection from Contamination</b>								
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Food separated and protected								
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food-contact surfaces: cleaned & sanitized								
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper disposition of returned, previously served, reconditioned, and unsafe food								
<b>Time/Temperature Control for Safety</b>								
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cooking time and temperatures								
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper reheating procedures for hot holding								
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cooling time and temperatures								
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper hot holding temperatures								
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cold holding temperatures								
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Proper date marking and disposition								
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Time as a public health control: procedures and records								
<b>Consumer Advisory</b>								
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Consumer advisory provided: raw/undercooked food								
<b>Highly Susceptible Population</b>								
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Pasteurized foods used; prohibited foods not offered								
<b>Food/Color Additives and Toxic Substances</b>								
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Food additives: approved and properly used								
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Toxic substances properly identified, stored & used								
<b>Conformance with Approved Procedures</b>								
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Compliance with variance/specialized process/ROP criteria/HACCP Plan								

**GOOD RETAIL PRACTICES**

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

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

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

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

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

Person in Charge (Printed) \_\_\_\_\_

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

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	<u>8/3/24</u>	<u>4</u>
Priority Foundation Item Violations	<u>8/9/24</u>	<u>11</u>
Core Item Violations	<u>10/31/24</u>	<u>12</u>
Risk Factor/Public Health Intervention Violations		<u>6</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>21</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: 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  |
|------------------|--|
| <del>51 pF</del> | pipe leaking into bucket next to stove top/handsink - <span style="color: red;">pipe leaking plumber</span>    |
| <del>49 c</del>  | gaskets of 2 door freezer not clean  |
| ✓ 37 pF          | squeeze bottles with condiments not labeled  |
| ✓ 15 p           | Food not protected in 2 door under counter freezer   |
| <del>37 pF</del> | Tops of squeeze bottles damaged/broken - discarded <sup>to be</sup> <span style="color: red;">discussed</span> |
| ✓ 416 pF         | interior/exterior of microwave not clean   |
| ✓ 16 pF          | counter w/ flour breading not clean  |
| ✓ 49 c           | hood of oven not clean   |
| ✓ 41 c           | dirty wiping cloths stored under grill   |
| ✓ 47 c           | <del>under</del> shelving in walk in cooler rusted - discussed timeline for replacement                        |
| ✓ 23 pF          | discussed date marking with person in charge   |
| ✓ 49 c           | Floors in walk in cooler under shelving not clean  |
| ✓ 37 pF          | squeeze bottle with clear liquid not labeled on prep table   |
| ✓ 45 p           | To go containers used as scoops in seasoning containers  |
| ✓ 49 c           | gaskets of undercounter pizza cold prep not clean  |
| ✓ 16 pF          | pizza cutter not clean + stored on unclean pizza prep counter <span style="color: red;">(as)</span>            |
| ✓ 41 c           | towel stored under racks at pizza station  |
| noted            | dish machine not in service  |
| ✓ 37 pF          | white granulars under slicer not labeled   |
| ✓ 38 pF          | Fruit flies present by can return area   |
| ✓ 28 p           | 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	Front sandwich		sanitizer bucket chlorine	50-100 ppm
pizza - Marinara w/c	40F	cold prep tomato pepperoni	40F 40F	chlorine	50-100 ppm
Tomatoes	39F				
bacon	38F				
reheat Marinara	101F				
↳ to reheat to 165F					

### 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
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 <del>tiles</del> 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 use to grab pizza from front case to reheat
	reinspection scheduled 8/15/2024 - August 12th, 2024 - Hasan back (Aug 15/16)
15p	Food not covered/protected in w/c
55c	Floordamaged near mixer
49c	shelving with onions across from 3 door freezer Not clean

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



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 8/11/24

Establishment Faris Mini Mart (Mobil) Time In 11 AM/PM Time Out 12 AM/PM

Address 427 Hartford Rd LHD Manchester

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

Permit Holder \_\_\_\_\_ Reinspection Other reinspection 8/13/24



**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
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"/>	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"/>
4	<input checked="" 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 checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<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"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<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"/>	<b>Highly Susceptible Population</b>						
<b>Preventing Contamination by Hands</b>				<b>Food/Color Additives and Toxic Substances</b>									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<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"/>
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"/>	<b>Conformance with Approved Procedures</b>						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>
<b>Approved Source</b>				<b>Food Color Additives and Toxic Substances</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<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"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	29	<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"/>
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"/>							

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils									
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	<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"/>	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"/>	
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>									
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"/>	
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"/>	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"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	48	<input type="checkbox"/>	<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"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	
<b>Food Identification</b>				<b>Physical Facilities</b>									
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"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	
<b>Prevention of Food Contamination</b>				<b>Physical Facilities</b>									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	Pf/C	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/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"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				56				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>
				Natural rubber latex gloves not used per CGS §19a-36f									

Person in Charge (Signature) [Signature] Date 8/11/24

Person in Charge (Printed) Solymca 8/11/24

Inspector (Signature) [Signature] Date \_\_\_\_\_

Inspector (Printed) Lauren G

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<u>8/11/24</u>	<u>1</u>
Core Item Violations	<u>11/11/24</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
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 8/11/24



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/11/2024

Establishment Faris Mini Mart (Mobil) Town Manchester

reinspection 8/13/2024

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC	39F				
Milk in cooler (coffee station)	40F				
WIC	39F				
milk in cooler	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.
✓ *	Self serve donuts being sold - discussed options with person in charge - donuts to be discarded and will only do pre-packaged donuts
✓ 49c	interior of shelving/cabinets at coffee station not clean (and exterior)
✓ 16 PF	interior of microwave not clean
✓ 49c	Floor in walk in cooler not clean
✓ 49c	Fan cover in walk in cooler not clean
✓ 39c	redbull/gatorade stored on floor in back of house
56c	cleaning equipment stored on floor in back of house
53c	employee restroom floor not clean
53c	holes in wall of restroom
✓ 53 PF	handsink/nozzles not clean in restroom
53 PF	No paper towels in restroom - has paper towels - must be in dispenser
✓ 55c	remove excess clutter in back of house
✓ 48 PF	no test strips available - pic to order this day
	cove base under 3 bay seperating from wall


Person in Charge (Signature)

Date 8/11/24

Inspector (Signature)

Date 8/11/24



Risk Category: <u>3</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>3</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>8/20/2024</u>
Establishment: <u>pho 99</u>		Time In: <u>1:30</u> AM/PM Time Out: <u>3:00</u> AM/PM
Address: <u>242 Broad Street</u>		LHD: <u>Manchester</u>
Town/City: <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder: <u>Peter</u>		Reinspection Other _____
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	Supervision	V COS R
1	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf
2	Certified Food Protection Manager for Classes 2, 3, & 4	C
<b>Employee Health</b>		
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf
4	Proper use of restriction and exclusion	P
5	Written procedures for responding to vomiting and diarrheal events	Pf
<b>Good Hygienic Practices</b>		
6	Proper eating, tasting, drinking, or tobacco products use	P/C
7	No discharge from eyes, nose, and mouth	C
<b>Preventing Contamination by Hands</b>		
8	Hands clean and properly washed	P/Pf
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C
10	Adequate handwashing sinks, properly supplied/accessibility	Pf/C
<b>Approved Source</b>		
11	Food obtained from approved source	P/Pf/C
12	Food received at proper temperature	P/Pf
13	Food in good condition, safe, and unadulterated	P/Pf
14	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C
<b>GOOD RETAIL PRACTICES</b>		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A N/O	Safe Food and Water	V COS R
30	Pasteurized eggs used where required	P
31	Water and ice from approved source	P/Pf/C
32	Variance obtained for specialized processing methods	Pf
<b>Food Temperature Control</b>		
33	Proper cooling methods used; adequate equipment for temperature control	Pf/C
34	Plant food properly cooked for hot holding	Pf
35	Approved thawing methods used	Pf/C
36	Thermometers provided and accurate	Pf/C
<b>Food Identification</b>		
37	Food properly labeled; original container	P/C
<b>Prevention of Food Contamination</b>		
38	Insects, rodents, and animals not present	Pf/C
39	Contamination prevented during food preparation, storage & display	P/Pf/C
40	Personal cleanliness	Pf/C
41	Wiping cloths: properly used and stored	C
42	Washing fruits and vegetables	P/Pf/C
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature)	Date	
Person in Charge (Printed)		
Inspector (Signature)	Date	
Inspector (Printed)		
<b>Violations documented</b>		<b>Date corrections due</b>
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		

reinspection: 8/23/24



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/20/2024

Establishment pho 99

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Marie		wic-chicken	41F	3 bay bleach	50-100 ppm
Beef	42F	noodles	41F		
veggies	41F	butter	41F	hot water-h.s.	89F
		cut broccoli	41F		
white rice	138F			mens h.w.	114F
soup broth	212F	WIF	0F	womens h.w	114F
Bay Marie Chicken	40F				
shrimp	38F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	CFPM: peter on site
49c	hood not clean - due June 2024 - 7 days to call set up time
47c	cardboard on floor by cookline
43c	Tongs stored on oven handle on cookline
47p	bay Marie not functioning correctly @ 50F ↳ Food product, beef, cut veggies, broth between 41-42F - moved to walk in cooler and other functioning units ↳ owner to not use unit until repaired ↳ owner to call licensed hvac for repair (3pm this day) ↳ call health dept prior to re-using unit (Thursday @ 10AM)
41c	cloth stored on cutting board
44pF	dirty unclean dishes stored along cookline
22p	TOFU @ 49F - voluntarily discarded by owner
49c	shelving below grill top not clean
15p/37pF	white granulars not protected along cookline / not labeled
47pF	oster convection oven not commercial NSF equivalent
not x	discussed designated areas for staff drinks/food
56c	personal bag stored co-mingled with to go cups
15p	raw chicken / beef stored above egg rolls in 1 door freezer
not x	discussed date marking policy
49c	shelving in wic not clean
49c	Fan in wic not clean
15p	Food covered with cloths in wic

Person in Charge (Signature)

Date 8/20/2024

Inspector (Signature)

Date 8/20/2024



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/20/24

Establishment pho 99

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Front bay Maru Tapioca pearls	37°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.
15p	raw chicken above beef in WIF
39pf	pots with broth stored on floor in WIF
49c	Floor under shelving not clean in WIF
47c	plastic bins with food product not commercial NSF / equivalent
notex	vomit/diarrhea kit available
notex	Test strips available!
notex	Thermometer available
notex	Tapioca pearls under refrigeration, come commercially pre-packaged. powder mixes as well
	reinspection 8/23/24.
notex	print NSF container examples for owner

Person in Charge (Signature)

Date 8/20/2024

Inspector (Signature) L. Gandy

Date 8/20/24



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>																	
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>8/20/2024</b>																		
Establishment: <b>pho 99</b>	Time In: <b>1:30</b> AM/PM Time Out: <b>3:00</b> AM/PM																		
Address: <b>242 Broad Street</b>	LHD: <b>Manchester</b>																		
Town/City: <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op																		
Permit Holder: <b>Peter</b>	Reinspection: Other <b>Reinspection 8/23</b>																		
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																			
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"/>	<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	<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 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"/>		
<b>Employee Health</b>																			
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"/>		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"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>		<b>Time/Temperature Control for Safety</b>									
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"/>		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"/>		
<b>Good Hygienic Practices</b>																			
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"/>		19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>		
7	<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"/>		20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Preventing Contamination by Hands</b>																			
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		21	<input 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"/>	<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"/>	<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	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Approved Source</b>																			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records <b>Tapioca Pearls</b>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
12	<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"/>		<b>Consumer Advisory</b>									
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"/>		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"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		<b>Highly Susceptible Population</b>									
<b>GOOD RETAIL PRACTICES</b>																			
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	<input type="checkbox"/>	<input type="checkbox"/>		43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>		
<b>Food Temperature Control</b>																			
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>		<b>Utensils and Equipment</b>									
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"/>		47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Food Identification</b>																			
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Prevention of Food Contamination</b>																			
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"/>		<b>Physical Facilities</b>									
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"/>		50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>		52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>		53	<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	<b>8/20/2024</b>				Violations Documented					Date	<b>8/23/24</b>			
Person in Charge (Printed)										Priority Item Violations						<b>6</b>			
Inspector (Signature)	<b>L. Grandy</b>				Date	<b>8/20/2024</b>				Priority Foundation Item Violations						<b>4</b>			
Inspector (Printed)	<b>Lauren Grandy</b>									Core Item Violations						<b>10</b>			
										Risk Factor/Public Health Intervention Violations						<b>5</b>			
										Repeat Risk Factor/Public Health Intervention Violations						<b>0</b>			
										Good Retail Practices Violations						<b>15</b>			
										Requires Reinspection - check box if you intend to reinspect						<input checked="" type="checkbox"/>			

reinspection: 8/23/24 / Follow Up 8/29/24



# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 8/20/2024

Establishment pho 99

Town manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
BAY MARLE		wic-chicken	41F	3 bay bleach	50-100 ppm
BEEF	42F	noodles	41F	hot water-h.s.	89F
veggies	41F	butter	41F		
		cut broccoli	41F		
white rice	138F			mens h.w.	114F
SOUP BROTH	212F	WIF	0F	womens h.w	114F
BAY MARLE CHICKEN	40F				
SHRIMP	38F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number | Description  |
|-------------|--|
|             | CFPM: peter on site  |
| ✓ 49c       | hood not clean - due June 2024 - 7 days to call set up time  |
| ✓ 47c       | cardboard on floor by cookline   |
| ✓ 43c       | Tongs stored on oven handle on cookline  |
| ✓ 47p       | bay marle not functioning correctly @ 50F<br>↳ Food product, beef, cut veggies, broth between 41-42F - moved to walk in cooler and other functioning units<br>↳ owner to not use unit until repaired<br>↳ owner to call licensed hvac for repair (3pm this day)<br>↳ call health dept prior to re-using unit (Thursday @ 10AM) |
| ✓ 41c       | cloth stored on cutting board  |
| ✓ 44pF      | dirty unclean dishes stored along cookline   |
| ✓ 22p       | TOFU @ 49F - voluntarily discarded by owner  |
| ✓ 49c       | shelving below grill top not clean   |
| ✓ 15p/37p   | white granulars not protected along cookline / not labeled   |
| ✓ 47p       | oster convection oven not commercial NSF equivalent  |
| not x       | discussed designated areas for staff drinks/food   |
| ✓ 56c       | personal bag stored co-mingled with to go cups   |
| ✓ 15p       | raw chicken / beef stored above egg rolls in 1 door freezer  |
| not x       | discussed date marking policy  |
| ✓ 49c       | shelving in wic not clean  |
| ✓ 49c       | Fan in wic not clean   |
| ✓ 15p       | Food covered with cloths in wic  |

Person in Charge (Signature)

Date 8/20/2024


Inspector (Signature) L. Brandy

Date 8/20/2024







Risk Category: <u>1</u>		<b>Food Establishment Inspection Report</b>				Page 1 of <u>2</u>									
Establishment type: <u>Permanent</u> Temporary Mobile Other		Date: <u>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>		Purpose of Inspection: <u>Routine</u> Pre-op									
Town/City <u>Manchester</u>				Reinspection		Other									
Permit Holder															
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>															
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															
<b>Supervision</b>				<b>Protection from Contamination</b>											
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Food separated and protected							
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized							
<b>Employee Health</b>								<b>Time/Temperature Control for Safety</b>							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	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 cooking time and temperatures							
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	<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"/>	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 cooling time and temperatures							
<b>Good Hygienic Practices</b>								<b>Consumer Advisory</b>							
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/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use								Proper date marking and disposition							
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/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
No discharge from eyes, nose, and mouth								Time as a public health control: procedures and records							
<b>Preventing Contamination by Hands</b>								<b>Highly Susceptible Population</b>							
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed								Consumer advisory provided: raw/undercooked food							
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								Pasteurized foods used; prohibited foods not offered							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate handwashing sinks, properly supplied/accessible								<b>Food/Color Additives and Toxic Substances</b>							
<b>Approved Source</b>								<b>Conformance with Approved Procedures</b>							
11	<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 checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source								Compliance with variance/specialized process/ROP criteria/HACCP Plan							
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food received at proper temperature								<b>GOOD RETAIL PRACTICES</b>							
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</b>								
Food in good condition, safe, and unadulterated								Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe Food and Water</b>								
Required records available: molluscan shellfish identification, parasite destruction								<b>Proper Use of Utensils</b>							
<b>Prevention of Food Contamination</b>								<b>Utensils and Equipment</b>							
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Pasteurized eggs used where required								<b>Physical Facilities</b>							
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Water and ice from approved source								<b>Food Temperature Control</b>							
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Variance obtained for specialized processing methods								<b>Food Identification</b>							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Proper cooling methods used; adequate equipment for temperature control								<b>Prevention of Food Contamination</b>							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Plant food properly cooked for hot holding								<b>Personnel Hygiene</b>							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Approved thawing methods used								<b>Personnel Hygiene</b>							
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Thermometers provided and accurate								<b>Personnel Hygiene</b>							
<b>Food Identification</b>								<b>Personnel Hygiene</b>							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food properly labeled; original container								<b>Personnel Hygiene</b>							
<b>Prevention of Food Contamination</b>								<b>Personnel Hygiene</b>							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Insects, rodents, and animals not present								<b>Personnel Hygiene</b>							
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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								<b>Personnel Hygiene</b>							
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Personal cleanliness								<b>Personnel Hygiene</b>							
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Wiping cloths: properly used and stored								<b>Personnel Hygiene</b>							
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Washing fruits and vegetables								<b>Personnel Hygiene</b>							
<b>Violations documented</b>															
Person in Charge (Signature) <u>APD</u> Date <u>07/03/24</u>								Priority Item Violations		Date corrections due		#			
Person in Charge (Printed) <u>Sana Farooq</u>								Priority Foundation Item Violations		<u>7/13/24</u>		<u>3</u>			
Inspector (Signature) <u>L. Brandy</u> Date <u>7/3/24</u>								Core Item Violations		<u>10/3/24</u>		<u>5</u>			
Inspector (Printed) <u>Lauren Brandy</u>								Risk Factor/Public Health Intervention Violations				<u>1</u>			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.								Repeat Risk Factor/Public Health Intervention Violations				<u>1</u>			
								Good Retail Practices Violations				<u>7</u>			
								Requires Reinspection - check box if you intend to reinspect							



# 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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
47c	duct tape on coffee station counter top
49c	holder for to go cups/straws not clean
10pF	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 <del>at</del> with owner	
860-308-6400 ↳ owner phone number	

Person in Charge (Signature) AAO Date 07/05/2024  
 Inspector (Signature) L. Standly Date 7/3/2024





## Manchester Health Department


479 Main Street

Manchester, CT 06040

Establishment:	Date of Inspection:
A/ madina - 246 Broad st.	8/30/24
KP on site to follow up on freezer removal.	
Pest control, A and A, is scheduled for tomorrow morning. (8/31/24)	
All freezers are still present. The RIF has been emptied of its contents and cleaned. The upstairs chest freezer has been emptied of all food. Downstairs; one chest freezer has been unplugged and emptied of all food. One chest freezer remains on and full of food.	
KP called Jeff Catlett and he agreed that since progress was made we will extend the freezer removal deadline one week from today. All freezers are to be removed by 9/6/24 or PIC will voluntarily close.	
Pest control report needed by 9/3/24.	
Initial (Inspector)	Initial (Person in Charge)
Kate Person	



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>7-19-24</b>
Establishment <b>Pastrami on Wry</b>		Time In <b>2:00</b> AM/PM Time Out <b>3:30</b> AM/PM
Address <b>291 East Center St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder _____		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																		
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection	R=repeat violation										
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R					
<b>Supervision</b>								<b>Protection from Contamination</b>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1							15				P/C							
				Pf			16				P/Pf/C							
2				C			17				P							
<b>Employee Health</b>								<b>Time/Temperature Control for Safety</b>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C							
3				P/Pf			18				P							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			19				P							
4							20				P							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			21				P							
5							22				P							
							23				P/Pf							
<b>Good Hygienic Practices</b>								<b>Consumer Advisory</b>										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf							
6				P/C			24				P/Pf/C							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C			25											
7							26				P/C							
							27				P							
<b>Preventing Contamination by Hands</b>								<b>Highly Susceptible Population</b>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C							
8				P/Pf/C			28				P/Pf/C							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				29				P/Pf/C							
9																		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>Food/Color Additives and Toxic Substances</b>											
10				P/C			27				P							
							28				P/Pf/C							
<b>Approved Source</b>								<b>Conformance with Approved Procedures</b>										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C							
11				P/Pf/C			29				P/Pf/C							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>GOOD RETAIL PRACTICES</b>											
12				P/Pf			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
13				P/Pf			OUT				V	COS	R					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>							
14				P/Pf/C			30				P							
							31				P/Pf/C							
<b>Food Temperature Control</b>								<b>Utensils and Equipment</b>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				32				Pf							
33				Pf/C			33				Pf/C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				34				Pf							
34							35				Pf/C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				36				Pf/C							
35							37				Pf/C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>Food Identification</b>											
36							38				Pf/C							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				39				P/Pf/C							
37				Pf/C			40				Pf/C							
							41				C							
<b>Prevention of Food Contamination</b>								<b>Physical Facilities</b>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				42				P/Pf/C							
38							43				C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				44				Pf/C							
39							45				P/C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				46				C							
40							47				P/Pf/C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				48				Pf/C							
41							49				C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>Violations documented</b>											
42							50				Pf							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				51				P/Pf/C							
43							52				P/Pf/C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				53				Pf/C							
44							54				C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				55				P/Pf/C							
45							56				C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>Date corrections due</b>											
46							50				Pf							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				51				P/Pf/C							
47							52				P/Pf/C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				53				Pf/C							
48							54				C							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				55				P/Pf/C							
49							56				C							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>#</b>											
50							Priority Item Violations				0							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Priority Foundation Item Violations				5							
51							Core Item Violations				24							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Risk Factor/Public Health Intervention Violations				24							
52							Repeat Risk Factor/Public Health Intervention Violations											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Good Retail Practices Violations				3							
53							Requires Reinspection - check box if you intend to reinspect				<input checked="" type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Natural rubber latex gloves not used per CGS §19a-36f											
54							Violations documented											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Date corrections due											
55							#											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				7-29-24				0							
56							10-19-24				5							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Violations documented											
57							Date corrections due											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				#											
58							Priority Item Violations				0							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Priority Foundation Item Violations				5							
59							Core Item Violations				24							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Risk Factor/Public Health Intervention Violations				24							
60							Repeat Risk Factor/Public Health Intervention Violations											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Good Retail Practices Violations				3							
61							Requires Reinspection - check box if you intend to reinspect				<input checked="" 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) \_\_\_\_\_ Date **7-19-24**

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

Inspector (Signature) \_\_\_\_\_ Date **7-19-24**

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 8/2/24











# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/5/24

Establishment Sorento's 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>Reinspection</u>
10PF	No soap at hand sink by POS <u>CoS</u>
49C	Interior and exterior of all equipment unclean. Reach in coolers, ovens, Fryers, grill.
49C	Floors, walls unclean throughout. Also under equipment
47C	Shelves by Fryer lined w/ alum foil
Note	Replace RIC in garage. This unit is at 45F, not NSF, not rated for food. Do not store food in this unit.
Note	2 door RIC at cookline at 60F. > pepsi coolers
Note	1 door RIC at cookline at 45F > pepsi coolers
Note	Mop Sink Scheduled to be installed in approx. 3 months.
Note	PLC instructed to write a plan of action w/ timeline to replace all pepsi coolers & non NSF coolers/freezers w/ Approved NSF or equivalent equipment. Submit plan to JR for approval by 8/9/24. Also include timeline & details of mop sink

Person in Charge (Signature) [Signature]

Date 8/5/24

Inspector (Signature) [Signature]

Date 8/5/24



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/15/24

Establishment Sorrento's Pizza Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1 door RIC in garage		2 door sliding RIC			
shred cheese	47F	hard boiled eggs	67F		
sliced turkey	47F	Butter	70F		
Whole Ham	47F	chicken wings	68F		
Whole Turkey	47F	Alfredo Sauce	70F		
Sauce	47F				

### 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
23P	No datemarking throughout
22P	TCS Foods 47F to 70F. Discarded
47P	All Pepsi RICs not rated for food being used to store food.
47P	All Pepsi RICs not functioning properly. > 41F.
47P	2 door RIF by grill not functioning properly. Food not frozen solid at 25F.
49c	unclean throughout. Floors, walls, interior & exterior of all
49c	coolers & freezers, grill, fryer, shelving all unclean.
54C	lose trash & clutter in parking lot
Note	Spoke w/ Khalilur who agreed to voluntarily close. Do not reopen until coolers are replaced. Do not order food until new coolers are on site and inspected/approved by Health Dept. Contact health Dept. when new coolers are installed to schedule reinspection. Cannot reopen until all violations from inspections on 6/27/24, 8/2/24, and 8/5/24 are corrected. Do not reopen until health dept. reinspects and approves.

Person in Charge (Signature)



Date 8/15/24

Inspector (Signature)



Date 8/15/24



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/19/24

Establishment Sorrentos

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIF ambient	5F				
2 door RIF cool it (new)					
Ham	38F				
Turkey	38F				
Cheese	38F				
Cold prep table by grill	39F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Note Second 2 door RIF will be installed 8/20/24.
	Note all unused Pepsi coolers must be removed.
	Note Pepsi coolers are only to be used for beverages.
	Note Submit timeline and spec sheet for replacing rusted chest freezer w/ NSF or equivalent freezer.
	Note Ensure employees continue to clean all food contact surfaces at least every 4 hours or sooner if needed.
	Note All prepped RTE refrigerated foods must be date marked and used or discarded within 7 days. Foods not date marked must be discarded during all future inspections.
	Note Map sink scheduled to be installed 11/24.
	Note OK to reopen this day.

Person in Charge (Signature) [Signature]

Date 08/19/2024

Inspector (Signature) [Signature]

Date 8/19/24







Risk Category:	<b>Food Establishment Inspection Report</b>			Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>8/5/24</u>			
Establishment <u>Ryan's Sports Bar &amp; Grill</u>	Time In <u>11:00</u> <del>AM/PM</del> Time Out <u>12:00</u> <del>AM/PM</del>			
Address <u>485 Hartford Rd unit H</u>	LHD <u>Manchester</u>			
Town/City <u>Manchester</u>	Purpose of Inspection: <del>Routine</del> <u>Pre-op</u>			
Permit Holder <u>RYAN PIERRO</u>	Reinspection _____ Other _____			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>				
<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	V COS R
<b>Supervision</b>				
1	<input checked="" 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"/>	Certified Food Protection Manager for Classes 2, 3, & 4
<b>Employee Health</b>				
3	<input checked="" 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"/>	Proper use of restriction and exclusion
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events
<b>Good Hygienic Practices</b>				
6	<input checked="" 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"/>	No discharge from eyes, nose, and mouth
<b>Preventing Contamination by Hands</b>				
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed
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
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible
<b>Approved Source</b>				
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature
13	<input checked="" 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"/>	Required records available: molluscan shellfish identification, parasite destruction
<b>GOOD RETAIL PRACTICES</b>				
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>				
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
OUT	N/A	N/O	V	COS R
<b>Safe Food and Water</b>				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods
<b>Food Temperature Control</b>				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate
<b>Food Identification</b>				
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container
<b>Prevention of Food Contamination</b>				
38	<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"/>	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) <u>[Signature]</u>	Date <u>8/5/24</u>			
Person in Charge (Printed) <u>RYAN PIERRO</u>				
Inspector (Signature) <u>[Signature]</u>	Date <u>8/5/24</u>			
Inspector (Printed) <u>Jose Ramirez</u>				
<b>Violations documented</b>				
Priority Item Violations	Date corrections due			
Priority Foundation Item Violations	<u>Before opening</u>			
Core Item Violations	<u>COS</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.				









## Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment:	Date of Inspection:
Bryan's Sports Bar	6/18/24
Note	Bar: need full layout. location of Beer coolers, taps, sinks, equipment etc. Where are clean & dirty glasses stored.
Note	All equipment must be NSF or equivalent. Submit <sup>Spec</sup> sheets
Note	FRP under bar has been painted black. FRP must be white. ✓
Note	Trash can needed at all hand sinks. Signage needed.
Note	No basement.
Note	Missing ceiling tiles at bar must be replaced. ✓
Note	FRP or tile required around service window. ✓
Note	Seal or cover bare wood under service window shelf.
Note	Dirty dishes will be walked to kitchen through door.
Note	Wire shelf required above 3 bay sink for drying. Shelf to be length of 3 bay sink ✓
Note	Kitchen: Submit updated floor plan w/ locations of new equipment.
Initial (Inspector)	Initial (Person in Charge)
JR	



# Food Establishment Inspection Report

LHD \_\_\_\_\_

Inspection Report Continuation Sheet

Date 6/18/24

Establishment \_\_\_\_\_ Town \_\_\_\_\_

### TEMPERATURE OBSERVATIONS

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

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Note All surfaces must be smooth, non absorbant and easily cleanable.
	Note Bathroom sink & urinal: Caulk needed between sink & wall. FRP needed behind urinal. Will get back to you regarding vanity. ✓
	Note Cove base needed in bathroom ✓
	Note Paper towel and Soap dispenser required at all hand sinks, including bathroom. Also, hand wash signage. ✓
	Note Mop hanger needed at mop sink ✓
	Note Dry storage room currently OK for plates, paper goods, dry goods, sealed food. If containers will be opened, FRP required.
	Note layout must include area for employee belongings
	Note Define battering station on kitchen layout. ✓ (not needed, nothing battered)
	Note Dumpster must be on gravel or concrete pad.

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









# 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: Ryan's Sports Bar + Grill LLC

- 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
- CEPM/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:

Print Name: Jose Ramirez

Date: 7-29-24

### Person In Charge:

Signature of Person In Charge:

Print Name: Ryan Piero

Title: owner

Date: 7-29-24

Email: CTBAILOUT@GMAIL.COM





Manchester Health Department  
479 Main Street  
Manchester, CT 06040

Establishment:	Date of Inspection:
SOS chicken	8/1/2024
<ul style="list-style-type: none"><li>- Fill gaps on wall with grout</li><li>- grout flooring at cookline</li><li>- Thermometers required in all cold hold units</li><li>- soap/paper towels required at all handsink</li><li>- cove base required in kitchen area</li><li>- peel lining on ceiling tiles</li><li>- Fill gaps/holes by 3 bay sink</li><li>- caulk/seal top of 3 bay / prep sink</li></ul>	
Note* Sysco to install sanitizer at 3 bay	
<ul style="list-style-type: none"><li>- test strips required for sanitizer</li><li>- hole under 3 bay sink to be filled</li><li>- sneeze guard to be installed by end of the week</li><li>- Damaged floor in front of handsink - to be repaired</li><li>- wall by produce case - rough edges to be smooth, easily cleanable</li><li>- epoxy on counter tops to create smooth easily cleanable surface at front counter</li><li>- secure / place strips on counter top (edges)</li><li>- swinging door required for entrance to kitchen</li><li>- FRP to be placed on ceiling above mop sink</li><li>- cove base required in mop sink room</li><li>- storage room; cove base, ceiling to be finished, stainless steel NSF shelving to be purchased</li></ul>	
Initial (Inspector)	Initial (Person in Charge)
L.G.	O.A.





## Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment: SOS Chicken	Date of Inspection: 8/11/2024
<ul style="list-style-type: none"> <li>- restroom; paper towel, toilet paper, hand soap required</li> <li>- handwash signs required at handwash sink</li> <li>- allergen statement required <del>on</del> on menu and displayed to customer. (to email)</li> <li>- Trash bins required</li> <li>- dumpster dedicated to trash/oil as well</li> <li>- pest control company orkin - biweekly</li> <li>- certified food protection manager available</li> <li>- shelving (NSF) to be installed above 3 bay for drying -</li> <li>- wash, rinse, sanitize all equipment prior to use (once construction phase completed)</li> <li>- reach out to health dept for pre-operational inspection once above completed</li> <li>- reach out to water/sewer for grease trap requirements (marilyn)</li> <li>- plexy glass to be used at 2nd end - glass on order for sneeze guard</li> <li>- self closing door required at restroom</li> </ul>	
Initial (Inspector) L.B.	Initial (Person in Charge) O.A.





## Manchester Health Department

479 Main Street

Manchester, CT 06040

\* Fire call

Establishment:	Date of Inspection:
Steve Bagels - Tonand Tpke	8/3/2024
	Dave Mavidin - Fire Marshal called Health Dept regarding smoke from convention oven. Health Dept responded this day.
	No. sut/dirty counters upon arrival. Health Dept told person in charge to wash, rinse, sanitize inside/outside of convention oven prior to use.
	person in charge told health Dept not going to use oven until owner comes out.
	Health Dept to come back for reinspection of convention oven prior to use on Monday 8/5/24.
	discussed cleaning floors, greasy by 3 bay and grease trap.
*	Fire never ignited per Fire Marshal but grease + heavy smoke in convention oven ↳ all food that was out discarded by person in charge.
*	Holly - person in charge
Initial (Inspector)	Initial (Person in Charge)
L. Gandy	Holly Tevlin





Manchester Health Department  
479 Main Street  
Manchester, CT 06040

Establishment: <i>Thomas' Pit Truck</i>	Date of Inspection: <i>8-22-24</i>
	<i>18" btwn bainmarie + grill -</i>
	<i>22" oven to steam well</i>
	<i>overdoors cant be opened with person in isle</i>
	<i>↳ can 3 bay steam well - can a unit be returned @5</i>
	<i>and replaced with a steamer that can go to</i>
	<i>wall or reduce to (2) side way bays.</i>
<i>Adjusting ← conduct</i>	<i>or table with counter top warmers</i>
	<i>Flooring - raised rivits</i>
	<i>- not smooth easily cleanable</i>
	<i>- no cove base</i>
	<i>Must be commercial grade flooring</i>
	<i>4 Bay gap needs cover / or replace with one</i>
	<i>that could go to wall</i>
	<i>Table next to cold prep - replace w/ less shallow table.</i>
	<i>Gaps need to be sealed / covered</i>
	<i>Wall bolts - NOT cleanable - rounded over</i>
	<i>Shelf bolts - " "</i>
	<i>- sides not cleanable</i>
	<i>Hot water heater requires to be covered</i>
	<i>Gaps at ceiling + wall - caulk</i>
	<i>Rack over 3 bay - replace with air dry</i>
Initial (Inspector)	Initial (Person in Charge) <i>[Signature]</i>





**Manchester Health Department**  
 479 Main Street  
 Manchester, CT 06040

Establishment: <i>Thomas' Pit Truck</i>	Date of Inspection: <i>8-22-24</i>
<i>grey waste water 25% greater than potable provide tank volumes.</i>	
<i>Flooring should be level + smooth @ 3 Bay leg</i>	
<i>Potable water hose on floor → should be capped and mounted. or removable for clean storage</i>	
<i>Screws on Refrigerator in small gap area. between auto sham at steam table and Refrigerator Adjust spacing or enclose gap</i>	
<i>Proposed Screens for doors.</i>	
<i>Truck to be stored thru winter.</i>	
<i>* Owner to evaluate changes/repairs and provide a plan so that it can be approved and reinspected in spring</i>	
<i>* Check with Fire Marshal for approvals Clean. (W/R/S) call for inspection and a temp. Lic. then operate.</i>	
Initial (Inspector) <i>J. Pagny</i>	Initial (Person in Charge) <i>[Signature]</i>





## Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment:	Date of Inspection:
Thomas' Smokey Pit Truck	8-29-24
Gaps - caulked	
Windows, rear door screened	
Front Entry way screen not "in" → door to be closed if no screening present	
3 bay "air dry rack" provide procedure	
Discussed "maintaining" storage	
Cold prep shelves required.	
Provide tank volumes. 13 waste/10 Pt.	
✓ caulk at 3 Bay sink concave + needs caulk on front side.	
Fill hose for water → still Requires cap + to be secured (Keep it movable)	
Contact H Dpt to review + approved	
Changes required during Winter months.	
* Provide written plans prior to Any change	
Recommend Temp/Removable caulk on floors until floors repaired.	
Fire Dpt. on site this day	
Initial (Inspector)	Initial (Person in Charge)
Payne	[Signature]

Temp Lic: BN-93875  
Transfer 8/29/24