

# Food Establishment Inspection Report

Page 1 of 1LHD Manchester

Inspection Report Continuation Sheet

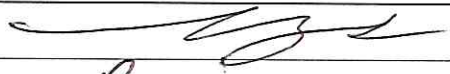
Date 10/29/24Establishment Cajun Cafe Town Manchester**TEMPERATURE OBSERVATIONS**

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
white rice	68				
yellow rice	68				
cooked beef	58				
WIC chicken	41				

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 &amp; 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.
	KP on site @ 10am.
	Rice on counter temperature @ 68°F
	Beef on counter temperature @ 58°F
	voluntarily discarded by PIC
	Temp logs recommended

Person in Charge (Signature) Date 10/29/24Inspector (Signature) Date 10/29/24



## Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment:	Date of Inspection:
China Wok - 194 Buckland Hills Dr.	10/29/24
merideth from mall management emailed JR to make the Health Dept aware of raw meat @ China Wok being stored out of refrigeration.	
KP called owner. No answer. KP emailed owner to schedule a meeting w/ Health Dept this day.	
KP on site to ensure proper disposal of food out of temperature.	
chicken marinating out at room temp on floor by WIF. Temps all in mid 50's Trash cans full of food left open overnight Tapioca pearls left out at room temp overnight at 66°F Floor under service line extremely unclean Latex gloves observed on service line	
manager to voluntarily close this day. must meet w/ chief sanitarian today @ 12:30pm. Reinspection required prior to reopening.	
Initial (Inspector)	Initial (Person in Charge)
Kate Person	[Signature]



## Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment:	China wok		Date of Inspection:	10/28/24	
	shuai bian		9175628857		- manager
	chicken in cold prep @		44°F		
	egg rolls		47°F		
	cooked noodles		47°F		
	beef		45°F		
	mayo		45°F		
	gasket damaged on cold prep. towel being used under sauces preventing door from closing.				
	rice in hot holder overnight @		158°F		
	WIC beef 46°F		hard boiled eggs 45°F		(KP)
	noodles 45°F				
	fried chicken 44°F				
	Service call required for walk-in cooler and prep table/bain marie unit.				
	All food out of temp is voluntarily discarded by manager.				
Initial (Inspector)	KP		Initial (Person in Charge)	[Signature]	

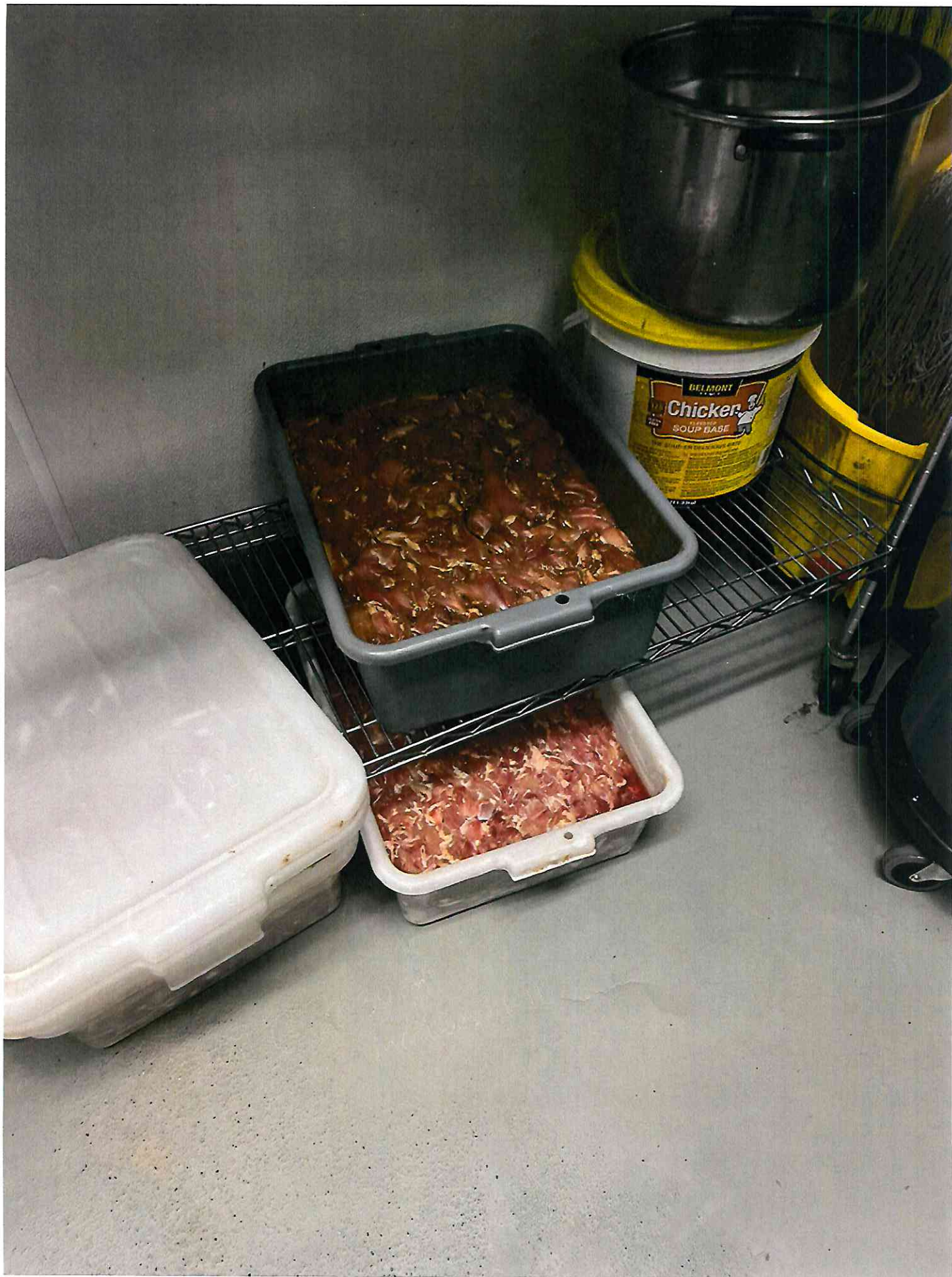


## Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment:	Date of Inspection:
China wok	10/29/24
<p>Shuai Jiang at Health Dept for meeting w/ Kim Dubanoski and Jeff Catlett.</p> <p>China wok to be closed for a minimum of 48 hours. Re-opening will be dependent on standard operating procedures and a reinspection will be required. An assessment of food safety and knowledge will dictate when China wok can re-open.</p> <p>meeting on 10/30/24 to take place @ 10:30am. at China wok.</p> <p>An assessment of the establishment and procedures will take place tomorrow. A <del>decision</del> decision will be made on what is required for re-opening.</p> <p>Training documents shall be provided to staff and displayed at the food service establishment. more training required for staff.</p>	
Initial (Inspector)	Initial (Person in Charge)
Kate Person /CP	Shuai Jiang



Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>10/1/24</u>	
Establishment <u>Arbors of Hop Brook</u>	Time In <u>10:00</u> <u>AM</u> PM Time Out <u>11:15</u> <u>AM</u> PM	
Address <u>403 W Center St.</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Shawn</u>	Reinspection _____ Other _____	



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

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																			
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																			
IN	OUT	N/A	N/O	Supervision			V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination			V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected			P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4			C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized			P/P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food			P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion			P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding			P	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 cooling time and temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth			C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			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"/>	Pasteurized foods used; prohibited foods not offered			P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used			P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water			V	COS	R	OUT	Proper Use of Utensils			V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used			P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean			C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained			C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	Physical facilities installed, maintained, and clean			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used			C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f				<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>10/1/24</u>
Person in Charge (Printed) <u>SHAWN PARADIS</u>	Date <u>10/1/24</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>10/1/24</u>
Inspector (Printed) <u>Katelynn Person</u>	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	10/1/24	2
Core Item Violations	1/1/24	3
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		4
Requires Reinspection - check box if you intend to reinspect		

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



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>10/8/24</b>
Establishment <b>Big V</b>		Time In <b>3:00 AM/PM</b> Time Out <b>5:00 AM/PM</b>
Address <b>234 Tolland Tpke</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Rob Whewell</b>		Reinspection Other _____



Connecticut Department of Public Health

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/C	<input type="checkbox"/>	<input type="checkbox"/>
				Employee Health								Time/Temperature Control for Safety			
<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
				Good Hygienic Practices								Consumer Advisory			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<b>Highly Susceptible Population</b>			
				Preventing Contamination by Hands								Food/Color Additives and Toxic Substances			
<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"/>	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"/>	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"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessibile	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>			
				Approved Source								Compliance with variance/specialized process/ROP criteria/HACCP Plan			
<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"/>				
<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"/>				
<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"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

GOOD RETAIL PRACTICES																
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>					
				Food Temperature Control								Utensils and Equipment				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input 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"/>	Plant food properly cooked for hot holding	Pf	<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"/>	Approved thawing methods used	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"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<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"/>					
				Prevention of Food Contamination								<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>					
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																

Person in Charge (Signature) <i>Rob Whewell</i> Date <b>10/8/24</b>	
Person in Charge (Printed) <b>Rob Whewell</b>	
Inspector (Signature) <i>Jose Ramirez</i> Date <b>10/8/24</b>	
Inspector (Printed) <b>Jose Ramirez</b>	

Violations documented	Date corrections due	#
Priority Item Violations		<b>0</b>
Priority Foundation Item Violations	<b>10-18-24</b>	<b>5</b>
Core Item Violations	<b>1-8-25</b>	<b>9</b>
Risk Factor/Public Health Intervention Violations		<b>4</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>10</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 10/8/24

Establishment Big Y

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
milk WIC milk	41F	Seafood Freezer	-10F	Hand sink meat room	113 F
Cheese	41F	Seafood display case		Deli Quat bucket	200 ppm
WIF ambient	-2F	Seafood Salad	37F	Deli display case	
Meat WIC steak	34F	Salmon	39F	Lasagna	41F
Meat display case		Seafood WIC		breaded chicken	41F
Bacon	39F	Shrimp	36F	Pasta Salad	41F
Sausage	39F	Deli display case		Block cheese	37F
Ground beef	37F	meatball	41F	turkey	37F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
49c	Exterior of meat display case unclean
49c	Meat room Fan covers unclean
39c	Seafood WIF ice build up
16PF	Ice machine gaskets unclean
16PF	Ice carts unclean interior
39c	Boxes stored on floor in seafood WIF
Note	Deli WIC: Block Cheese 40F, Ham 38F
49c	Deli WIC Fan covers unclean
16PF	Bakery mixer unclean
44c	Mixer Wisk attachment stored w/ cleaning brushes above 3 bay
49c	Standing water under bakery 3 bay
38PF	Flies present in Bakery
10PF	interior of hand sink in bakery used as dump sink
49c	interior of metal cabinets unclean
Note	Hot Food display case: Chicken 150F, Meatball 135F
Note	Sandwich Prep table: sliced tomatoes 36F, tuna 39F
Note	Hot Hold: Pizza 160F, Stromboli 170F
49c	Wall by Hot Food warewash unclean.
Note	Shellfish tags available
Note	Monitor Deli Case temp. - all foods in case must be $\leq$ 41F
Person in Charge (Signature)	<i>[Signature]</i> Date <u>10/8/24</u>
Inspector (Signature)	<i>[Signature]</i> Date <u>10/8/24</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>10/28/24</u>
Establishment <u>Boricua Market</u>		Time In <u>2:45 AM/PM</u> Time Out <u>3:55 AM/PM</u>
Address <u>513 Center St.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>[Signature]</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

Item	Compliance Status				Description	V	COS	R	Compliance Status				V	COS	R		
	IN	OUT	N/A	N/O					IN	OUT	N/A	N/O					
<b>Supervision</b>																	
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<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"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<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"/>
<b>Employee Health</b>																	
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<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"/>
4	<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"/>	<b>Time/Temperature Control for Safety</b>								
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<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"/>
<b>Good Hygienic Practices</b>																	
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<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"/>	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>Preventing Contamination by Hands</b>																	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	21	<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"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	22	<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"/>
10	<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"/>	23	<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"/>
<b>Approved Source</b>																	
11	<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"/>	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"/>
12	<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"/>	<b>Consumer Advisory</b>								
13	<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"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<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"/>	<b>Highly Susceptible Population</b>								
<b>GOOD RETAIL PRACTICES</b>																	
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																	
<b>Safe Food and Water</b>																	
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"/>	26	<input 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"/>
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"/>	<b>Food/Color Additives and Toxic Substances</b>								
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"/>	27	<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"/>
<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"/>	28	<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"/>
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>Conformance with Approved Procedures</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"/>	29	<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"/>
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"/>	<b>Utensils and Equipment</b>								
<b>Food Identification</b>																	
37	<input checked="" 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"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<b>Physical Facilities</b>								
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"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
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>10/28/2024</u>																	
Person in Charge (Printed) _____																	
Inspector (Signature) <u>[Signature]</u> Date <u>10/28/24</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		0
Priority Foundation Item Violations		1
Core Item Violations		1
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 10/1/24

Establishment Buckland Hills Cinemas Time In 3:00 AM/PM Time Out 4:30 AM/PM

Address 99 Redstone Rd. LHD Manchester

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

Permit Holder Bryan Knopfel 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		
2				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/P/C	<input type="checkbox"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
3				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
4				Proper use of restriction and exclusion	P	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
5				Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
6				Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
7				No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>									
8				Hands clean and properly washed	P/Pf	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>
9				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	24	<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"/>
10				Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>						
<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>									
11				Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>
12				Food received at proper temperature	P/Pf	<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"/>
13				Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>
14				Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<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

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"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30			Pasteurized eggs used where required			44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31			Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32			Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>						
33			Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34			Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35			Approved thawing methods used	Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36			Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<b>Physical Facilities</b>				
<b>Food Identification</b>				<b>Violations documented</b>						
37			Food properly labeled; original container	Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Prevention of Food Contamination</b>				<b>Date corrections due</b>						
38			Insects, rodents, and animals not present	P/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39			Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40			Personal cleanliness	Pf/C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41			Wiping cloths: properly used and stored	C	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42			Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				56				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature) [Signature] Date 10/1/24

Person in Charge (Printed) Bryan Knopfel

Inspector (Signature) [Signature] Date 10/1/24

Inspector (Printed) Jose Ramirez

Priority Item Violations		#
Priority Foundation Item Violations	<u>10-11-24</u>	<u>0</u>
Core Item Violations	<u>1-1-25</u>	<u>85</u>
Risk Factor/Public Health Intervention Violations		<u>3</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>10</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/1/24

Establishment Buckland Hills Cinemas Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				QSR Hand Sink	118F
				QSR 3 bay Quat	400ppm
				QSR Quat Bucket	400ppm

### 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.
	QSR: Cold Prep table: sliced tomatoes 41F, Cheese 40F, chicken 41F
44C	unclean plastic container stored w/ clean wares on wire shelf
49c	under counter cooler interior & gasket unclean
49c	gaskets unclean throughout
	QSR WIC: Cheese 39F, Chicken 30F, roasted Peppers 38F
49c	WIC shelves & Fan cover unclean
38PF	<del>WIC</del> under counter cabinet at Pizza Hut unclean/rodent droppings present. To-go cups and open box of salt discarded.
47c/49c	Pizza Hut under counter cooler gasket damaged & unclean
16PF	Metal bins on counter holding tongs unclean
	Pizza Hut cold prep table: Cheese 38F, Pepperoni 37F
	CONFESSION: Quat spray 200ppm
38PF	Rodent droppings present in cabinets
10PF	Hand sink used as dump sink. Butter not draining.
	Hot Hold Hot dog 176F, WIC Hot dog 35F
49c	Floor behind/under ice machine unclean
55C	MISSING Floor tiles back prep area. PIC states on order
16PF	interior of ice machine unclean
Note:	move all unused equipment into exterior storage room.
Note:	Reviewed 8/2/24 pest control report. Health Dept. recommending increased pest control to address above issues.
Note:	Thermometer + Test strips available

Person in Charge (Signature) [Signature]

Date 10/01/24

Inspector (Signature) [Signature]

Date 10/1/24

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>10/23/24</b>	
Establishment <b>Buffalo Wild Wings</b>	Time In <b>11:30</b> AM/PM	Time Out <b>12:15</b> AM/PM
Address <b>112 Buckland Street</b>	<b>LHD Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Mike G.</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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						
Employee Health							Time/Temperature Control for Safety						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	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"/>	19	<input type="checkbox"/>	<input checked="" 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"/>	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						
Good Hygienic Practices							Food/Color Additives and Toxic Substances						
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Proper hot holding temperatures						
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth							Proper cold holding temperatures						
Preventing Contamination by Hands							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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							Consumer Advisory						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible							Highly Susceptible Population						
Approved Source							Food/Color Additives and Toxic Substances						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<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"/>	27	<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"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							Conformance with Approved Procedures						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<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							Compliance with variance/specialized process/ROP criteria/HACCP Plan						

**GOOD RETAIL PRACTICES**

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

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

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

Person in Charge (Signature) _____	Date <b>23 OCT 24</b>
Person in Charge (Printed) <b>NATHAN BARRY</b>	
Inspector (Signature) <b>L. Brandy</b>	Date <b>10/23/2024</b>
Inspector (Printed) <b>Lauren Brandy</b>	

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	<b>11/3/2024</b>	1
Core Item Violations	<b>1/23/2025</b>	3
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.

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/23/2024

Establishment Buffalo Wild Wings Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
produce w/c		Bay Marie		hot water - h.s.	121F
tomato cut	38F	chili	38F		
chili	38F	cut tomato	38F	dish machine ✓	
internal chicken	170F			sink/surface sanitizer 1815 ppm ✓	
Bay Marie		hot holding - tomato	142F	3 bay sink surface - bar ✓	
cut tomato	39F				
hamburger raw	39F	undercounter freezer	0F	hot water - bar	122F
ice bath chicken	20F	hot undercounter chix	185F	hot water restroom	100F

### 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: Note - on site
- 52c	severe ice build up in walk in freezer
- 49c	gasket of produce walk in cooler not clean
- 49c	wall by dish machine not clean
note	discussed rodent control - reviewed ehinch reports
note	discussed ill food worker policy
- 1bpf	interior of ice machine not clean
note	very clean + organized
note	knowledgable person in charge on site
note	good storage of equipment + labeling throughout
note	good hand washing / glove use
note	actively taking cook temps for food products
note	w/c: raw chicken 36F / raw chicken wing 38F
note	w/lf: 0F
note	Beer w/c: 35F

Person in Charge (Signature)

Date 10/23/24

Inspector (Signature) L. Standy

Date 10/23/24


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>10/29/24</b>																	
Establishment <b>Charley's Philly Steaks</b>	Time In <b>10:00</b> AM/PM Time Out <b>11:00</b> AM/PM																	
Address <b>194 Buckland Hills Dr.</b>	LHD <b>Manchester</b>																	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Spot Check</b> Pre-op																	
Permit Holder <b>Darwin M</b>	Reinspection Other <b>Spot Check</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Employee Health</b>									<b>Time/Temperature Control for Safety</b>									
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input 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 type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Food/Color Additives and Toxic Substances</b>								
<b>Approved Source</b>									<b>Compliance with Approved Procedures</b>									
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<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"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		43	<input type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>					
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>					
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	<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"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		46	<input type="checkbox"/>	Gloves used properly	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		47	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>				
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="checkbox"/>	<input type="checkbox"/>				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		49	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Identification</b>									<b>Physical Facilities</b>									
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		50	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Prevention of Food Contamination</b>									<b>Violations documented</b>									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		52	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>				
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		54	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		55	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</b>									<b>Requires Reinspection - check box if you intend to reinspect</b>									
Person in Charge (Signature) <i>[Signature]</i>	Date <b>10/29/24</b>	Violations documented	Date corrections due	#														
Person in Charge (Printed)		Priority Item Violations																
Inspector (Signature) <i>[Signature]</i>	Date <b>10/29/24</b>	Priority Foundation Item Violations																
Inspector (Printed) <b>Jose Ramirez</b>		Core Item Violations																
		Risk Factor/Public Health Intervention Violations																
		Repeat Risk Factor/Public Health Intervention Violations																
		Good Retail Practices Violations																

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





Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>4</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>10/30/24</b>
Establishment <b>China wok</b>		Time In <b>9:45</b> AM/PM Time Out <b>2:30</b> AM/PM
Address <b>194 Buckland Hills Dr.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <b>Shuai Jiang</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	IN	OUT	N/A	N/O
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected			
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized			
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food			
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures			
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding			
6 Proper eating, tasting, drinking, or tobacco products use				20 Proper cooling time and temperatures			
7 No discharge from eyes, nose, and mouth				21 Proper hot holding temperatures			
8 Hands clean and properly washed				22 Proper cold holding temperatures			
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 Proper date marking and disposition			
10 Adequate handwashing sinks, properly supplied/accessible				24 Time as a public health control: procedures and records			
11 Food obtained from approved source				25 Consumer advisory provided: raw/undercooked food			
12 Food received at proper temperature				26 Pasteurized foods used; prohibited foods not offered			
13 Food in good condition, safe, and unadulterated				27 Food additives: approved and properly used			
14 Required records available: molluscan shellfish identification, parasite destruction				28 Toxic substances properly identified, stored & used			
15 Proper date marking and disposition				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan			

### GOOD RETAIL PRACTICES

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

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

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

Person in Charge (Signature) <b>Shuai Jiang</b> Date <b>10/30</b>	Violations documented	Date corrections due	#
Person in Charge (Printed) <b>Shuai Jiang</b>	Priority Item Violations	<b>11/2/24</b>	<b>2</b>
Inspector (Signature) <b>Katelyn Person</b> Date <b>10/30/24</b>	Priority Foundation Item Violations	<b>11/9/24</b>	<b>2</b>
Inspector (Printed) <b>Katelyn Person</b>	Core Item Violations	<b>11/30/24</b>	<b>18</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 Factor/Public Health Intervention Violations	<b>2</b>
		Repeat Risk Factor/Public Health Intervention Violations	<b>2</b>
		Good Retail Practices Violations	<b>20</b>
		Requires Reinspection - check box if you intend to reinspect	<input checked="" type="checkbox"/>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/29/24

Establishment China wok

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep unit service	40°F			bleach bucket	50.0pm

### 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.
665	latex gloves observed on prep table, not allowed in CT
49c	interior of cold <del>p</del> drawer unit unclean on service line
49c	exterior of flat top (back of unit) unclean
39c	to-go containers in box stored on the floor (COS)
49c	ceiling vents on service line unclean
49c	floor under boba tea station unclean
45c	single use silverware not protected by boba tea station
56c	hood cleaning overdue. renewal due 3/24 ↳ Interstate Fire and Safety crew on site to evaluate. owner to schedule cleaning and repair w/ company. Establishment cannot reopen until they get approval from the Fire Department.
56c	dedicated space for employees must be labeled. No food products should be comingled.
16PF	interior of ice machine unclean
49c	locker storage unclean. Inside to be cleaned out per pest control technician
47C	cavilking behind 3-bay not cleanable
15P	comingled meats and ready to eat food in freezer
47PF	butcher knives on wall, chipped and unclean
49c	ceiling tiles and light shield throughout unclean ↳ if tiles cannot be cleaned they will need to be replaced

Person in Charge (Signature) Shun Long

Date 10/30/2024

Inspector (Signature) Katelyn Person

Date 10/30/24

# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 10/30/24

Establishment China Wok Town manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC cold prep unit sawe	41F				
bain marie garlic	46F				
WIC cooled chx	40F				
raw chicken	38F				
egg rolls	40F				
pork	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. |
|-------------|--|
| Note        | hot water not on due to gas being turned off by fire dept. Health Dept to reinspect water before opening.                                      |
| Note:       | No hot holding of rice should occur once business is closed. Either cool properly or discard at end of day                                     |
| 49C         | floor on cookline unclean  |
| 49C         | exterior of all equipment on cookline unclean  |
| Note:       | Discussed w/ CFPM to ensure all containers of food are closed tightly  |
| 55C         | FRP missing on header next grill. FRP needs to be re-secured   |
| 49C         | fan covers in WIC unclean  |
| 49C         | shelving in WIC unclean  |
| SIP         | spray nozzle @ 3-Bay hangs below flood line  |
| SIC         | 3-bay leaking underneath. To be fixed prior to reopening   |
| 47C         | bottom shelf of prep table by 3-bay damaged. 6" off the floor required.  |
| 49C         | generally floors, walls, ceilings unclean. more routine cleaning required.   |
| Note:       | no cooking or any food activity occurring. restaurant is closed at this time. Reinspection needed to reopen.                                   |

Person in Charge (Signature) Shunwu Jiang

Date 10/30/2024

Inspector (Signature) Katelyn Person

Date 10/30/24

# Food Establishment Inspection Report

Page 4 of 4

LHD Manchester

Inspection Report Continuation Sheet

Date 10/30/24

Establishment Ching Wok 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.
Note:	All raw chicken in WIC needs to be kept frozen due to length of closure.
Note:	All Ready to Eat chicken and meat shall be discarded or frozen due to length of closure.
Note:	Person in charge to retrain staff on proper cooking, cooling, thawing, sanitation, etc. Training logs required.
Note:	Temperature logs required for cooling and hot/cold holding.
Note:	Health Dept provided information on proper policies and food safety.
Note:	Health Dept to be sent training logs once completed.
	Reinspection required by Health Dept. once Fire gives their approval.

Person in Charge (Signature) <u>Shirley Italy</u>	Date <u>10/30/2024</u>
Inspector (Signature) <u>Katelyn Person</u>	Date <u>10/30/24</u>

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 10/9/24

Establishment Chuck E Cheese Time In 3:00 AM/PM Time Out 4:30 AM/PM

Address 82 Buckland St. LHD Manchester

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

Permit Holder Marcia Del valle 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.

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"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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				<b>Time/Temperature Control for Safety</b>									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper cooking time and temperatures									
<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	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				Proper cooling time and temperatures									
<input checked="" 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"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Proper hot holding temperatures									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Proper cold holding temperatures									
<input 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>				Proper date marking and disposition									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Time as a public health control: procedures and records									
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				<b>Consumer Advisory</b>									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Consumer advisory provided: raw/undercooked food									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>				<b>Highly Susceptible Population</b>									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				<b>Food/Color Additives and Toxic Substances</b>									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				Food additives: approved and properly used									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				Toxic substances properly identified, stored & used									
<b>GOOD RETAIL PRACTICES</b>				<b>Compliance with Approved Procedures</b>									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				Compliance with variance/specialized process/ROP criteria/HACCP Plan									
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				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"/>								
Pasteurized eggs used where required				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"/>								
Water and ice from approved source				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"/>								
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used													
<b>Food Temperature Control</b>				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>											
Proper cooling methods used; adequate equipment for temperature control				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"/>	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"/>	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>											
Thermometers provided and accurate				Hot and cold water available; adequate pressure													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices											
<b>Food Identification</b>				Sewage and waste water properly disposed													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean											
Food properly labeled; original container				Garbage and refuse properly disposed; facilities maintained													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean											
<b>Prevention of Food Contamination</b>				Adequate ventilation and lighting; designated areas used													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f											
Insects, rodents, and animals not present				Violations documented				Date corrections due									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations				#							
Contamination prevented during food preparation, storage & display				Priority Foundation Item Violations				COS				10					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations				1-9-25				2			
Personal cleanliness				Risk Factor/Public Health Intervention Violations				Repeat Risk Factor/Public Health Intervention Violations				1					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices Violations				2							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect											
Wiping cloths: properly used and stored																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>												
Washing fruits and vegetables																	

Person in Charge (Signature) Marcia Del valle Date 10/9/24

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

Inspector (Signature) Jose Ramirez Date 10/9/24

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.



Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <b>10/30/24</b>	
Establishment <b>Community Kitchen Catering</b>	Time In <b>10</b> <u>AM</u> /PM Time Out _____ AM/PM	
Address <b>406 Main St</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <u>Routine</u> Pre-op _____	
Permit Holder _____	Reinspection _____ Other _____	



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

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item												IN=in compliance				OUT=not in compliance				N/A=not applicable				N/O=not observed																				
P=Priority item Pf=Priority foundation item C=Core item V=violation type												Mark in appropriate box for COS and/or R				COS=corrected on-site during inspection				R=repeat violation																								
IN	OUT	N/A	N/O	Supervision								V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination								V	COS	R															
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected								P/C	<input type="checkbox"/>	<input type="checkbox"/>														
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4								C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting								P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion								P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding								P	<input type="checkbox"/>	<input type="checkbox"/>														
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events								Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures								P	<input type="checkbox"/>	<input type="checkbox"/>														
<b>Good Hygienic Practices</b>												<b>Consumer Advisory</b>																																
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use								P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures								P	<input type="checkbox"/>	<input type="checkbox"/>														
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth								C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures								P	<input type="checkbox"/>	<input type="checkbox"/>														
<b>Preventing Contamination by Hands</b>												<b>Highly Susceptible Population</b>																																
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed								P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition								P/Pf	<input checked="" 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"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible								Pf/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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used								P	<input type="checkbox"/>	<input type="checkbox"/>														
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature								R/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>														
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated								P/Pf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>																													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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>Good Retail Practices</b>												<b>Safe Food and Water</b>																																
Permit Holder shall notify customers that a copy of the most recent inspection report is available.												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"/>			
<b>Prevention of Food Contamination</b>												<b>Food Temperature Control</b>																																
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present								Pf/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"/>
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"/>	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"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>																													
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored								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>Proper Use of Utensils</b>														
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								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"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly								C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personnel</b>												<b>Utensils and Equipment</b>																																
Person in Charge (Signature) _____ Date _____	47 <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used												P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																													
Person in Charge (Printed) <b>Ferdinand Cruz</b> Date <b>10/30/24</b>	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"/>																													
Inspector (Signature) <b>Denise Payne</b> Date <b>10/30/24</b>	49 <input checked="" type="checkbox"/> Non-food contact surfaces clean												P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>																													
Inspector (Printed) <b>Denise Payne</b>	<b>Physical Facilities</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.												50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure								Pf	<input type="checkbox"/>	<input type="checkbox"/>																		
												51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																		
												52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																		
												53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																		
												54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained								C	<input type="checkbox"/>	<input type="checkbox"/>																		
												55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																		
												56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used								C	<input type="checkbox"/>	<input type="checkbox"/>																		
												<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f																																

Person in Charge (Signature) \_\_\_\_\_ Date \_\_\_\_\_  
 Person in Charge (Printed) **Ferdinand Cruz** Date **10/30/24**  
 Inspector (Signature) **Denise Payne** Date **10/30/24**  
 Inspector (Printed) **Denise Payne**

Violations documented	Date corrections due	#
Priority Item Violations	<b>COS</b>	<b>1</b>
Priority Foundation Item Violations	<b>today 11/9/24</b>	<b>1</b>
Core Item Violations	<b>90 days</b>	<b>3</b>
Risk Factor/Public Health Intervention Violations		<b>4</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>1</b>
Requires Reinspection - check box if you intend to reinspect		

*See note on Page 2*



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/30/24

Establishment Community Catering Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Rice	1104F	Cheese	38F	Hot water	115F
Pork	172F	Marinara	36F		
		Chicken Parm	37F		
		Pasta Baities	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.
	Menus with Allergens ✓
23PF	No label/datemarking on cheese block/marinara Discussed posted sign to label + date → but NOT done. Retrain staff on marking disposal date + pulling anything the next day of disp. date. Who's responsible?
6C	Discussed employee/volunteer beverages - dedicated area (cos)
49C	Walk-in Cooler gasket unclear (WIC)
13P	Dented cans - *must review with volunteers (Discarded)
15C	Freezers - Raw meat over box with Cheesecake (Pork)
	Maintenance: Duct work in Kitchen (by desk) Chipped. Kitchen sealing over ovens thru cookline unclear. *Ceilings must be washable & clear. Provide Maint. plan for both issues
	Discussed how maint/cleaning done → Racks esp in WIC. Use of ice wands
	Provide written response to labeling/datemarking/can evaluation and Maintenance plan within 10 days - via email
Person in Charge (Signature)	Date <u>10/30/24</u>
Inspector (Signature)	<u>D Payne</u> Date <u>10/30/24</u>

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 10-29-24

Establishment Dave + Busters Time In 1:30 AM/PM AM Time Out \_\_\_\_\_ AM/PM

Address 100 Buckland Hills Dr LHD Manchester

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

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



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

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Highly Susceptible Population									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Food/Color Additives and Toxic Substances									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES				Conformance with Approved Procedures									
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Safe Food and Water				Proper Use of Utensils									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				Utensils and Equipment									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<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/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Physical Facilities									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				Violations documented									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) <u>[Signature]</u> Date <u>10/29/24</u>				Violations documented									
Person in Charge (Printed) <u>Alejandro Coronel</u>				Priority Item Violations <u>0</u>									
Inspector (Signature) <u>[Signature]</u> Date <u>10/29/24</u>				Priority Foundation Item Violations <u>1 status/retrain</u>									
Inspector (Printed) <u>D Payne</u>				Core Item Violations <u>90 days</u>									
				Risk Factor/Public Health Intervention Violations <u>0</u>									
				Repeat Risk Factor/Public Health Intervention Violations <u>2</u>									
				Good Retail Practices Violations <u>4</u>									
				Requires Reinspection - check box if you intend to reinspect <u>see note</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 10/29/24

Establishment Dave & Busters Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp F	Item/Location/Process	Temp	Item/Location/Process	Temp
Steak	36	Pineapple Slaw	40F	Hot Water	115F
Hamburger	40	Mashed Pot	38F	QUAT	
Tomato 1/2 ves	37F	No Cooking		Cookline bucket	200-300ppm
Pico de Gallo	39F	during insp.		3 Bay	
Corn/Black beans	41F			Dish machine	>160F
Peperoni	41F				
Rice	40F	Tomato 1/2 ves	36F		
Sliced Tomato	36F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

- Item Number New Manager - Serv safe provided this day
- 22P Cheese, shredded, in Cold prep @ 48F-51F Discarded
- 49C Unclean handsink at waitress station - "Dumping"?
- 51C faucet at bar 3bay loose
- 55C FRP trim - Lid storage and mop room not secured/mop sink & caulked
- 43C Utensils on cookline in water @ 98°F → reviewed temperature  
Remove - OK to leave high + dry if in use.
- 37PF Multiple containers - stickers exp date prior to today Discarded
- 37C Multiple bottles not labelled Discarded
- 47PF Use of a non food grade spray bottle for oil, not approved Discarded
- 25PF Advisory \* not present at Burgers (All) due to (Not Cooked to Order)  
Size of stick too small
- \* fully cooked shelled egg cracked - HD pt for follow up.
- Catering storage - discussed proper storage.
- Freezer much less ice bld up. Discussed & storage below, keep product covered/protected.
- \* Box of chicken potstickers fully cooked? Define storage.
- Discussed Allergen menu avail. (9 Allergen)
- Reviewed toss bowls during slow period - Mngr to creat
- Discussed bar storage of scoops w/ staff
- Discussed plates on tables & protection
- Trash Area - Clean + covered
- Old unused equip no longer present - DM @ bar? (won't order in place)



Person in Charge (Signature) [Signature]

Date 10/29/24

Inspector (Signature) [Signature]

Date 10/29/24

Retrain staff on date marking + labelling  
Update \* menu; notify HDpt dpayne@manchester.ct.gov \* HDpt to send code

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

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 10-21-24

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

Address: 318 Adams St LHD: Manchester

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

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



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

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

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

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

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Highly Susceptible Population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food/Color Additives and Toxic Substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toxic substances properly identified, stored & used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) Marigh Williams Date 10/21/24

Person in Charge (Printed) Marigh Williams

Inspector (Signature) Denise Payne Date 10/21/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>10-31-24</u>	1
Core Item Violations	<u>1-21-25</u>	3
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.

# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 10/21/24

Establishment Dunkin Donuts Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sausage w/ Egg	38F	No hot holding at this time		Hot water	134F
	37F			Quat bucket	200-300 PP
Cream cheese	28F				
Cheese	34F				
Egg	36F	Butter cold	41F		
Lt Cream	36F	Sausage prep drawers	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.
	Allergen statement on menu screen - However no list of the top 9 Allergens Allergens on line menu item (each)
2C 1PF	No Certified Food Protection Manager on site. No knowledgeable staff onsite HDpt reviewed what sanitizer is (NOT Ajax) and that its required to be at a certain concentration (test strips)
55C	Door from gas station - damaged, not smooth easily cleanable.
15C	Multiple boxes of bagels/product not covered in the freezer Discussed storage: filters ✓ / spoons not in stagnant water - pumpkin containers invert or keep top one covered w/ lid ✓ dips on bottles Reviewed handwashing and ill food worker policy
	One staff onsite - discussed floors, keep rolls protected. Ice machine ✓ No obvious leak at 3 Bay
*	manager to forward Food Manager Certificate for staff


Person in Charge (Signature) [Signature]

Date 10/21/24

Inspector (Signature) D Payne

Date 10/21/24

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>10/1/24</b>
Establishment <b>Dunkin</b>		Time In <b>1:30</b> AM/PM Time Out <b>2:30</b> AM/PM
Address <b>171 Spencer St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Melissa Jenkins</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				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input 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					
2	Certified Food Protection Manager for Classes 2, 3, & 4			C	<input type="checkbox"/>	<input type="checkbox"/>	16	Food-contact surfaces: cleaned & sanitized			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Good Hygienic Practices				Consumer Advisory					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						18	Proper cooking time and temperatures			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4	Proper use of restriction and exclusion			P	<input type="checkbox"/>	<input type="checkbox"/>	19	Proper reheating procedures for hot holding			P	<input type="checkbox"/>	<input type="checkbox"/>
5	Written procedures for responding to vomiting and diarrheal events			Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	Proper cooling time and temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
6	Proper eating, tasting, drinking, or tobacco products use			P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	Proper hot holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
7	No discharge from eyes, nose, and mouth			C	<input type="checkbox"/>	<input type="checkbox"/>	22	Proper cold holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Approved Source				Highly Susceptible Population					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
8	Hands clean and properly washed						25	Consumer advisory provided: raw/undercooked food			Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances						
10	Adequate handwashing sinks, properly supplied/accessible			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	Pasteurized foods used; prohibited foods not offered			P/C	<input type="checkbox"/>	<input type="checkbox"/>
11	Food obtained from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
12	Food received at proper temperature			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	Food additives: approved and properly used			P	<input type="checkbox"/>	<input type="checkbox"/>
13	Food in good condition, safe, and unadulterated			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	Toxic substances properly identified, stored & used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
14	Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	Compliance with variance/specialized process/ROP criteria/HACCP Plan			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) <i>Melissa Jenkins</i> Date <b>10/01/24</b>	Violations documented
Person in Charge (Printed) <b>Melissa Jenkins</b>	Date corrections due <b>10-4-24</b>
Inspector (Signature) <i>Jose Ramirez</i> Date <b>10/1/24</b>	Priority Item Violations <b>0</b>
Inspector (Printed) <b>Jose Ramirez</b>	Priority Foundation Item Violations <b>0</b>
	Core Item Violations <b>0</b>
	Risk Factor/Public Health Intervention Violations <b>0</b>
	Repeat Risk Factor/Public Health Intervention Violations <b>0</b>
	Good Retail Practices Violations <b>3</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 10/1/24

Establishment Dunkin Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Cream	38F	Hot Hold Hash browns	140F	Hand Sink Front line	120F
Sliced cheese	38F	egg patty	170F	3 bay Quat	400ppm
Cream, cheese	39F	Cold Prep table			
WIF ambient	0 F	Cream cheese	38F		
2 door RIC egg	40F	Sliced cheese	38F		
Sausage	40F	Butter	38F		
Milk dispenser milk	38F	under counter cooler			
		oat milk	39F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
43C	Ice machine scoop & sugar bin scoop stored on unclean sugar bin.
49c	Floor under front line equipment unclean.
51P	Customer Bathroom handsink at 150F.

Note Customer Bathroom hand sink must be 85F - 115F. If not corrected by 10/4/24, bathroom must be closed to public and dine-in must cease until corrected and reinspected by health dept.

Note Test strips & thermometer available

Note Good handwashing observed.

Person in Charge (Signature) Meleena Jenkins

Date 10/1/24

Inspector (Signature) [Signature]

Date 10/1/24

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>10/3/24</b>	
Establishment <b>Dunkin-walmart</b>	Time In <b>9:00</b> AM/PM Time Out <b>9:45</b> AM/PM	
Address <b>420 Buckland Hills Dr.</b>	LHD <b>manchester</b>	
Town/City <b>manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Mario medeiros</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"/>	1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14 Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	43 In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44 Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food Temperature Control															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46 Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36 Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
Food Identification															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37 Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	49 Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>				
Prevention of Food Contamination															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38 Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39 Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50 Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51 Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41 Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	52 Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42 Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53 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>Bonnie Aven</b> Date <b>10-3-24</b>				Violations documented				Date corrections due				#			
Person in Charge (Printed) <b>Bonnie Aven</b>				Priority Item Violations				<b>05</b>				<b>1</b>			
Inspector (Signature) <b>Katelynn Person</b> Date <b>10/3/24</b>				Core Item Violations				<b>11/3/25</b>				<b>3</b>			
Inspector (Printed) <b>Katelynn Person</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 10/3/24

Establishment Dunkin - walmart Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
prep table egg	40 F	egg burrito	40 F	handsink	117 F
cream cheese	37 F			quat bucket	400ppm
sausage	39 F	Delivery milk	41 F	3-bay hot	115 F
v/c egg	39 F				
hashbrown	39 F				
v/c oat milk	52 F				
almond milk	50 F				
True 2-door egg	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	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Bonnie CFPM on site
49c	handsink on service line unclean
43c	spoons in stagnant water (COS)
22P	oat milk + almond milk in v/c cooler @ 50 F. voluntarily discarded. (COS) Do not store any TCS foods until unit can be serviced, and unit is holding @ 41 F
49c	shelving in 2-Door True fridge unclean

- Note: Test strips and thermometer available
- Note: No ill food workers.
- Note: Pest control 1x month, no issues
- Note: ice machine being repaired this day
- Note: delivery occurring while on site.
- Note: RIC made service call for v/c milk fridge this day.

Person in Charge (Signature) Bonnie Clley Date 10/3/24

Inspector (Signature) Kathryn Peman Date 10/3/24

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>10/10/2024</u>
Establishment <u>East Catholic High School</u>		Time In <u>11</u> AM/PM Time Out <u>12</u> AM/PM
Address <u>115 Newstate Rd</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op _____
Permit Holder <u>CFPM: Rachel</u>		Reinspection _____ Other _____



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

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																						
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																						
IN	OUT	N/A	N/O	Supervision				V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination				V	COS	R	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Certified Food Protection Manager for Classes 2, 3, & 4				C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Written procedures for responding to vomiting and diarrheal events				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6 Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 Proper hot holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 No discharge from eyes, nose, and mouth				C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Proper cold holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Hands clean and properly washed				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Proper date marking and disposition				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Time as a public health control: procedures and records				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29 Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																		
OUT	N/A	N/O	Safe Food and Water				V	COS	R	OUT	Proper Use of Utensils				V	COS	R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 Pasteurized eggs used where required				P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43 In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 Water and ice from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44 Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Variance obtained for specialized processing methods				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46 Gloves used properly				C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 Plant food properly cooked for hot holding				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 Approved thawing methods used				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36 Thermometers provided and accurate				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49 Non-food contact surfaces clean				C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37 Food properly labeled; original container				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38 Insects, rodents, and animals not present				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51 Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39 Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	52 Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40 Personal cleanliness				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53 Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41 Wiping cloths: properly used and stored				C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54 Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42 Washing fruits and vegetables				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55 Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43 Food properly labeled; original container				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56 Adequate ventilation and lighting; designated areas used				C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44 Insects, rodents, and animals not present				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57 Natural rubber latex gloves not used per CGS §19a-36f				C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) Rachel Begin Date 10/10/24

Person in Charge (Printed) Rachel Begin

Inspector (Signature) L. Grandy Date 10/10/24

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>10/20/2024</u>	<u>1</u>
Core Item Violations	<u>1/20/2025</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>2</u>
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 10/10/24

Establishment East Catholic High School Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot holding		w/c		hot water h.s.	98F
Mozz sticks	142F	marinara	41F	hot water 3 bay prep	111F
Burger	141F	Cheese	39F	sanitizer 3 bay	200 ppm
Pizza	139F	butter	40F		
W/F	OF				

### 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: Rachel Begin
note	Thermometer + alcohol wipe available
52C	ice build up of door way in W/F
note	good glove use / utensil use when serving
16pF	interior of ice machine not clean
55c	mop sink room wall not clean - not used by kitchen staff ✓
note	drawers not in use by prep area
note	Test strips available
note	Bloodborne / Bodily Fluid kit available
note	good date marking!
	overall great inspection, very clean + organized!
	email with corrective actions from above violations
	Lgrandy@manchesterct.gov

Person in Charge (Signature) Rachel Begin Date 10/10/24  
 Inspector (Signature) L. Grandy Date 10/10/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>10/15/2024</u>
Establishment <u>Fatima's Fusion</u>		Time In <u>1</u> AM/PM Time Out _____ AM/PM
Address <u>180 Spruce St</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Mizanur Ripon</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	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Highly Susceptible Population
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food/Color Additives and Toxic Substances
<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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	25 <input 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	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
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	<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>
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	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used
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	28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	28 <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
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	29 <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	29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	30 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	30 <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
<b>Approved Source</b>		
15 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	<b>Food Temperature Control</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	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	33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean
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	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	34 <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
20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean
21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used
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>Food Identification</b>	
23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f
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>Prevention of Food Contamination</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	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	38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Highly Susceptible Population	39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
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	40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
28 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
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	42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
<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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	43 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used
31 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	44 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
32 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	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	45 <input checked="" type="checkbox"/> IN <input 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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	46 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	46 <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
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	<b>Physical Facilities</b>	
35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	47 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	47 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	48 <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
<b>Food Identification</b>		
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	49 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used
<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	50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f	50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	<b>Violations documented</b>	
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	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	52 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	53 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
<b>Food Identification</b>		
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	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	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
<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	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f	57 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	<b>Date corrections due</b>	
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	Priority Item Violations	10/18/24
<b>Food Identification</b>		
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	Priority Foundation Item Violations	10/25/24
<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	Core Item Violations	11/15/25
39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	Risk Factor/Public Health Intervention Violations	3
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	Repeat Risk Factor/Public Health Intervention Violations	3
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	Good Retail Practices Violations	3
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	Requires Reinspection - check box if you intend to reinspect	
<b>Food Identification</b>		
37 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	

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

Person in Charge (Printed) Mizanur Ripon

Inspector (Signature) [Signature] Date 10/15/2024

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	10/18/24	1
Priority Foundation Item Violations	10/25/24	2
Core Item Violations	11/15/25	3
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect		

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/15/2024

Establishment Fatima's Fusion Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
bay Marie	50F	Undercounter		hot water	103F
Cut tomato	50F	chicken wing	40F		
salad (lettuce)	51F	chicken	39F	quat 200 ppm in 3 bay	
Marinara	50F				
		WIC			
undercounter freezer	3F	chicken breast	39F		
door freezer	3F	chicken wing	41F		
undercounter/ranch	34F/39F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
22p	Bay Marie at 50F; all food product 50-52F. All potentially hazardous food discarded by CFPM/owner. Not to use until repaired. Reach out to health dept once fixed for approval to use / put food in
49c	exterior of squeeze bottles not clean
16pF	cutting board at bay Marie heavily gauged + in dirty storage
16pF	Large pots/pans too big to be wash, rinsed, sanitized in 3 bay - must be removed
55c	barewood under p.o.s. to be finished
53c	Toilet paper dispenser required in restroom
55c	stairwell wall to basement damaged
55c	seal/caulk behind handsink / 3 bay sink
49c	exterior of cookline equipment not clean
49c	hood baffles not clean - hood due Jan. 2025
55c	Floor/wall by 2 burner stove not clean
note*	reach out to Fire, building, water + sewer for requirements ↳ email <a href="mailto:waterpermit@manchesterct.gov">waterpermit@manchesterct.gov</a> for water/sewer
note*	basement area not finished; not approved to be used as prep area at this time. No storage of food, equipment in basement room - to be removed prior to change of ownership. ↳ Must submit plan to Health Dept if making changes


Person in Charge (Signature) [Signature]

Date Oct/15/2024

Inspector (Signature) L. Brandy

Date 10/15/2024



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>10-15-24</b>																	
Establishment: <b>Five Guys</b>		Time In <b>2</b> AM/PM Time Out _____ AM/PM																	
Address: <b>1442 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 _____																	
<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				Person/Alternate Person in charge present, demonstrates knowledge and performs duties			Pf			15				Food separated and protected			P/C		
2				Certified Food Protection Manager for Classes 2, 3, & 4			C			16				Food-contact surfaces: cleaned & sanitized			P/Pf/C		
				Employee Health						17				Proper disposition of returned, previously served, reconditioned, and unsafe food			P		
3				Management, food employee and conditional employee; knowledge, responsibilities and reporting			P/Pf							Time/Temperature Control for Safety					
4				Proper use of restriction and exclusion			P			18				Proper cooking time and temperatures			P/Pf/C		
5				Written procedures for responding to vomiting and diarrheal events			Pf			19				Proper reheating procedures for hot holding			P		
				Good Hygienic Practices						20				Proper cooling time and temperatures			P		
6				Proper eating, tasting, drinking, or tobacco products use			P/C			21				Proper hot holding temperatures			P		
7				No discharge from eyes, nose, and mouth			C			22				Proper cold holding temperatures			P		
				Preventing Contamination by Hands						23				Proper date marking and disposition			P/Pf		
8				Hands clean and properly washed			P/Pf			24				Time as a public health control: procedures and records			P/Pf/C		
9				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			P/Pf/C							Consumer Advisory					
10				Adequate handwashing sinks, properly supplied/accessible			Pf/C			25				Consumer advisory provided: raw/undercooked food			Pf		
				Approved Source										Highly Susceptible Population					
11				Food obtained from approved source			P/Pf/C			26				Pasteurized foods used; prohibited foods not offered			P/C		
12				Food received at proper temperature			P/Pf							Food/Color Additives and Toxic Substances					
13				Food in good condition, safe, and unadulterated			P/Pf			27				Food additives: approved and properly used			P		
14				Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C			28				Toxic substances properly identified, stored & used			P/Pf/C		
				GOOD RETAIL PRACTICES										Conformance with Approved Procedures					
			<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																
			Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
OUT	N/A	N/O	Safe Food and Water			V	COS	R	OUT	Proper Use of Utensils			V	COS	R				
30			Pasteurized eggs used where required			P			43				In-use utensils: properly stored			C			
31			Water and ice from approved source			P/Pf/C			44				Utensils/equipment/linens: properly stored, dried, & handled			Pf/C			
32			Variance obtained for specialized processing methods			Pf			45				Single-use/single-service articles: properly stored & used			P/C			
				Food Temperature Control						46				Gloves used properly			C		
33			Proper cooling methods used; adequate equipment for temperature control			Pf/C							Utensils and Equipment						
34			Plant food properly cooked for hot holding			Pf			47				Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C			
35			Approved thawing methods used			Pf/C			48				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			Pf/C			
36			Thermometers provided and accurate			Pf/C			49				Non-food contact surfaces clean			C			
				Food Identification										Physical Facilities					
37			Food properly labeled; original container			Pf/C			50				Hot and cold water available; adequate pressure			Pf			
				Prevention of Food Contamination						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>10/15/24</b>		Violations documented		Date corrections due		#											
Person in Charge (Printed) <b>Ryan MacNeil</b>				Priority Item Violations				0											
Inspector (Signature) <i>[Signature]</i>		Date <b>10/15/24</b>		Priority Foundation Item Violations				2											
Inspector (Printed) <b>Denise Payne</b>				Core Item Violations				0											
				Risk Factor/Public Health Intervention Violations				0											
				Repeat Risk Factor/Public Health Intervention Violations				2											
				Good Retail Practices Violations				2											
				Requires Reinspection - check box if you intend to reinspect															

*dpayne@manchesterct.gov*

410 Capitol Avenue MS#11FDP  
Hartford, CT 06134

2nd - Yellow: Owner/Operator/Person in Charge

1st - White: Health Department

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date Oct 15, 24

Establishment Five Guys Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hamburger	37F	Hot Onions	138F	Hot water	120F
Hot Dog	36F			Quat bucket	200ppm
Hamburger (wic)	39F			3 Bay	150ppm
Slice tomato	37F			test strips ✓	
				Thermometer ✓	

### 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.
	Gen. Mngmt (New) Certif. provided
	55c Floors, generally, unclean at Cove base.
	55c Cove at Walk-in Cooler not secured/unclean.
	Kitchen and service area Clean/organized
	Good glove use
	Date Marking observed ✓
	Reviewed handwashing policy / times to change gloves.
	ILL Foodworker policy discussed.
	Discussed Walk-in cooler - additional cleaning of racks ↳ lettuce box → cover completely while stored
	Allergens posted + menu guide avail. > Discharge older 5 allergen guide.

Person in Charge (Signature) [Signature]

Date 10/15/24

Inspector (Signature) Denise Payne

Date 10/15/24



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: Oct 9, 24

Establishment: Frank Pepe's Time In: 2:30 AM/PM Time Out: \_\_\_\_\_ AM/PM

Address: 221 Buckland Hills Dr LHD: Manchester

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

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



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

Person in Charge (Signature) [Signature] Date 10/9/24

Person in Charge (Printed) Ben Wirth

Inspector (Signature) [Signature] Date 10/9/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	<u>January 2025</u>	4
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.

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10-9-24

Establishment Frank Pepe's Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cut Cucumber	38F	No hot holding		Hot water	139F
Cheese	41F			Dish machine * Wash cycle w.o for temp.	
Chopped Garlic	40F				
Meatballs	40F				
Mozarella	41F				
Chicken - BUFF.	41F				
Clams	40F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
	CFPM on site
54C	Dumpster Cover open
47C	Shelves at Walk-in Cooler deteriorating - replace with NSF metal or a solid material ie: Stainless Steel
15C	Dil bottle in Pizza station, not labelled, laying on cheese
43C	Utensil wedged between Pizza unit and pan - reviewed proper storage with staff - utensil brought to ware wash
	✓ Date Marking observed
	✓ Allergen notice posted
	Discussed heavy build-up on pans in prep area.
	Walk-in therm's @ 40-41F Product at 40-41F * Monitor.
	Pizza station rack rusting - repair or replace
	One gasket (Right door) unclean w/c cooler (cheese holding)



Person in Charge (Signature)

Inspector (Signature) J. Payne

Date 10/9/24  
Date 10/9/24

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>10/10/24</b>
Establishment <b>Funny Bone</b>		Time In <b>2:00</b> AM/PM Time Out <b>3:00</b> AM/PM
Address <b>194 Buckland Hills Dr. 1054</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <b>Sessiro Mele-Levesque</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>	
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	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	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	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Employee Health</b>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
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	<b>Time/Temperature Control for Safety</b>	
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 cooking time and temperatures	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Good Hygienic Practices</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	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
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	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
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	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Preventing Contamination by Hands</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	P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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>Consumer Advisory</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	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Approved Source</b>	<b>Highly Susceptible Population</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	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
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	<b>Food/Color Additives and Toxic Substances</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	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"/> COS <input type="checkbox"/> R <input type="checkbox"/>
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<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>	
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT In-use utensils: properly stored	V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> OUT Utensils/equipment/linens: properly stored, dried, & handled	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT Single-use/single-service articles: properly stored & used	P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Food Temperature Control</b>	46 <input type="checkbox"/> OUT Gloves used properly	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
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>Utensils and Equipment</b>	
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	47 <input type="checkbox"/> OUT Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	48 <input type="checkbox"/> OUT Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	49 <input checked="" type="checkbox"/> OUT Non-food contact surfaces clean	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Food Identification</b>	<b>Physical Facilities</b>	
37 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	50 <input type="checkbox"/> OUT Hot and cold water available; adequate pressure	Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Prevention of Food Contamination</b>	51 <input type="checkbox"/> OUT Plumbing installed; proper backflow devices	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	52 <input type="checkbox"/> OUT Sewage and waste water properly disposed	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	53 <input type="checkbox"/> OUT Toilet facilities: properly constructed, supplied, & clean	Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	54 <input type="checkbox"/> OUT Garbage and refuse properly disposed; facilities maintained	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	55 <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean	P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	56 <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>[Signature]</i> Date <b>10/10/24</b>	Violations documented	
Person in Charge (Printed) <i>[Signature]</i>	Date corrections due	
Inspector (Signature) <i>[Signature]</i> Date <b>10/10/24</b>	Priority Item Violations	# <b>0</b>
Inspector (Printed) <b>Jose Ramirez</b>	Priority Foundation Item Violations	<b>10-20-24</b>
	Core Item Violations	<b>1-10-25</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

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 10/10/24

Establishment Funny Bone Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold prep table				Hand sink kitchen	110F
shrimp	38F			Dish machine chlorine	50ppm
burger	38F			Customer BR Sink	88F
chicken	38F				
WIF ambient	0F				
WIC Salsa	38F				
chicken wings	30F				
Shredded cheese	40F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

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

- 37C unlabeled containers of white granulars at cookline
- 99C exterior of Fryers unclean
- 99C Floor under Fryers unclean
- 16PF interior of ice machine unclean

Note No cooking or cooling at time of inspection.

Note Test strips & thermometer available

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

Date 10/10/24  
 Date 10/10/24

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>10/2/24</u>												
Establishment <u>Gong Cha</u>				Time In <u>11:30</u> AM/PM Time Out <u>12:00</u> AM/PM												
Address <u>194 Buckland Hills Dr. #5536</u>				LHD <u>Manchester</u>												
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op												
Permit Holder <u>Vekata IOPM on site Aashrith</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"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Employee Health												
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety								
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Good Hygienic Practices					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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	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"/>	
				Preventing Contamination by Hands					22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold 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"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory								
				Approved Source					25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<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"/>	Highly Susceptible Population								
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances								
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	
				Good Retail Practices					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 are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R					
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>				
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
				Food Temperature Control					46	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>		
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment									
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>				
				Food Identification					Physical Facilities							
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
				Prevention of Food Contamination					51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<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"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>				
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<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.												
Person in Charge (Signature) <u>[Signature]</u> Date <u>10/2/24</u>				Person in Charge (Printed) <u>AASHRITH KOGANT</u>				Violations documented								
Inspector (Signature) <u>[Signature]</u> Date <u>10/2/24</u>				Inspector (Printed) <u>Lauren Grandy</u>				Date corrections due								
								#								
								Priority Item Violations =								
								Priority Foundation Item Violations =								
								Core Item Violations = <u>1/2/2025</u>								
								Risk Factor/Public Health Intervention Violations = <u>3</u>								
								Repeat Risk Factor/Public Health Intervention Violations =								
								Good Retail Practices Violations = <u>3</u>								
								Requires Reinspection - check box if you intend to reinspect								

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/2/29

Establishment Gang Cha

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep pumpkin	41F			handsink - hot water	105F
cold prep-center area				prep sink	110F
boba jelly	40F 39F			bleach	50-100 ppm

### OBSERVATIONS AND CORRECTIVE ACTIONS

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


Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	<del>Ashrith - CFPM</del>
56c	cleaning equipment stored on ground by ice machine
note	boba - date/time marked 10/2/29 @ 11 AM (discard by 3)
note	good glove use
note	test strips available
note	Thermometer/alcohol wipes available
55c	cover base missing in dry storage room
39c	boxes stored on shelf on ground in dry storage - discussed 4" off the ground + to reach out to Mall Management
note	good labeling of food product
note	overall clean + organized
note	no activity at time of visit

Person in Charge (Signature) [Signature]

Date 10/2/29

Inspector (Signature) [Signature]

Date 10/2/29

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>10/10/24</u>			
Establishment <u>Great path Academy</u>		 <p>Connecticut Department of Public Health</p>		Time In <u>9:30</u> (AM/PM) Time Out <u>10:00</u> (AM/PM)		LHD <u>Manchester</u>	
Address <u>60 Bidwell St</u>				Purpose of Inspection: <u>Routine</u> Pre-op			
Town/City <u>Manchester</u>				Reinspection Other			
Permit Holder <u>State of CT</u>							
<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		V		COS		R	
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	Pf	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>
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"/>	<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"/>	<input type="checkbox"/>
<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"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<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							
Safe Food and Water		V		COS		R	
30	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	P	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
<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	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>							
37	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.							
Person in Charge (Signature) <u>Mary Holmes</u>		Date <u>10/10/24</u>					
Person in Charge (Printed) <u>Mary Holmes</u>							
Inspector (Signature) <u>L. Grandy</u>		Date <u>10/10/24</u>					
Inspector (Printed) <u>Lauren Grandy</u>							
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.							
<b>Violations documented</b>		<b>Date corrections due</b>		<b>#</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							

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/10/2024

Establishment Great path Academy Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 doov	38F	hot hold cambvo		handwash sink	99F
Milk	41F	corn	135F		
apple slices	41F	chicken fajitas	138F		
		Beans	142F		
Milk case - MILK	41F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Mary on site
	test strips available on site
	Thermometer available / alcohol wipes
	Food allergy notice available
	clean + organized!
	all food provided by state of CT
	↳ returned to state of CT for W/R/S process
	gloves available on site
	setting up for lunch at time of visit
	No violations observed! Great inspection!

Person in Charge (Signature) Mary Helms

Date 10/10/24

Inspector (Signature) A. Stanley

Date 10/10/24



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>10/1/24</b>
Establishment <b>Guntur Mirchis</b>		Time In <b>2:00</b> AM/PM Time Out <b>3:15</b> AM/PM
Address <b>171 B Spencer st.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <b>LALITH KUCHUPUDI</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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures
<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	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	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records
<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	<b>Consumer Advisory</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	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food
10 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	<b>Highly Susceptible Population</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	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	<b>Food/Color Additives and Toxic Substances</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	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	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
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	28 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	28 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used
<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"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	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
31 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
32 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	49 <input type="checkbox"/> IN <input 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"/> IN <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"/> IN <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"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure	50 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure
35 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	51 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	51 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
36 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	52 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed	52 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
<b>Food Identification</b>		
37 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	53 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	53 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean
<b>Prevention of Food Contamination</b>		
38 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	54 <input type="checkbox"/> OUT <input type="checkbox"/> IN <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"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained
39 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	55 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	55 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean
40 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	56 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used	56 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used
41 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	<b>Violations documented</b>	
42 <input type="checkbox"/> OUT <input type="checkbox"/> IN <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	56 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f	56 <input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O 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>10/1/24</b>	Person in Charge (Printed) <b>LALITH KUCHUPUDI</b>	Inspector (Signature) <i>[Signature]</i> Date <b>10/1/24</b>
Inspector (Printed) <b>Jose Ramirez</b>	Violations documented	Date corrections due
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	Priority Item Violations <b>10-4-24</b>	# <b>3</b>
	Priority Foundation Item Violations <b>10-10-24</b>	# <b>2</b>
	Core Item Violations <b>1-1-25</b>	# <b>6</b>
	Risk Factor/Public Health Intervention Violations	# <b>7</b>
	Repeat Risk Factor/Public Health Intervention Violations	# <b>7</b>
	Good Retail Practices Violations	# <b>4</b>
	Requires Reinspection - check box if you intend to reinspect	<input checked="" type="checkbox"/>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/1/24

Establishment Guntur Mirchis Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC cooked chicken	40 F	hot hold sambar soup	147 F	handsink	122 F
rice	37 F	rice	145 F	dishmachine	2160 F
small prep table potato sauce	56 F	Avantco reach in yogurt	40 F	chlorine bucket	100 ppm
prep table cheddar chicken	40 F				
cooked cauliflower	37 F				
rice	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.

Item Number	Observations and Corrective Actions
37C	unlabeled squeeze bottles on cookline and granulars
47C	cardboard on floor of WIC.
23PF	food not properly date marked in WIC
22P	samosa and sauce at 56 F in prep cooler. Discarded. <u>COS</u> unit being serviced tomorrow 10/2/24. Do not store any TCS Foods in until unit is holding temp at 41 F or below.
28P	medication on top of microwave. moved by PIC <u>COS</u>
15C	food uncovered in 1 door reach in - Avantco
10PF	no soap at handsink when you enter kitchen
56C	coat comingled w/ to-go containers <u>COS</u>
16P	equipment too large to fit in 3-bay. cannot be properly sanitized
43C	stagnant water on back of stove used for label storage. ↳ either keep hot @ 135 F or more or keep out and change every 4 hours.
2C	NO CFPM. PIC's certificate expired in April.

- Note: Thermometer + test strips available.
- Note: Food not date-marked will be discarded.
- Note: Prep table all the way to C on cookline not working / not in use
- Note: microwave on cookline not working. To be replaced

Person in Charge (Signature) [Signature] Date 10/1/24  
 Inspector (Signature) [Signature] Date 10/1/24

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>10/24/24</b>
Establishment <b>Hungry Pot</b>		Time In <b>12:00 AM (PM)</b> Time Out <b>2:15 AM (PM)</b>
Address <b>194 Buckland Hills rd. #1050</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Shuo Chen</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"/>					
				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"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion			P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input 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"/>	Proper cooling time and temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>					
				Good Hygienic Practices						21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding 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"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>					
7	<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"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>					
				Preventing Contamination by Hands						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"/>					
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"/>															
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"/>															
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"/>															
				Approved Source																				
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"/>															
12	<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"/>															
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"/>	27	<input type="checkbox"/>	<input checked="" 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"/> 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.											
				Safe Food and Water																				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pasteurized eggs used where required			P	<input type="checkbox"/>	<input type="checkbox"/>															
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Water and ice from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Variance obtained for specialized processing methods			Pf	<input type="checkbox"/>	<input type="checkbox"/>															
				Food Temperature Control																				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plant food properly cooked for hot holding			Pf	<input type="checkbox"/>	<input type="checkbox"/>															
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Approved thawing methods used			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Thermometers provided and accurate			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
				Food Identification																				
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Food properly labeled; original container			P/C	<input type="checkbox"/>	<input type="checkbox"/>															
				Prevention of Food Contamination																				
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Insects, rodents, and animals not present			P/C	<input type="checkbox"/>	<input type="checkbox"/>															
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Contamination prevented during food preparation, storage & display			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Personal cleanliness			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wiping cloths: properly used and stored			C	<input type="checkbox"/>	<input type="checkbox"/>															
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Washing fruits and vegetables			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
													Proper Use of Utensils											
				Safe Food and Water																				
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In-use utensils: properly stored			C	<input type="checkbox"/>	<input type="checkbox"/>															
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled			P/C	<input type="checkbox"/>	<input type="checkbox"/>															
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Single-use/single-service articles: properly stored & used			P/C	<input type="checkbox"/>	<input type="checkbox"/>															
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gloves used properly			C	<input type="checkbox"/>	<input type="checkbox"/>															
				Utensils and Equipment																				
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Non-food contact surfaces clean			C	<input type="checkbox"/>	<input type="checkbox"/>															
				Physical Facilities																				
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>															
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Plumbing installed; proper backflow devices			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sewage and waste water properly disposed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained			C	<input type="checkbox"/>	<input type="checkbox"/>															
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Physical facilities installed, maintained, and clean			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>															
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adequate ventilation and lighting; designated areas used			C	<input type="checkbox"/>	<input type="checkbox"/>															
													Violations documented						Date corrections due					
													Priority Item Violations			10/27/24			# 2					
													Priority Foundation Item Violations			11/4/24			# 7					
													Core Item Violations			11/24/25			# 21					
													Risk Factor/Public Health Intervention Violations						# 8					
													Repeat Risk Factor/Public Health Intervention Violations											
													Good Retail Practices Violations						# 22					
													Requires Reinspection - check box if you intend to reinspect						<input checked="" type="checkbox"/>					

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

Person in Charge (Signature) **Kevin G...** Date **10/24/2024**

Person in Charge (Printed) **KEVIN G...**

Inspector (Signature) **Katelynn Person** Date **10/24/24**

Inspector (Printed) **Katelynn Person**

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 10/24/24

Establishment Hungry Bot

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
prep bain marie shrimp	46 F	hot hold rice	152 F	handsink	112 F
cod	39 F	cook soup broth	187 F	3-bay hot	130 F
sliced ham	41 F	WIC zucchini	38 F	customer bathroom	92 F
cheese	40 F	shrimp	38 F		
cooked mushroom	38 F	cooked chicken	39 F	hot bar spring roll	135 F
tuna	40 F	beef	35 F	fried chicken	135 F
bacon	40 F	winter melon	37 F	cold bar zucchini	41 F

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the
	Kevin - CFPM on site
47C	cut veggies and prepared foods in pepsi cooler
6c	employee beverage on prep table
6c	employees eating in kitchen
35PF/39PF	defrosting meat directly on prep table, and at room temp
8P	no handwashing observed after eating
49C	exterior of ice machine unclean. New ice machine, send Kate the spec sheet. Kperson@manchesterct.gov
49C	floor behind ice machine unclean
55C	severe ice build up in WIC. Schedule service for repair
49C	gasket on WIC unclean
43C	Scoop handle for rice in product
37C	unlabeled white bins, throughout
47C	make shift wood support on push cart, not cleanable
49C	caulking behind handsink by warewash unclean
44C	wet nesting of clean bowls
49C	jumbled utensils in bins across from warewash
16PF	clean utensils stored in unclean bins
38C	fly ribbons above prep table. Removed (cos)
56C	jackets stored on sugar and on dry storage shelf
39C	food boxes in WIF stored on floor
47C	rusty shelving, throughout - not cleanable
47C	caulking behind 3-bay unclean, not cleanable



Person in Charge (Signature) Kevin

Date 10/24/2024

Inspector (Signature) Katelynn Person

Date 10/24/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/24/24

Establishment Hungry Pot Town Manchester

### TEMPERATURE OBSERVATIONS

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

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
49C	floor drain under 3-bay unclean
49C	wall by 3-bay unclean
Note:	mini counter top fridge may not be NSF / Equivalent ↳ send spec sheet to KP to verify.
48PF	no test strips for sink + surface cleaner
28P	unlabeled spray bottle w/ table cleaner. PIC made label <u>Cas</u>
16PF	soda gun nozzle in bar unclean
49C	Keg cooler interior unclean. Drip drain empties into bucket (Beer)
10PF	no soap at handsink in bar / paper towels not in dispenser
23PF	saucers in WIC not properly date marked
Note	PIC stated Kimchi is solely purchased from Sysco now. KP discussed previous interaction from 10/10/24 with Jose Ramirez, inspector. No Kimchi is to be made on site without proper HACCP plan and approval from CT DPH.
Note	Discussed w/ PIC to limit <del>production</del> amount of food being prepared at one time. If food is out of refrigeration it should be actively being prepared.
Note	Discussed proper thawing. Thawing shall be done under refrigeration or cold running water.
Note:	manager to retrain staff on proper hand washing policy.
Person in Charge (Signature)	<u>Kevin B...</u> Date <u>10/24/24</u>
Inspector (Signature)	<u>Katelyn Perron</u> Date <u>10/24/24</u>

Risk Category: <b>1</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>10/19/24</b>	
Establishment <b>KSLV Impex LLC</b>	Time In <b>9:00 AM</b> Time Out <b>10:00 AM</b>	
Address <b>770 main st.</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Amir Orjani</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input 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
<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 type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical Facilities	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f			

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

Person in Charge (Signature) \_\_\_\_\_ Date **10/18/24**

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

Inspector (Signature) **Katelynn Person** Date **10/18/24**

Inspector (Printed) **Katelynn Person**

Violations documented	Date corrections due	#
Priority Item Violations		—
Priority Foundation Item Violations	<b>10/18/24</b>	<b>3</b>
Core Item Violations		—
Risk Factor/Public Health Intervention Violations		<b>3</b>
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: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>10/24/24</b>
Establishment <b>La Toquilla</b>		Time In <b>4:00</b> AM/PM <input checked="" type="radio"/> Time Out <b>5:30</b> AM/PM <input checked="" type="radio"/>
Address <b>21 oak St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <b>KAREN GARCIA M</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						
<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 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							<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion							Proper reheating procedures for hot holding						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures						
<b>Good Hygienic Practices</b>							Proper hot holding temperatures						
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Proper cold holding temperatures						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	25	<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>Highly Susceptible Population</b>						
<b>Approved Source</b>							Pasteurized foods used; prohibited foods not offered						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							<b>Food/Color Additives and Toxic Substances</b>						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							Food additives: approved and properly used						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							Toxic substances properly identified, stored & used						
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Compliance with Approved Procedures</b>						
Required records available: molluscan shellfish identification, parasite destruction							Compliance with variance/specialized process/ROP criteria/HACCP Plan						

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) **KAREN G.** Date \_\_\_\_\_

Person in Charge (Printed) **Karen Garcia**

Inspector (Signature) **Jose Ramirez** Date **10/24/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<b>COS</b>	2
Core Item Violations		0
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		0
Requires Reinspection - check box if you intend to reinspect		

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





Risk Category: <b>1</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>10-1-24</b>
Establishment <b>Manchester X-MART</b>		Time In <b>2:30</b> AM/PM Time Out _____ AM/PM
Address <b>404 Hartford Road</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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	15	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	16	<input 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						
Employee Health							17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food						
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Time/Temperature Control for Safety						
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
Proper use of restriction and exclusion							Proper cooking time and temperatures						
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding						
Good Hygienic Practices							20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	Proper cooling time and temperatures						
Proper eating, tasting, drinking, or tobacco products use							21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	Proper hot holding temperatures						
No discharge from eyes, nose, and mouth							22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Preventing Contamination by Hands							Proper cold holding temperatures						
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>
Hands clean and properly washed							Proper date marking and disposition						
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	24	<input 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							Time as a public health control: procedures and records						
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C	<input checked="" type="checkbox"/>	Consumer Advisory						
Adequate handwashing sinks, properly supplied/accessibile							25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>
Approved Source							Consumer advisory provided: raw/undercooked food						
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Highly Susceptible Population						
Food obtained from approved source							26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered						
Food received at proper temperature							Food/Color Additives and Toxic Substances						
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							Food additives: approved and properly used						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction							Toxic substances properly identified, stored & used						

**GOOD RETAIL PRACTICES**

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


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

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

Person in Charge (Signature) <b>Amy Rock</b> Date <b>10-1-24</b>		Violations documented		Date corrections due	#
Person in Charge (Printed) <b>Amy Rock</b>		Priority Item Violations		<b>10 days</b>	<b>3</b>
Inspector (Signature) <b>Denise Payne</b> Date <b>10-1-24</b>		Priority Foundation Item Violations		<b>90 days</b>	<b>1</b>
Inspector (Printed) <b>Denise Payne</b>		Core Item Violations			<b>1</b>
		Risk Factor/Public Health Intervention Violations			<b>1</b>
		Repeat Risk Factor/Public Health Intervention Violations			<b>1</b>
		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.



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>10/2/24</b>		
Establishment <b>Market Grille</b>		 <p>Connecticut Department of Public Health</p>		Time In <b>2:00</b> AM/PM Time Out <b>3:30</b> AM/PM		
Address <b>110 Buckland Hills Dr.</b>				LHD <b>Manchester</b>		
Town/City <b>Manchester</b>				Purpose of Inspection: <b>Routine</b> Pre-op		
Permit Holder <b>Noe Vasquez</b>				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						
Supervision		V		COS		R
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		Pf	<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"/>
Employee Health		V		COS		R
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"/>
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"/>
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"/>
Good Hygienic Practices		V		COS		R
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		P/C	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth		C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands		V		COS		R
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"/>
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"/>
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"/>
Approved Source		V		COS		R
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"/>
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food received at proper temperature		P/Pf	<input type="checkbox"/>	<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"/>
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"/>
<b>GOOD RETAIL PRACTICES</b>						
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>						
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Safe Food and Water		V		COS		R
30	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required		P	<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"/>
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"/>
Food Temperature Control		V		COS		R
33	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding		Pf	<input type="checkbox"/>	<input type="checkbox"/>
35	<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used		P/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Thermometers provided and accurate		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification		V		COS		R
37	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Food properly labeled; original container		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination		V		COS		R
38	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Insects, rodents, and animals not present		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Contamination prevented during food preparation, storage & display		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Personal cleanliness		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored		C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables		P/Pf/C	<input type="checkbox"/>	<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>10-2-24</b>				
Person in Charge (Printed) _____						
Inspector (Signature) <i>[Signature]</i>		Date <b>10/2/24</b>				
Inspector (Printed) <b>Jose Ramirez</b>						
Violations documented		Date corrections due		#		
Priority Item Violations		<b>COS</b>		<b>1</b>		
Priority Foundation Item Violations		<b>10-12-24</b>		<b>6</b>		
Core Item Violations		<b>1-2-24</b>		<b>7</b>		
Risk Factor/Public Health Intervention Violations				<b>7</b>		
Repeat Risk Factor/Public Health Intervention Violations				<b>7</b>		
Good Retail Practices Violations				<b>7</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 10/2/24

Establishment Market Grille

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Mahi	36F	Cold Prep table		Hand Sink cookline	124F
Potatoes	35F	cut tomatoes	41F	Quat Bucket	400ppm
Beef	35F	Cold drawer Fish	37F	Hot Hold marinara	135F
Mashed Potatoes	38F	Chicken	36F	Cold Prep table slice cheese	52F
Hot Hold Alto Shaam		cooked veggies	40F	Hand Sink bar	95F
Mashed potatoes	135F	Sliced cheese	40F	Barcooker milk	34F
beef roast	136F	raw burger	37F		
Chicken Cooked to	170F	Hot Hold Pulled Pork	142F		




## 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 & 8-406.1
	Moe CFPM on site
23PF	Containers of Food in WIC not properly date marked
16PF	table mounted can opener not clean (COS)
44C	Jumbled utensils in prep table drawer in rear prep area
35PF	Shrimp thawed at room temp.
56C	Employee belongings stored on prep table shelf
16PF	interior of ice machine unclean (large machine) (COS) Drained & Cleaned
49C	exterior of ice machine unclean
47C	gaskets damaged at cookline w/ blue tape
49C	interior of hand sink at cookline unclean
15C	Food uncovered throughout
16PF	interior of microwave at cookline unclean & Salad Station
49C	Ceiling tiles at cookline unclean
22P	Sliced cheese at cookline cold prep table at 52F. (COS) Discarded
16PF	Soda gun nozzle & holder at bar unclean

Note: slight odor noted by floor drain by ice machine.  
 Note: good cooling practices observed  
 Note: thermometer + test strips available

Person in Charge (Signature) [Signature] Date \_\_\_\_\_  
 Inspector (Signature) [Signature] Date 10/2/24

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>10/21/24</b>											
Establishment <b>Mocha Emporium</b>				Time In <b>12</b> AM/PM Time Out <b>12:30</b> AM/PM											
Address <b>194 Buckland Hills Dr. #2166</b>				LHD <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op									
Town/City <b>Manchester</b>				Reinspection _____		Other _____									
Permit Holder <b>Rahel</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															
<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"/>	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"/>	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"/>
<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"/>	20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records <b>discussed</b>	P/Pf/C	<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"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Compliance 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<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>											
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input 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>				<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"/>	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"/>	<b>Physical Facilities</b>							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	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"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	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"/>
<b>Food Identification</b>				<b>Prevention of Food Contamination</b>											
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	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	P/Pf/C	<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"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<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"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/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"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>							
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <b>Rahel Tariq</b> Date <b>10/21/24</b>				Date corrections due											
Person in Charge (Printed) <b>Rahel Tariq</b>				Priority Item Violations <b>COS</b>											
Inspector (Signature) <b>L. Limay</b> Date <b>10/21/24</b>				Priority Foundation Item Violations <b>10/31/24</b>											
Inspector (Printed) <b>Lauren Grandy</b>				Core Item Violations <b>11/21/25</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 <input checked="" type="checkbox"/>											

reinspection 10/22/24

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 10/21/2024  
 Establishment Mocha Emporium Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
BAY Marie		True refrigerator	38°F	hot water back h.s.	109°F
sausage	41°F	butter	40°F	hot water front	110°F
cooked egg	40°F				
bacon	41°F	True Freezer	-8°F		
Cantaloupe	40°F			bleach sanitizer	50-100 ppm
Butter @ room temp	60°F	hot holding	135		
↳ voluntarily discarded		sausage egg cheese	118°F		
		↳ voluntarily discarded			

### 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: Rachel
10 pF	handwash sink not accessible in back of house (COS)
note	discussed time as public health control for butter - Must be date / time stamped with time used or kept under refrigeration. Butter cant be out for more than 2 hours.
22 p	Butter discarded voluntarily at time of visit @ 60°F
44 pF	containers stacked in bay Marie - Must be one layer to allow proper air flow in unit
52 c	dirty stagnant water in mop bucket
16 pF	interior of ice machine not clean
21 p	sausage, egg, cheese at 118°F in warmer - voluntarily discarded
10 pF	no paper towels in dispenser - on side temporarily
* 36 pF	no thermometer (thin probe) on site
48 pF	bleach sanitizer < 200 ppm - corrected on site to 50-100 ppm
note	test strips available on site
	overall clean + organized
	good equipment storage
	discussed date marking

Person in Charge (Signature) Rachel Tanila Date 10/21/24  
 Inspector (Signature) L. Handy Date 10/21/24

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>10-2-24</b>																																																																																																																																																																																													
Establishment <b>Ruby Chinese</b>		Time In _____ AM/PM Time Out _____ AM/PM																																																																																																																																																																																													
Address <b>485 Hartford Rd</b>		LHD <b>Manchester</b>																																																																																																																																																																																													
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op																																																																																																																																																																																													
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Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																															
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Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																															
Person in Charge (Signature) <b>Zhi Xiang Lu</b> Date <b>10-2-24</b>		Violations documented		Date corrections due		#																																																																																																																																																																																									
Person in Charge (Printed)		Priority Item Violations		3 days		5																																																																																																																																																																																									
Inspector (Signature) <b>Denise Payne</b> Date <b>10-2-24</b>		Priority Foundation Item Violations		10 days		35																																																																																																																																																																																									
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		Good Retail Practices Violations				1																																																																																																																																																																																									
		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 10-2-24

Establishment Ruby Chinese

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Beef		Rice	160F	Hot Water	111F
Chicken		CKN broth	195F		
Noodles		Gen Do Chicken	136F		
Shrimp		Tarbot Fish w/ Receipt	Frozen.		

### 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.
38C	Front door open without screens -
15C	Frozen fish not covered/protected in freezer chest. Teriyaki Beef on sticks in freezer → plastic cover cracked (wrap)
22D	Prepped Chicken on counter at 68F - Discarded.
22D	Cut fish in Cold Prep on top of cold prep → 63F - Discarded
47C	Freezer chest handle broken/missing
47C	Freezer chest lid Rusty
—	Ice build up in All freezer chests - Defrost Required.
49C	Cold Prep gaskets torn/unclean, Freezer (sm) torn/unclean
45C	Multiple single use soup bowls used as scoop/spice one re-used multiple times and unclean Discarded.
47C	Microwave - Interior unclean with grease buildup.
41C	No Sanitizers made / Towels not in Sanitizer
16P	Knives unclean stored magnetic holder
47C	No paper towel in Dispenser
15C	Nesting of unprotected food in cold prep
10PF	No mounted soap dispenser at Prep hand sink.
55C	Walls generally unclean
55C	Duct tape to hold magnetic Knife holder. Not approved
16P	Rice warmer interior unclean
45C	to go boxes - not inverted.
55C	Cookline equipment unclean / Floors unclean

Person in Charge (Signature) Zhiyuan Lin

Date 10-2-24

Inspector (Signature) D Payne

Date 10-2-24

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 10/2/24  
 Establishment Saint James School Time In 10:30 AM/PM Time Out 11 AM/PM  
 Address 73 Park Street LHD Manchester  
 Town/City Manchester Purpose of Inspection: Routine Pre-op  
 Permit Holder CFPM: Irene Reinspection Other \_\_\_\_\_



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

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item				IN=in compliance	OUT=not in compliance	N/A=not applicable	N/O=not observed	
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R				
				COS=corrected on-site during inspection	R=repeat violation			
IN	OUT	N/A	N/O	V	COS	R		
Supervision								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	2 Certified Food Protection Manager for Classes 2, 3, & 4	
Employee Health								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	3 Management, food employee and conditional employee; knowledge, responsibilities and reporting	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	4 Proper use of restriction and exclusion	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	5 Written procedures for responding to vomiting and diarrheal events	
Good Hygienic Practices								
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	6 Proper eating, tasting, drinking, or tobacco products use	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	7 No discharge from eyes, nose, and mouth	
Preventing Contamination by Hands								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	8 Hands clean and properly washed	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	10 Adequate handwashing sinks, properly supplied/accessible	
Approved Source								
<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	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	12 Food received at proper temperature	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	13 Food in good condition, safe, and unadulterated	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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			
OUT	N/A	N/O		V	COS	R		
Safe Food and Water								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	30 Pasteurized eggs used where required	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31 Water and ice from approved source	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	32 Variance obtained for specialized processing methods	
Food Temperature Control								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	34 Plant food properly cooked for hot holding	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	35 Approved thawing methods used	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36 Thermometers provided and accurate	
Food Identification								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37 Food properly labeled; original container	
Prevention of Food Contamination								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38 Insects, rodents, and animals not present	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	39 Contamination prevented during food preparation, storage & display	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40 Personal cleanliness	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	41 Wiping cloths: properly used and stored	
<input type="checkbox"/>	<input type="checkbox"/>	<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) Irene Germain Date 10/2/24  
 Person in Charge (Printed) Irene Germain  
 Inspector (Signature) L. Grandy Date \_\_\_\_\_  
 Inspector (Printed) Lauren Grandy

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

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

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<u>1/2/2025</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>1</u>
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 10/2/2024

Establishment saint james

Town manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door walk in	0F	quat-sanitizer	200ppm		
2 door reach in	38F	hot water-h.s.	99F		
sour cream	41F				
hot holding	139F				
cheese bites					


### 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: irene
	Thermometer available!
	very clean + organized
	good glove use
	good handwashing!
	Test strips available!
47c	barewood shelving in cabinets under serving area
	Great inspection overall!

Person in Charge (Signature)	Date <u>10/2/24</u>
Inspector (Signature)	Date <u>10/2/24</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>10/23/24</b>
Establishment <b>Shady Glen</b>		Time In: <b>8:45 AM</b> Time Out: <b>10:45 AM</b>
Address <b>840 Middle Tpke E</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>William Hoch Jr.</b>		Reinspection Other _____



Connecticut Department of Public Health

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

Supervision				Protection from Contamination			
IN	OUT	N/A	N/O	IN	OUT	N/A	N/O
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				15 Food separated and protected P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
2 Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				16 Food-contact surfaces: cleaned & sanitized P/P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Employee Health				Time/Temperature Control for Safety			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				18 Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
4 Proper use of restriction and exclusion P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				19 Proper reheating procedures for hot holding P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
5 Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20 Proper cooling time and temperatures P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Good Hygienic Practices				Consumer Advisory			
<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"/>
6 Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				25 Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
7 No discharge from eyes, nose, and mouth C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Highly Susceptible Population			
Preventing Contamination by Hands				26 Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved and properly used P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
8 Hands clean and properly washed P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				28 Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Conformance with Approved Procedures			
10 Adequate handwashing sinks, properly supplied/accessibile P/C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Approved Source							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>			
11 Food obtained from approved source P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
12 Food received at proper temperature P/Pf <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 Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Safe Food and Water			
14 Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES				30 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"/>	31 Water and ice from approved source P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
32 Variance obtained for specialized processing methods Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Food Temperature Control			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
34 Plant food properly cooked for hot holding Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				43 In-use utensils: properly stored C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
35 Approved thawing methods used P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				44 Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
36 Thermometers provided and accurate Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				45 Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Food Identification				46 Gloves used properly C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
37 Food properly labeled; original container Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Utensils and Equipment			
Prevention of Food Contamination				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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
38 Insects, rodents, and animals not present P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				49 Non-food contact surfaces clean C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
39 Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Physical Facilities			
40 Personal cleanliness Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				50 Hot and cold water available; adequate pressure Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
41 Wiping cloths: properly used and stored C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				51 Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
42 Washing fruits and vegetables P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				52 Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				53 Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Person in Charge (Signature) <i>Riley Schaeffler</i>		Date <b>10/23/24</b>		54 Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Person in Charge (Printed) <b>Riley Schaeffler</b>				55 Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Inspector (Signature) <i>Kate Lynn Person</i>		Date <b>10/23/24</b>		56 Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Inspector (Printed) <b>Kate Lynn Person</b>				Natural rubber latex gloves not used per CGS §19a-36f C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations		10
Core Item Violations		3
Risk Factor/Public Health Intervention Violations		9
Repeat Risk Factor/Public Health Intervention Violations		2
Good Retail Practices Violations		9
Requires Reinspection - check box if you intend to reinspect		<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 10/23/24

Establishment Shady Glen Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
front cold prep ham	37 F	hot hold potatoes	135 F	handsink	123 F
turkey	40 F	WIC tomatoes	35 F	chlorine sanitizer w/act	100ppm
sliced cheese	41 F	WIC garage cheese	41 F	dishmachine	76.0 F
WIC on cooking raw		4 part salsa	39 F		
burger	37 F	reheating soup	165 F		
reach in True cooler	38 F				
WIC butter	41 F				
steak	40 F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

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
	Riley CFPM on site
41c/10PF	wet rags stored in handsink, throughout
23PF	food not properly date marked in 2-Door True fridge
16PF	interior of ice machine not clean
16PF	can opener not clean
35PF	thawing soup in stagnant water
49c	mat on dishmachine line unclean
49c	unused fryers in basement on shelf very unclean
38PF	mouse droppings observed in basement dry storage
39c 55c	severe ice build up / shaving in WIFs in basement
55c	floor tiles cracked and damaged in basement
10PF	hand sink in basement unclean, not accessible, no paper towels
10PF	prep sink being used for hand washing
16PF	meat slicer in basement not clean
38PF	flies observed in attic, basement, and by ware wash
16PF	sanitizer in dedicated sinks @ 10ppm. Remade to 50ppm.
10c	handsinks w/ no signage, throughout. All handsinks must have sign indicating staff to wash hands.
	Discussed proper reheating parameters. Reheat soup to 165 within 2 hours. Have staff monitor temp and stir frequently. Temp logs. recommended.



Person in Charge (Signature) Riley Schaffler Date 10/23/24  
 Inspector (Signature) Katelynn Penn Date 10/23/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/23/24

Establishment Shady Glen 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.
	Test strips and thermometer available. Thermometers calibrated to 32.0 F
	Discussed proper thawing and cooling. Thawing must be under cold running water or under refrigeration. cooling of soups at end of day shall be either w/ use of ice wands, shallow pans, ice bath or other approved method. Temp logs recommended.
	All sliced cheese, deli meat, coleslaw, potato salad, tomatoes or any other Ready to Eat TCS foods must be date marked. Any un-date marked food <u>  </u> will be discarded.
	Pest control report requested. Email to <a href="mailto:kperson@manchesterct.gov">kperson@manchesterct.gov</a>
	Discussed w/ PIC using Time as a public health control for any TCS foods held out of temperature. must be labeled as such w/ time stamp. Email w/ proposed use of Time vs. Temp.

Person in Charge (Signature) <u>Ruby Schaeffer</u>	Date <u>10/23/24</u>
Inspector (Signature) <u>Katelyn Person</u>	Date <u>10/23/24</u>

Risk Category: <span style="border: 1px solid black; padding: 2px;">1</span>		<b>Food Establishment Inspection Report</b>				Page 1 of <u>2</u>		
Establishment type: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Permanent</span> Temporary Mobile Other _____				Date: <u>9/4/24</u>				
Establishment <u>Snap N GO</u>				Time In <u>10:30</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span> PM		Time Out <u>11:00</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">AM</span> PM		
Address <u>484 MTE</u>				LHD <u>Manchester</u>				
Town/City <u>Manchester</u>				Purpose of Inspection: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Routine</span> Pre-op				
Permit Holder <u>Zubair Akram</u>				<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Reinspection</span> Other <u>9/17/24</u>				
<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		
<b>Supervision</b>				<b>Protection from Contamination</b>				
V		COS		R				
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>				
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures				
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of restriction and exclusion				Proper reheating procedures for hot holding				
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures				
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food				
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth				<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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				Toxic substances properly identified, stored & used				
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate handwashing sinks, properly supplied/accessible				<b>Conformance with Approved Procedures</b>				
<b>Approved Source</b>				29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan				
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food obtained from approved source				<b>GOOD RETAIL PRACTICES</b>				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food received at proper temperature				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food in good condition, safe, and unadulterated				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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required records available: molluscan shellfish identification, parasite destruction				<b>Safe Food and Water</b>		<b>Proper Use of Utensils</b>		
<b>GOOD RETAIL PRACTICES</b>				30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				31		<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				32		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Safe Food and Water</b>				33		<input type="checkbox"/>	<input type="checkbox"/>	
OUT		N/A		N/O				
Pasteurized eggs used where required				34				<input type="checkbox"/>
Water and ice from approved source				35				<input type="checkbox"/>
Variance obtained for specialized processing methods				36				<input checked="" type="checkbox"/>
<b>Food Temperature Control</b>				37				<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control				38				<input checked="" type="checkbox"/>
Plant food properly cooked for hot holding				39				<input type="checkbox"/>
Approved thawing methods used				40				<input type="checkbox"/>
Thermometers provided and accurate				41				<input type="checkbox"/>
<b>Food Identification</b>				42				<input type="checkbox"/>
Food properly labeled; original container				43				<input type="checkbox"/>
<b>Prevention of Food Contamination</b>				44				<input type="checkbox"/>
Insects, rodents, and animals not present				45				<input type="checkbox"/>
Contamination prevented during food preparation, storage & display				46				<input type="checkbox"/>
Personal cleanliness				47				<input checked="" type="checkbox"/>
Wiping cloths: properly used and stored				48				<input checked="" type="checkbox"/>
Washing fruits and vegetables				49				<input checked="" type="checkbox"/>
<b>Physical Facilities</b>				50				<input type="checkbox"/>
Adequate ventilation and lighting; designated areas used				51				<input type="checkbox"/>
Natural rubber latex gloves not used per CGS §19a-36f				52				<input type="checkbox"/>
Person in Charge (Signature) <u>Zac</u> Date <u>09-04-2024</u>				53				<input type="checkbox"/>
Person in Charge (Printed) <u>Zubair Akram</u>				54				<input type="checkbox"/>
Inspector (Signature) <u>Jose Ramirez</u> Date <u>9/9/24</u>				55				<input type="checkbox"/>
Inspector (Printed) <u>Jose Ramirez</u>				56				<input type="checkbox"/>
<b>Violations Documented</b>				<b>Date corrections due</b>				
Priority Item Violations				COS				
Priority Foundation Item Violations				9-14-24				
Core Item Violations				12-9-24				
Risk Factor/Public Health Intervention Violations				2				
Repeat Risk Factor/Public Health Intervention Violations				3				
Good Retail Practices Violations				6				
Requires Reinspection - check box if you intend to reinspect								
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.								





Risk Category: <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>10/2/24</b>																																																																																																																																																																																																																																																																																																																																
Establishment <b>Stop and Shop No. 689</b>	 <p>Connecticut Department of Public Health</p>	Time In <b>1:00</b> AM/PM <input checked="" type="radio"/> Time Out <b>2:30</b> AM/PM <input checked="" type="radio"/>																																																																																																																																																																																																																																																																																																																															
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Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op																																																																																																																																																																																																																																																																																																																															
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prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>								<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"/>	<b>Highly Susceptible Population</b>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; 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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"/>																																																																																																																																																																																																																																																																																																																										
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<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"/>																																																																																																																																																																																																																																																																																																																										
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<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"/>																																																																																																																																																																																																																																																																																																																										
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<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"/>																																																																																																																																																																																																																																																																																																																										
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<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"/>																																																																																																																																																																																																																																																																																																																										
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<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"/>																																																																																																																																																																																																																																																																																																																										
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Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
<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%; 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cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><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 checked="" 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 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 checked="" 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 checked="" 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																																																																																																																		
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<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"/>																																																																																																																																																																																																																																																																																																																											
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<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 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 checked="" 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"/>																																																																																																																																																																																																																																																																																																																													
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<input checked="" 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"/>																																																																																																																																																																																																																																																																																																																													
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Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																																																																																																																																																																	
Person in Charge (Signature) <b>Lana Freeman</b> Date <b>10/9/24</b>	Violations documented																																																																																																																																																																																																																																																																																																																																
Person in Charge (Printed) <b>Lana Freeman</b>	Date corrections due	#																																																																																																																																																																																																																																																																																																																															
Inspector (Signature) <b>Katelynn Person</b> Date <b>10/9/24</b>	Priority Item Violations	= 0																																																																																																																																																																																																																																																																																																																															
Inspector (Printed) <b>Katelynn Person</b>	Priority Foundation Item Violations	= 0																																																																																																																																																																																																																																																																																																																															
	Core Item Violations	= 1-2-25 3																																																																																																																																																																																																																																																																																																																															
	Risk Factor/Public Health Intervention Violations	= 0																																																																																																																																																																																																																																																																																																																															
	Repeat Risk Factor/Public Health Intervention Violations	= 0																																																																																																																																																																																																																																																																																																																															
	Good Retail Practices Violations	= 5																																																																																																																																																																																																																																																																																																																															
	Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																																																

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/9/24

Establishment Stop & shop Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot Bar Chicken	135F	Deli WIC Cheese	38F	Customer BR Sink	85F
Mac & cheese	140F	Seafood display cooler		Hand sink Hot Bar	95F
Hot Bar WIC Chicken	35F	Scallops	38F	Deli 3 bay quat	400ppm
Deli Cheese cooler cheese	41F	Salmon	39F	Bakery 3 bay quat	400ppm
Ham	37F	Shrimp	39F		
Salami	38F	Seafood 3 door RIC			
Cheese	40F	Salmon	36F		
Deli WIC Hotdog	40F	Seafood Salad	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 Code of Ordinances.

Item Number	Description
	Tara CFPM on site
49c	meat room fan covers unclean
49c	Dairy WIC Fan covers unclean
55c	lower wall damaged in dairy WIC
49c	Bakery ceiling tiles unclean
55c	Bakery ceiling tiles above dish machine damaged
Note	Reviewed shellfish tags
Note	Discussed cooling procedure for chicken.
Note	Discussed not putting dented cans on sale rack.
Note	Meat now comes pre-packaged, not prepared on site
Note	PIC knowledgeable on food safety
Note	Good glove use & handwashing observed
Note	Pest control twice a week



Person in Charge (Signature) Tana Freeman Date 10/9/24  
 Inspector (Signature) Kaddyn Per Date 10/9/24

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>10/28/24</b>
Establishment <b>Subway</b>		Time In <b>4:00</b> AM/PM Time Out <b>5:00</b> AM/PM
Address <b>199 Spencer St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>ADHEESH PRABHAKAR</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>															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Person/Alternate Person in charge present, demonstrates knowledge and performs duties					16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	C	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
				Certified Food Protection Manager for Classes 2, 3, & 4					<b>Time/Temperature Control for Safety</b>						
<b>Employee Health</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	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					19	<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"/>	4	P	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
				Proper use of restriction and exclusion					21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
				Written procedures for responding to vomiting and diarrheal events					23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>															
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	P/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"/>	
				Proper eating, tasting, drinking, or tobacco products use					<b>Consumer Advisory</b>						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	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"/>	
				No discharge from eyes, nose, and mouth					<b>Highly Susceptible Population</b>						
<b>Preventing Contamination by Hands</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Hands clean and properly washed					<b>Food/Color Additives and Toxic Substances</b>						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed					28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Adequate handwashing sinks, properly supplied/accessible					<b>Conformance with Approved Procedures</b>						
<b>Approved Source</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Food obtained from approved source											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Food received at proper temperature											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Food in good condition, safe, and unadulterated											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Required records available: molluscan shellfish identification, parasite destruction											

GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O		V	COS	R	OUT	V	COS	R					
<b>Safe Food and Water</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Proper Use of Utensils</b>							
				Pasteurized eggs used where required					43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Water and ice from approved source					45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	Pf	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
				Variance obtained for specialized processing methods					<b>Utensils and Equipment</b>						
<b>Food Temperature Control</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Proper cooling methods used; adequate equipment for temperature control					48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34	Pf	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
				Plant food properly cooked for hot holding					<b>Physical Facilities</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	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"/>	
				Approved thawing methods used					51	<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"/>	36	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"/>	
				Thermometers provided and accurate					53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37	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"/>	
				Food properly labeled; original container					55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
				Insects, rodents, and animals not present											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
				Contamination prevented during food preparation, storage & display											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
				Personal cleanliness											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41	C	<input type="checkbox"/>	<input type="checkbox"/>								
				Wiping cloths: properly used and stored											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
				Washing fruits and vegetables											

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

Person in Charge (Signature) <i>[Signature]</i>	Date <b>10/28/2024</b>
Person in Charge (Printed)	
Inspector (Signature) <i>[Signature]</i>	Date <b>10/28/24</b>
Inspector (Printed) <b>JOSE RAMIREZ</b>	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		<b>8</b>
Core Item Violations	<b>1-28-25</b>	<b>1</b>
Risk Factor/Public Health Intervention Violations		<b>0</b>
Repeat Risk Factor/Public Health Intervention Violations		<b>0</b>
Good Retail Practices Violations		<b>1</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.



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>10/8/24</u>	
Establishment <u>Subway - Hartford rd.</u>	Time In <u>10:30</u> (AM/PM) Time Out <u>11:30</u> (AM/PM)	
Address <u>443 Hartford Rd.</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Nicey Jackson Linden</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 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									
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
Employee Health				Time/Temperature Control for Safety									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				18 Proper cooking time and temperatures									
4 Proper use of restriction and exclusion				19 reheating procedures for hot holding									
5 Written procedures for responding to vomiting and diarrheal events				20 Proper cooling time and temperatures									
				21 Proper hot holding temperatures									
				22 Proper cold holding temperatures									
				23 Proper date marking and disposition									
				24 Time as a public health control: procedures and records									
Good Hygienic Practices				Consumer Advisory									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use				25 Consumer advisory provided: raw/undercooked food									
7 No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands				Highly Susceptible Population									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed				26 Pasteurized foods used; prohibited foods not offered									
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessible				27 Food additives: approved and properly used									
Approved Source				Food/Color Additives and Toxic Substances									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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									
12 Food received at proper temperature													
13 Food in good condition, safe, and unadulterated													
14 Required records available: molluscan shellfish identification, parasite destruction													

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) <u>Nicey Jackson Linden</u>	Date <u>10/8/24</u>
Person in Charge (Printed) <u>Nicey</u>	
Inspector (Signature) <u>Katelyn Person</u>	Date <u>10/1/24</u>
Inspector (Printed) <u>Katelyn Person</u>	

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	<u>10/18/24</u>	2
Core Item Violations	<u>1/8/25</u>	5
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		5
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 10/8/24

Establishment Subway Hartford Rd. Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Front- tomatoes	41F	potato soup	153F	handsink up front	107F
turkey	40F	reheated meatballs	165F	3-bay hot	115F
chicken salad	36F			3-bay sanitizer	400ppm
egg	39F			customer bathroom	100F
WIC roast beef	39F				
ham	40F				
salami	40F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Nicey CFPM on site
10PF	no papertowels @ handsink on front line.
49C	interior of handsink on front line not clean, generally
16PF	interior of microwave not clean
49C	shelving and vent cover in WIC not clean
49C	walls behind 3-bay unclean
49C	WIF floor unclean
49C	interior of cabinet under soda machine unclean


- Note: No ill food workers
- Note: Discussed reheating of meatball temp. PIC knowledgeable
- Note: Discussed w/ PIC to remove unused equipment
- Note: UIC cooler under microwave not in use. Keep it clean.
- Note: thermometer and test strips available
- Note: Discussed ceiling tiles w/ PIC. must be cleanable.

Person in Charge (Signature) Nicky Jank - Jen

Date 10/8/24

Inspector (Signature) Katelyn Perma

Date 10/8/24

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>10/10/24</u>										
Establishment <u>The Firestone</u>				Time In <u>9:45</u> AM/PM		Time Out <u>10:30</u> AM/PM								
Address <u>1115 Main St</u>				LHD <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op								
Town/City <u>Manchester</u>				Reinspection		Other								
Permit Holder <u>Sophia</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														
<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"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected					P/C	<input type="checkbox"/>	
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"/>			<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized					P/Pf/C	<input type="checkbox"/>	
<b>Employee Health</b>														
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food					P	<input type="checkbox"/>	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<b>Time/Temperature Control for Safety</b>							
Proper use of restriction and exclusion							18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	Proper cooking time and temperatures					P/Pf/C	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events							19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
<b>Good Hygienic Practices</b>														
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>	Proper reheating procedures for hot holding					P	<input type="checkbox"/>	
Proper eating, tasting, drinking, or tobacco products use							20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	Proper cooling time and temperatures					P	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth							21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
<b>Preventing Contamination by Hands</b>														
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Proper hot holding temperatures					P	<input type="checkbox"/>	
Hands clean and properly washed							22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Proper cold holding temperatures					P	<input type="checkbox"/>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Proper date marking and disposition					P/Pf	<input type="checkbox"/>	
Adequate handwashing sinks, properly supplied/accessibile							24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>Approved Source</b>														
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Time as a public health control: procedures and records <u>discussed</u>					P/Pf/C	<input type="checkbox"/>	
Food obtained from approved source							<b>Consumer Advisory</b>							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
Food received at proper temperature							Consumer advisory provided: raw/undercooked food					Pf	<input type="checkbox"/>	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	<b>Highly Susceptible Population</b>							
Food in good condition, safe, and unadulterated							26	<input checked="" type="checkbox"/>	<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"/>	Pasteurized foods used; prohibited foods not offered					P/C	<input type="checkbox"/>	
Required records available: molluscan shellfish identification, parasite destruction							<b>Food/Color Additives and Toxic Substances</b>							
<b>GOOD RETAIL PRACTICES</b>														
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>														
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R					
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	<b>Proper Use of Utensils</b>							
Pasteurized eggs used where required							43	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	In-use utensils: properly stored					C	<input type="checkbox"/>	
Water and ice from approved source							44	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled					Pf/C	<input type="checkbox"/>	
Variance obtained for specialized processing methods							45	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
<b>Food Temperature Control</b>														
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used					P/C	<input type="checkbox"/>	
Proper cooling methods used; adequate equipment for temperature control							46	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	<b>Utensils and Equipment</b>							
Plant food properly cooked for hot holding							47	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used					P/Pf/C	<input type="checkbox"/>	
Approved thawing methods used							48	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					Pf/C	<input type="checkbox"/>	
Thermometers provided and accurate							49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
<b>Food Identification</b>														
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Non-food contact surfaces clean					C	<input type="checkbox"/>	
Food properly labeled; original container							<b>Physical Facilities</b>							
<b>Prevention of Food Contamination</b>														
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
Insects, rodents, and animals not present							Hot and cold water available; adequate pressure					Pf	<input type="checkbox"/>	
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display							Plumbing installed; proper backflow devices					P/Pf/C	<input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
Personal cleanliness							Sewage and waste water properly disposed					P/Pf/C	<input type="checkbox"/>	
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
Wiping cloths: properly used and stored							Toilet facilities: properly constructed, supplied, & clean					Pf/C	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	
Washing fruits and vegetables							Garbage and refuse properly disposed; facilities maintained					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>10/10/24</u>				Violations documented				Date corrections due		#				
Person in Charge (Printed) <u>SOPHIA DZIALO</u>				Priority Item Violations				<u>10/20/2024</u>		<u>1</u>				
Inspector (Signature) <u>[Signature]</u> Date <u>10/10/24</u>				Priority Foundation Item Violations				<u>11/20/2025</u>		<u>4</u>				
Inspector (Printed) <u>Lauren Grandy</u>				Core Item Violations						<u>1</u>				
				Risk Factor/Public Health Intervention Violations						<u>1</u>				
				Repeat Risk Factor/Public Health Intervention Violations						<u>4</u>				
				Good Retail Practices Violations						<u>4</u>				
				Requires Reinspection - check box if you intend to reinspect										
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.														



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/10/2024

Establishment The Firestone

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
3 door bay Marie		undercounter	38°F	handwash sink	129°F
Tomato	41°F	almond milk	39°F	dump sink	110°F
cheese sliced	41°F				
goat cheese	40°F	True Freezer	-6°F	handwash prep area	127°F
		True refrigerator	36°F		
standing 2 door	36°F	butter	40°F	restroom hw	101°F
yogurt	40°F	cheese	41°F		
				3 handquat	200-400 ppm

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Sophia on site
16PF	interior of convection oven not clean
41c	Towel placed under container of bacon in bay Marie / undercounter
37c	squeeze bottles in 3 door bay Marie not labeled
note*	thermometers available / each unit has own thermometer
54c	brooms / cleaning equipment stored on floor outside prep kitchen
note	good glove use observed by staff
note	good handwashing observed by staff
49c	Fan cover not clean of fan in prep area
note	no activity at time of visit - prep only
note	test strips available
	overall great inspection; very clean + organized!
	discussed date marking
	discussed time as public health control for butter
	email lgrandy@manchestertx.gov with corrective actions to above violations

Person in Charge (Signature) [Signature]

Date 10/10/24

Inspector (Signature) L. Grandy

Date 10/10/2024

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 10-3-24

Establishment The Gathering Time In \_\_\_\_\_ AM/PM Time Out \_\_\_\_\_ AM/PM

Address 471 Hartford Rd LHD Manchester

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

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



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

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

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

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

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper 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	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	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"/>	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 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 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"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	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"/>	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"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) [Signature] Date 10-3-24

Person in Charge (Printed) Mike Zime

Inspector (Signature) Denise Payne Date 10-3-24

Inspector (Printed) Denise Payne

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

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

*\*see page 2 for follow-up response.*

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10-3-24

Establishment The Gathering

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cheese	37F	No Hot Holding		Hot Water	131F
Tomato Diced	40F				
onion pepper mix	38F			Chlorine bucket	100ppm
Sausage	37F				
Hash	41F*			Dish Machine	50-100ppm
Cheese	37F				
Cream cheese	36F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
	CFPM on site
55C	Floors under cookline + btwn equipment unclear. at wall Discussed installing casters, quick disconnect and a tether on some equipment for ease of cleaning.
~	Discussed egg cartons used on top of cold prep - pot cross-contamin
~	Discussed various labels for containers where they don't adhere to bottle.
47C	Walk-in Cooler gasket not secure.
-	Frost on Freezer chest - time to defrost
*	Time vs Temp Requires a written process. - Butter, pancake mix etc.
*	Reviewed multiple locations for mop sink - provide sketch of location and finishes, include spec of sink

Person in Charge (Signature) [Signature]

Date 10-3-24

Inspector (Signature) Denise Payne

Date 10-3-24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of _____																																
Establishment type: Permanent Temporary Mobile Other _____		Date: <b>9/18/24</b>																																
Establishment <b>Three Amigos</b>		Time In <b>2</b> AM/PM Time Out _____ AM/PM																																
Address <b>298 Middle Pic West</b>		LHD <b>Manchester</b>																																
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op _____																																
Permit Holder _____		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	<b>Supervision</b>	V COS R																																
IN OUT N/A N/O	<b>Protection from Contamination</b>	V COS R																																
1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
<b>Employee Health</b>																																		
3	<input type="checkbox"/> <input type="checkbox"/> Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
4	<input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
5	<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"/>																																
<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"/> <input type="checkbox"/> <input type="checkbox"/>																																
7	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
<b>Preventing Contamination by Hands</b>																																		
8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hands clean and properly washed	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
10	<input 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"/>																																
<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"/> <input type="checkbox"/> <input type="checkbox"/>																																
12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
13	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
<b>GOOD RETAIL PRACTICES</b>																																		
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Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																		
OUT N/A N/O	<b>Safe Food and Water</b>	V COS R																																
OUT N/A N/O	<b>Proper Use of Utensils</b>	V COS R																																
30	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
31	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water and ice from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
32	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Variance obtained for specialized processing methods	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
<b>Food Temperature Control</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"/> <input type="checkbox"/>																																
34	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
35	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Approved thawing methods used	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
36	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thermometers provided and accurate	P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
<b>Food Identification</b>																																		
37	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
<b>Prevention of Food Contamination</b>																																		
38	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, and animals not present	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
39	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
40	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
41	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used and stored	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
42	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washing fruits and vegetables	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																		
Person in Charge (Signature) <b>Josiah N.</b> Date <b>18/9/24</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>Violations documented</b></td> <td style="text-align: center;"><b>Date corrections due</b></td> <td style="text-align: center;"><b>#</b></td> </tr> <tr> <td>Priority Item Violations</td> <td></td> <td></td> <td style="text-align: center;"><b>0</b></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td><b>1 today</b></td> <td></td> <td style="text-align: center;"><b>2</b></td> </tr> <tr> <td>Core Item Violations</td> <td></td> <td></td> <td style="text-align: center;"><b>0</b></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> <td style="text-align: center;"><b>0</b></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> <td style="text-align: center;"><b>0</b></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td></td> <td style="text-align: center;"><b>9</b></td> </tr> <tr> <td colspan="4">Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/></td> </tr> </table>	<b>Violations documented</b>		<b>Date corrections due</b>	<b>#</b>	Priority Item Violations			<b>0</b>	Priority Foundation Item Violations	<b>1 today</b>		<b>2</b>	Core Item Violations			<b>0</b>	Risk Factor/Public Health Intervention Violations			<b>0</b>	Repeat Risk Factor/Public Health Intervention Violations			<b>0</b>	Good Retail Practices Violations			<b>9</b>	Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>			
<b>Violations documented</b>			<b>Date corrections due</b>	<b>#</b>																														
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Priority Foundation Item Violations	<b>1 today</b>			<b>2</b>																														
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Person in Charge (Printed) _____																																		
Inspector (Signature) <b>Denise Payne</b> Date <b>9/18/24</b>																																		
Inspector (Printed) <b>Denise</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.																																		

PF - 10/10/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/18/24

Establishment Three Amigos Town Manchester

~~PF~~ 10-10-24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Pico de gallo	41F	Chicken	159F	Hot water	156F *
Shredded Cheese "just prepped"	41F	Taco meat	185F		
		Rice	174F		
Diced Tomato	38F			Chlorine bucket	100ppm
Guacamole	38F			Restroom Hot water	85F
Green Verde	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.

- ✓ 51PF Hood system clean - 4/29/24 ✓ - immediately
- ✓ 51PF Drip from WIC Condenser → remove Anything from beneath it → if box is wet discard Service call needed
- Addressed 3 days after insp. → Co. said drip is normal. Owner to call Another Co. if product wet discard
- ✓ 23PF No date marking - reviewed previously ✓ \* Date incorrect Sept Not Oct. Discussed Disc date
- Next inspection → food will be discarded if not labelled
- 55C Cove base in restroom not secured properly
- 38C Gnats/drainflies present. → exterminator Required
- 55C Floor tiles missing under prep sink.
- 36c No Visible thermometer in Cooler
- 49c Carts in dry storage unclean
- 44c Scoop handles in product
- 44c Knife stored in wall storage unclean
- ✓ \* No Allergen statement posted. Jnlgio 12@gmail.com emailed 10/1/24 (5/8/24 org email)

Discussed labels Required on Individ. Resale ice cream / Desserts  
CFPM w/ Certificate this day

Person in Charge (Signature) <u>Jesus N.</u>	Date <u>9/18/24</u>
Inspector (Signature) <u>Jenise Payne</u>	Date <u>9/18/24</u>

Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>10/16/24</u>	
Establishment <u>Touchpoints</u>	Time In <u>3:30</u> AM/PM Time Out <u>5:00</u> AM/PM	
Address <u>333 Bidwell St.</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Sean Markham</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							
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>							
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected													
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>							
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized													
<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							17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>							
							<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>Time/Temperature Control for Safety</b> 18 Proper cooking time and temperatures P/Pf/C 19 Proper reheating procedures for hot holding P 20 Proper cooling time and temperatures P 21 Proper hot holding temperatures P 22 Proper cold holding temperatures P 23 Proper date marking and disposition P/Pf						
							<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/accessible Pf/C							24 Time as a public health control: procedures and records P/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>Consumer Advisory</b> 25 Consumer advisory provided; raw/undercooked food Pf <b>Highly Susceptible Population</b> 26 Pasteurized foods used; prohibited foods not offered P/C						
							<b>Good Retail Practices</b> 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/Color Additives and Toxic Substances</b> 27 Food additives: approved and properly used P 28 Toxic substances properly identified, stored & used P/Pf/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							<b>Conformance with Approved Procedures</b> 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				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>			
Pasteurized eggs used where required							In-use utensils: properly stored						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>			
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>			
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used						
<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							46 Gloves used properly C						
							<b>Utensils and Equipment</b> 47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C 48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C 49 Non-food contact surfaces clean C						
							<b>Physical Facilities</b> 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) <u>S. Markham</u>	Date <u>10-16-24</u>
Person in Charge (Printed) <u>Sean Markham</u>	
Inspector (Signature) <u>Jose Ramirez</u>	Date <u>10/16/24</u>
Inspector (Printed) <u>Jose Ramirez</u>	

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

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



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

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





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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 10/31/24  
 Establishment Urban Lodge Brewery Time In 12:00 AM/PM Time Out 1:00 AM/PM  
 Address 47 Purnell Place LHD Manchester  
 Town/City Manchester Purpose of Inspection: Routine Pre-op  
 Permit Holder Michael Gerrity 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

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

Person in Charge (Signature) [Signature] Date 10/31/24  
 Person in Charge (Printed) Kayla Boyce  
 Inspector (Signature) [Signature] Date 10/31/24  
 Inspector (Printed) Kate Lynn Person

Violations documented	Date corrections due	#
Priority Item Violations	<u>4/3/24</u>	<u>2</u>
Priority Foundation Item Violations	<u>11/9/24</u>	<u>2</u>
Core Item Violations	<u>1/31/25</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		<u>3</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>2</u>

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 10/31/24

Establishment Urban Lodge Brewery Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Keg WIC chili	40°F			quat sanitizer	
potatoes	40°F			↳ spray bottle	500ppm
				private bar hand sink	76°F
				main bar hand sink	87°F
				customer bathrooms	69°F
				re tested spray quat	400ppm

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	PIC - Kayla
28 P	quat sanitizer bottle too strong, corrected on site → 400ppm
10 C	no handwash sign at private bar or main bar / bathrooms
48 PF	no test strips available for dishmachine. (chlorine)
10 PF	no paper towels at main bar
50 P	hot water in customer bathrooms 69°F. minimum temp of 85°F required. Max of 115°F in public restrooms.
36 PF	no thermometer available.

Note: Storing food products for Urban Lodge Kitchen @ Brewery.  
 ↳ follow up w/ owner to have all food stored @ urban lodge kitchen.

Note: Discussed dedicat<sup>ing</sup> one sink in main bar for hands and one for dumping. Add signage accordingly.

Note: dishmachine @ main bar out of service at time of visit. Using plastic cups in meantime.

Note: no food sold at all on brewery side.

Note: email [Kperson@manchesterct.gov](mailto:Kperson@manchesterct.gov) w/ corrective action

Person in Charge (Signature) Kayla Dwyer

Date 10/31/24

Inspector (Signature) Kathryn Person

Date 10/31/24

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>10/31/24</b>
Establishment <b>Urban Lodge Kitchen</b>		Time In <b>1:00</b> AM/PM <b>PM</b> Time Out <b>2:00</b> AM/PM <b>PM</b>
Address <b>43 Purnell place</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Michael Gerrity</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 type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				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 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"/>					25 Consumer advisory provided: raw/undercooked food				Pf		
6 Proper eating, tasting, drinking, or tobacco products use				P/C			Highly Susceptible Population						
7 No discharge from eyes, nose, and mouth				C			26 Pasteurized foods used; prohibited foods not offered				P/C		
							Food/Color Additives and Toxic Substances						
							27 Food additives: approved and properly used				P		
							28 Toxic substances properly identified, stored & used				P/Pf/C		
							Conformance with Approved Procedures						
							29 Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C		

**GOOD RETAIL PRACTICES**

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

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

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				P/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 type="checkbox"/>	<input 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					
						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) *Kayla Doyle* Date **10/31/24**

Person in Charge (Printed) **Kayla Doyle**

Inspector (Signature) *Katelyn Person* Date **10/31/24**

Inspector (Printed) **Katelyn Person**

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations		1
Core Item Violations		3
Risk Factor/Public Health Intervention Violations		2
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: **3** Food Establishment Inspection Report Page 1 of **2**

Establishment type: **Permanent** Temporary Mobile Other \_\_\_\_\_ Date: **10/3/24**

Establishment **Walmart 1891** Time In **12:00** AM/PM Time Out **1:30** AM/PM

Address **420 Buckland Hills drive** LHD **Manchester**

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

Permit Holder **John Scanzillo** Reinspection Other \_\_\_\_\_



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

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>									
<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/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>				<b>Physical Facilities</b>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) *Tania Horne* Date **10/3/24**

Person in Charge (Printed) **Tania Horne**

Inspector (Signature) *Kathlyn Person* Date **10/3/24**

Inspector (Printed) **Kathlyn Person**

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<b>10-13-24</b>	1
Core Item Violations	<b>1-3-25</b>	4
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		4
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/3/24

Establishment Walmart

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot Bar Chicken	148F	Deli display Ham	40F	customer bathroom	85F
Chicken wing	140F	Deli W/C Cheese	40F	Deli Hand Sink	100F
Fried chicken	152F	Roast beef	38F	Deli 3 bay	130F
Rot. chicken	161F	gravity	38F	3 bay Quat Deli	400ppm
Deli display cooler		Deli W/F ambient	0F	Bakery 3 bay Quat	400ppm
turkey	40F	Bakery W/F ambient	0F	Produce 3 bay Quat	150ppm
Block cheese	37F				
Salami	39F	meat cooler rounds	37°F	milk W/C	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...
	Melissa CFPM on site
49C	Deli W/C Floor unclean / standing water
39C	Distressed merchandised not labeled in meat + deli department
10PF	No paper towels at hand sink by Fryers and Rot. ovens & Bakery
49C	Bakery W/F Fan covers unclean <span style="float: right;">↑ all hand sinks</span>
49C	Produce W/C Fan covers unclean
<p>Note: All departments had issues w/ papertowels. Papertowels must be in a dispenser and available at ALL handsinks.</p> <p>Note: All departments had issues w/ "claims" food for return credits. not being labeled or in a non-designated area.</p> <p>Note: No ill food workers. Discussed employee health policy w/ PIC</p> <p>Note: Discussed pest control. Eco-lab 1x a month. No issues observed</p> <p>Note: Hood over due for cleaning. Due 8/24 *</p> <p>Note: Test strips &amp; thermometer available</p>	
Person in Charge (Signature)	<u>Tania New</u> <span style="float: right;">Date <u>10/3/24</u></span>
Inspector (Signature)	<u>Katelyn Benson</u> <span style="float: right;">Date <u>10/3/24</u></span>



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>10/23/24</b>
Establishment <b>Wendy's</b>		Time In <b>1:00</b> AM/PM Time Out <b>2:20</b> AM/PM
Address <b>260 Broad St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Brian Ghosh</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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
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**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) *Brian Ghosh* Date **10.20.24**

Person in Charge (Printed) **Brian Ghosh**

Inspector (Signature) *Jose Ramirez* Date **10/23/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	<b>1-23-25</b>	1
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		

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





Risk Category: 4 **Food Establishment Inspection Report** Page 1 of 3

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 10/1/24

Establishment West Side Care Center Time In 11:00 AM/PM Time Out 12:30 AM/PM

Address 349 Bidwell St. LHD Manchester

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

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



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

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input 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						
2				Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	16				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
3				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	18				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4				Proper use of restriction and exclusion	P	<input type="checkbox"/>	19				P	<input type="checkbox"/>	<input type="checkbox"/>
5				Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	20				P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
6			<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	21				P	<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	22				P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>									
8			<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	23				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	24			<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10			<input checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>						
<b>Approved Source</b>				<b>Compliance with Approved Procedures</b>									
11			<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	27				P	<input type="checkbox"/>	<input type="checkbox"/>
12			<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	28			<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
13			<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>						
14			<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	29			<input checked="" 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"/>			P	<input type="checkbox"/>	<input type="checkbox"/>	43			<input type="checkbox"/>	
30			Pasteurized eggs used where required			44			Pf/C	
31			Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	45			P/C	
32			Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	46			C	
<b>Food Temperature Control</b>				<b>Utensils and Equipment</b>						
33			Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	47			P/Pf/C	
34			Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	48			Pf/C	
35			Approved thawing methods used	Pf/C	<input type="checkbox"/>	49			C	
36			Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<b>Physical Facilities</b>				
<b>Food Identification</b>				<b>Prevention of Food Contamination</b>						
37			Food properly labeled; original container	Pf/C	<input type="checkbox"/>	50			Pf	
38			Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	51			P/Pf/C	
39			Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	52			P/Pf/C	
40			Personal cleanliness	Pf/C	<input type="checkbox"/>	53			Pf/C	
41			Wiping cloths: properly used and stored	C	<input type="checkbox"/>	54			C	
42			Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	55			P/Pf/C	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				56						C

Person in Charge (Signature) \_\_\_\_\_ Date 10/01/2024

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

Inspector (Signature) Jose Ramirez Date 10/1/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	<u>10/4/24</u>	<u>2</u>
Priority Foundation Item Violations	<u>10/11/24</u>	<u>5</u>
Core Item Violations	<u>1/1/25</u>	<u>13</u>
Risk Factor/Public Health Intervention Violations		<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>16</u>
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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 10/1/24

Establishment west side Care Center Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot Hold rice	145F	2 door RIC chicken salad	41F	Hand Sink kitchen	100F
Broccoli	156F	Ham	38F	Quat Bucket	150ppm
WIF ambient	0F	raw egg	37F	3 bay	118F
WIC turkey	39F	milk Cooler milk	40F	Employee BR Sink	90F
Cheese	40F				
Salami	39F				
steak	46F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	Angela CFPM on site
39c/13P	Cans stored on floor in dry storage room. / dented cans not segregated
49c	Pest sticky trap stuck to wall by mop sink entrance
10PF	No paper towels at hand sink by ovens.
51C	3 bay faucet leaking
51C	3 bay leaking underneath
38PF	Snap trap under 3 bay sink
49c	Floor under 3 bay unclean
55C	Missing floor tile under 3 bay sink
51C	Hand sink by 3 bay leaking into bucket
47C	Steam table damaged / not cleanable / poor condition
49c	Walls unclean throughout
52C	WIF ice build up from pipe
49c	WIF Floors & shelves unclean
47C	WIC door release damaged
20P	Cooked steak in WIC cooked on 9/30/24 at 46F. <u>CO5</u> discarded
55C	Cove base tiles missing throughout
47PF	Juice Syrup station leaking syrup on to floor
28PF	unlabeled chemical spray bottle in mop sink room
38PF	Flies present by dish machine
Note	Test strips & thermometer available
Note	Dish machine down. Service scheduled for tomorrow. Using paper plates for now. kitchenwares manually washed in 3 bay.

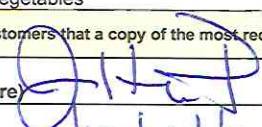
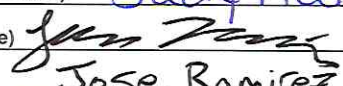
Person in Charge (Signature)

Date 10/01/2024

Inspector (Signature)

Date 10/1/24



Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>																																																																																																																																																																																																																																																																																																																															
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
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<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																																																																																																																																																																																																																																																																																																																																	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
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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; 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Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																																																																																																																																																																																																																																																																																																																																	



Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>10/22/24</b>
Establishment <b>Z Mart of Oakland</b>		Time In <b>11:00</b> <del>AM</del> <sup>PM</sup> Time Out <b>12:00</b> <del>AM</del> <sup>PM</sup>
Address <b>460 Oakland St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <b>Attia Adil</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected				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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				Pf	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food				P	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth				C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>		
<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible				P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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				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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly				C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input 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"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean				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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure				Pf	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored				C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained				C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used				C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f				C	<input type="checkbox"/>	<input type="checkbox"/>			

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

Person in Charge (Signature) <i>Attia Adil</i>	Date <b>10-22-24</b>
Person in Charge (Printed) <b>Attia Adil</b>	
Inspector (Signature) <i>Jose Ramirez</i>	Date <b>10/22/24</b>
Inspector (Printed) <b>Jose Ramirez</b>	

Violations documented	Date corrections due	#
Priority Item Violations	<b>10-25-24</b>	<b>4</b>
Priority Foundation Item Violations	<b>11-1-24</b>	<b>4</b>
Core Item Violations	<b>11-21-24</b>	<b>12</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.

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 10/22/24  
 Establishment Z mart of oakland Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIF ambient	0F			Hand sink by 3 bay	85F
Hot Hold Pizza	135F			Hand Sink bathroom	85F
Milk dispenser	39F				
WIC Cheese	40F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
49C	Interior of hand sink by 3 bay unclean
10PF	No soap or paper towels at hand sink by 3 bay
16PF	interior of ice machine unclean
49C	2 door RIF gaskets & interior unclean
55C	excess clutter by ice machine
49C	Floor under 3 bay unclean
55C	Cove base under 3 bay seperating from wall
44C	knives & cutting board stored on unclean shelf above 3 bay.
55C	holes in FRP around 3 bay sink & storage area
28PF	Gas can stored under 3 bay
49C	interior of cabinets under hot hold units unclean
16PF	Milk dispenser nozel unclean
45C	Coffee stirers not protected. coffee filters not protected
45P	Chemicals stored above to go cups by WIC
<del>16PF</del> 55C	Mop sink unclean, mop not hung, stagnant water in mop bucket
13P	Moldy pineapples in WIC
13P	open/expired milk stored/spilled on floor in WIC
15P	raw eggs stored over deli meats in WIC
49C/55C	WIC Floor unclean, cove base damaged/missing in WIC
Note	Empanadas & Hot dogs no longer served. only Pizza hot held. A 1 Brick oven Pizzas delivered daily
Person in Charge (Signature)	Date <u>10-22-24</u>
Inspector (Signature)	Date <u>10/22/24</u>









## Manchester Health Department

479 Main Street

Manchester, CT 06040

construction final

Establishment: Key Food Market	Date of Inspection: 10/1/24
produce:	
- wash, rinse, sanitize all equipment prior to use	
- produce sprinklers to be installed	
- peel off wrap on produce coolers	
- put up cover on bottom of cooler	
- For next inspection put on all coolers	
Dry storage shelving	
- Finish top of Dry shelving for all food shelves	
- Finish Mid aisle shelving	
- wash, rinse, sanitize prior to putting food product	
Frozen - peel the wrap off interior / exterior	
meat/seafood:	
- wash rinse sanitize all equipment	
- steel piece to be installed	
- Peel wrap of interior of equipment	
- 3 bay / handsink to seal to wall	
- cove base required behind meat/frozen area	
- handwash signage required at all handsinks	
Bathrooms	
- cove base required in restrooms	
- covered trash for feminine products	
- trash required in restrooms	
Initial (Inspector) L.G.	Initial (Person in Charge) B.L.



## Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment: Key Food	Date of Inspection: 10/1/24
Meat Room	
- all gaps get covered/filled in wic	
note* - Meat storage in 2nd room	
- discussed covering electrical with stainless steel cover	
dairy cooler	
- Fill gaps in wic	
- peel off wrap	
- Ther mometers required in all wic	
- washable ceiling tiles for produce prep	
- seal/caulk 3 bay hand sink for produce prep	
- Cove base for produce prep	
- handwash signage required	
Dry storage	
- Finish wood in hallway for dry storage	
- patch exposed wood	
Frozen	
- sand down foam in wic	
- patch gaps in wic	
- doorway to be finished per pic	
Initial (Inspector) L.G.	Initial (Person in Charge) R.S.



## Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment: Key Food	Date of Inspection: 10/1/2024
Kitchen:	
- seal behind prep / 3 bay / hand sink	
- cove base required by Front Cases	
- wash, rinse, sanitize all equipment prior to use	
- cove base required on wall by entry way	
- all equipment to be put in place for pre-op inspection - person in charge to email for pre-op inspection (24-48 hr before scheduling)	
- okay by Health Dept to order dry food for front grocery area only. Temp co to be provided	
- c.o. to be provided once compliant with health / Fire / building requirements	
- water permit@manchesterct.gov - reach out for F.O.G. / grease trap requirements	
- Full Food service application to be submitted to Manchester Health Dept w/ Fee.	
Initial (Inspector) L.G.	Initial (Person in Charge) BS

\*Final construction

# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 10/15/2024

Establishment PIAYA BOWIS

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
bluecain	-10F			hot water	103F
Sliding Freezer	-20F			3 bay hot water	116F
2 door undercounter	-8F				
Bay Maric	38F			quat sanitizer	200-400 ppm
3 door cooler	38F				
WIF	0F				

## OBSERVATIONS AND CORRECTIVE ACTIONS

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

- | Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code. |
|-------------|--|
|             | C.F.P.M.: Tucker Bartone   |
|             | - crate below 3 bay to be secured  |
| ✓           | - no thermometer in 4 drawer Freezer   |
| note*       | - Wash, rinse, sanitize all equipment prior to use   |
|             | - wood to be finished by front p.o.s. counter  |
|             | - wood to be finished on side across from bathroom   |
| note*       | - 2 door Freezer in back of house to be replaced with 2 door cold prep / refrigeration   |
|             | - no cove base in front of house   |
| ✓           | - no door barrier available  |
|             | - test strips available  |
|             | - shared trash/cardboard with crumbe for outdoor area  |
|             | - Brama to be used for pest control  |
|             | - First aid kit available / vomit/diarrhea kit available   |
|             | - discussed allergen statement - written at front of house on display frame / glass case   |
| *           | - Full Food Service application required - to be submitted to Health Department  |
|             | - date marking labels available  |
|             | - blender rinses on plan - discussed narrative for blender cleaning IF blender will not be installed   |
|             | - reach out to Fire/building for their requirements  |
|             | - reach out to Health dept for reinspection once above completed   |


Person in Charge (Signature)

Date 10/15/24

Inspector (Signature)

Date 10/15/2024

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>10/21/24</b>	
Establishment <b>KEY FOOD</b>	Time In <b>10</b> AM/PM Time Out <b>11</b> AM/PM	
Address <b>425 Broad Street</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: Routine <b>Pre-op</b>	
Permit Holder <b>JEFF PEREZ</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																											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>											
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety																					
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>											
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory																					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population																					
<b>allergen statements</b>						GOOD RETAIL PRACTICES						26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.												Food/Color Additives and Toxic Substances																					
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												27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures										
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils																					
32	<input checked="" 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"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment																					
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<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"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities																					
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Permit Holder shall notify customers that a copy of the most recent inspection report is available.												52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Person in Charge (Signature) <b>[Signature]</b>	Date <b>10-21-24</b>																																
Person in Charge (Printed) <b>BOLIVAA JIMENEZ</b>																																	
Inspector (Signature) <b>[Signature]</b>	Date <b>10/21/24</b>																																
Inspector (Printed) <b>Lauren Grandy</b>																																	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<b>10/31/24</b>	<b>1</b>
Core Item Violations	<b>11/21/25</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		

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 10/21/2024  
 Establishment Key Food supermarket Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
produce cooler @ - no food	52F	dairy w/c	40F	hot water - handsink	83F
standing freezer	8F	produce w/c	38F	3 bay	103F
standing freezer	10F	dairy/bakery	40F/47F	Bay Marie	34F
seafood cold prep	39F	↳ fixing temps		Bay Marie - kitchen	120F
seafood/fish	38F	deli meat	55F	w/c kitchen	36F
		deli refrigerator	39F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
9A	10/22 - drop off FSL
16PF	Wash, rinse, sanitize prior to stocking produce shelves
note	discussed lowering temp for coolers at produce
note*	sprinkler heads toward end of produce shelving
note*	Trays used for seafood cases
16PF	Clean interior of ice machine at seafood
10PF	3 bay at 103F - must be 110F - 120F ✓ (COS)
10PF	handsink at 83F - must be 85F - 90F (COS)
note	<del>mail</del> <sup>TEION</sup> pest control - monthly pest control
10PF	restroom hot water at 70F - 90-100F (COS)
49c	gasket of warmer not clean
16PF	interior of all units at kitchen not clean
16PF	knives in bay Marie not clean
note	every 3 months to clean hood professional
note	speed rack to be delivered for kitchen
14PF	allergen statement to be posted at all departments
note	thermometer and alcohol wipes
note	bleach/test strips available
note	each dept has CFPM - will be one on site
	email vomit/diarrhea kit procedures
	Food service license to be provided once above completed
	okay to open/operate 10/28 per health dept - <sup>conditional</sup> all other departments requirements completed

Person in Charge (Signature) [Signature] Date 10-21-24  
 Inspector (Signature) R. Brandy Date 10/21/24



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 10/23/2024  
 Establishment playa BOWLS Time In 10:45 AM/PM Time Out 11:30 AM/PM  
 Address 1540 D pleasant valley Rd. LHD Manchester  
 Town/City Manchester Purpose of Inspection: Routine Pre-op  
 Permit Holder Tucker Bartone Reinspection \_\_\_\_\_ Other \_\_\_\_\_



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

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

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

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

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input 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"/>	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"/>	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"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) [Signature] Date 10/23/24  
 Person in Charge (Printed) Tucker Bartone  
 Inspector (Signature) [Signature] Date 10/23/24  
 Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<u>11/23/2025</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.

\* pre-op

# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 10/23/2024

Establishment Playa Bowls

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
3 door reach in	35F	4 door reach in	35F	hot water - h.s.	103F
W/F	60F	2 door undercounter	35F	restroom hot water	87/88F
bay Marie	37F				
1 door Freezer	-10F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
	CFPM: Gauge - on site
note	Test strips for sanitizer available / Thermometer available
note	lids stored in container on shelf
	no handwashing signs at handsinks (COS)
note	allergen statement available at p.o.s.
36c	no alcohol wipes - will get them prior to opening
note	handsink / dump sink / wash sink installed
note	Full food service provided this day - okay by Health Dept to open Friday.
	very clean + organized
	good equipment / utensil storage

Person in Charge (Signature)

Date


10/23/24

Inspector (Signature)

Date

10/23/24

Risk Category: <u>4</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>9/24/24</u>
Establishment <u>Bright path</u>		Time In <u>11:00</u> AM/PM Time Out <u>11:30</u> AM/PM
Address <u>452 Tollard Tpke</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Jennifer</u>		Reinspection Other <u>Reinspection 10/1/24</u>




FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	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"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	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"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Conformance with Approved Procedures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES												
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.												
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation												
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Identification												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit Holder shall notify customers that a copy of the most recent inspection report is available.				<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Signature) <u>Alicia Weiss</u> Date <u>9/24/24</u>				<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person in Charge (Printed) <u>Alicia Weiss</u>				<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Signature) <u>L. Grandy</u> Date <u>9/24/24</u>				<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Printed) <u>Lauren Grandy</u>					Violations documented	Date corrections due	#		
										Priority Item Violations		
										Priority Foundation Item Violations	<u>9/27/24</u>	<u>1</u>
										Core Item Violations	<u>12/24/24</u>	<u>3</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>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>																																																																																																																																																
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>9/25/24</b>																																																																																																																																																
Establishment: <b>Cafe Aura</b>	 <p>Connecticut Department of Public Health</p>	Time In: <b>2:30</b> AM/PM Time Out: <b>4:00</b> AM/PM																																																																																																																																																
Address: <b>45 East Center Street</b>		LHD: <b>Manchester</b>																																																																																																																																																
Town/City: <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op																																																																																																																																																
Permit Holder: <b>Todd Stigliano</b>		Reinspection Other: <b>Reinspection 10/7/24</b>																																																																																																																																																
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reinspection: October 7, 2024

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/25/24

Establishment Cafe Aura

Town Manchester

### TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door - Feta	40F	undercounter - Fish	39F	prep sink	113F
Salami	40F	Bay Marie - cut tomato	39F	hot water	113F
		pasta	40F	restroom hot water	92F
Bay Marie tomato	41F	rice	39F	quat sanitizer	200-400ppm
2 door Freezer	-2F	wic		undercounter	
drawer - Tuna	32F	tomato (marinara)	41F	chase	41F
1 door - cheese	39F			wic basement	
watermelon	39F	me freezer	2F	strawberries	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: Nicola Maggioni
✓ 50 pf	hot water at Handsink by stairs not working - other handsinks available
✓ 15p	coffee filters not protected by coffee station
✓ 16p	can opener not clean (COS)
note	allergen statement to be emailed to Todd
✓ 37pf	granulars/squeeze bottles not labeled in bay Marie
✓ 47c	Mini Freezer being used - commercial NSF equivalent required
✓ 41c	dirty wiping cloths stored under Frying pans
✓ 16p	Cutting boards heavily gauged
✓ 49c	Floor under dish Machine not clean
✓ 44c	dish racks stored on floor
✓ 38pf	Fruit/drain flies by dish machine - pest control out tomorrow; email report
✓ 47c	Cardboard used as liner in downstairs dry storage
✓ 10pf	no paper towels in basement prep area handsink (COS)
✓ 55c	Floor under dish Machine damaged
✓ 55c	Tile cracked in wic in basement
✓ 48pf	Dish Machine in basement at 0 ppm - reach out to EcoLab for service - use upstairs dish Machine
note	cooling food products on speed rack in wic/wiF not operating at this time
note	overall clean + good storage of equipment utensils
note	new CFPM - to update records
note	no cooking/reheating at time of visit
Person in Charge (Signature)	<u>Todd Stiglich</u> Date <u>9/25/24</u>
Inspector (Signature)	<u>L. Brandy</u> Date <u>9/25/24</u>

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>9/24/24</b>	
Establishment: <b>Cajun Cafe + Grill</b>	Time In: <b>12:00 AM/PM</b> Time Out: <b>1:00 AM/PM</b>	
Address: <b>194 Buckland Hills Dr. #2062</b>	LHD: <b>Manchester</b>	
Town/City: <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder: <b>Alex</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 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									
				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
Employee Health				Time/Temperature Control for Safety									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				18 Proper cooking time and temperatures									
4 Proper use of restriction and exclusion				19 Proper reheating procedures for hot holding									
5 Written procedures for responding to vomiting and diarrheal events				20 Proper cooling time and temperatures									
				21 Proper hot holding temperatures									
				22 Proper cold holding temperatures									
				23 Proper date marking and disposition									
				24 Time as a public health control: procedures and records									
Good Hygienic Practices				Consumer Advisory									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use				25 Consumer advisory provided: raw/undercooked food									
7 No discharge from eyes, nose, and mouth													
Preventing Contamination by Hands				Highly Susceptible Population									
<input 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/C	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed				26 Pasteurized foods used; prohibited foods not offered									
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed													
10 Adequate handwashing sinks, properly supplied/accessible													
Approved Source				Food/Color Additives and Toxic Substances									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source				27 Food additives: approved and properly used									
12 Food received at proper temperature				28 Toxic substances properly identified, stored & used									
13 Food in good condition, safe, and unadulterated													
14 Required records available: molluscan shellfish identification, parasite destruction													
GOOD RETAIL PRACTICES													
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				
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30 Pasteurized eggs used where required				43 In-use utensils: properly stored									
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32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used									
				46 Gloves used properly									
Food Temperature Control				Utensils and Equipment									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
33 Proper cooling methods used; adequate equipment for temperature control				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used									
34 Plant food properly cooked for hot holding				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available									
35 Approved thawing methods used				49 Non-food contact surfaces clean									
36 Thermometers provided and accurate													
Food Identification				Physical Facilities									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
37 Food properly labeled; original container				50 Hot and cold water available; adequate pressure									
Prevention of Food Contamination				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
38 Insects, rodents, and animals not present				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									
				<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>Alex</i> Date <b>9/24/24</b>						Violations documented			Date corrections due				
Person in Charge (Printed) <b>Alex</b>						Priority Item Violations			9/27/24				
Inspector (Signature) <i>Katelynn Person</i> Date <b>9/24/24</b>						Priority Foundation Item Violations			10/4/24				
Inspector (Printed) <b>Katelynn Person</b>						Core Item Violations			12/24/24				
						Risk Factor/Public Health Intervention Violations			3				
						Repeat Risk Factor/Public Health Intervention Violations			3				
						Good Retail Practices Violations			12				
						Requires Reinspection - check box if you intend to reinspect			<input checked="" type="checkbox"/>				

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

reinspection 10/7/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/24/24

Establishment Cajun Cafe + Grill Town Manchester

Reinspection 10/7/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC pasta	41 F	cooked rice	190 F	handsink in back	90
cooked chicken	40 F	cooked chicken	202 F		
raw chicken	39 F	hot hold chicken	153 F	bleach sanitizer	100 ppm
prep table beef	39 F	" " rice	156 F		
egg roll	38 F	potato	135 F	WIC grilled chicken	40
		grilled chicken	135 F	breaded chicken	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	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Alex CFPM on site
41C	dirty wiping cloths / paper towels throughout
49C/47C	WIC floor not clean / not cleanable
49C	exterior of bins in WIC not clean
49C	Walls throughout not clean
23PF	improper date marking
45P	reuse of single use items. spoon used as salt scoop
37C	containers and squeeze bottles not labeled
49C	interior of prep table on cookline not clean
49C	exterior of equipment on cookline not clean
43C	container bin w/ soy sauce has container submerged (CES)
16PF	prep sink interior not clean
43C	rice scoop stored in stagnant water
16PF	soda machine ice bin interior and soda nozzles not clean
49C	floor under equipment on cookline not clean
	Floor and equipment on the cookline to be addressed w/ in 2 weeks from 10/7/24. Health Dept to follow up.
note:	good handwashing observed
	thermometer + alc. wipes available + test strips
	Discussed proper cooling. Ice used for noodles.
	Discussed maintaining cookline equipment for cleanliness.
	Discussed proper scoops for salt, flour, etc. must be cleanable.

Person in Charge (Signature)	Date <u>9/24/24</u>
Inspector (Signature)	Date <u>9/24/24</u>



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>10/21/24</b>
Establishment <b>Mocha Emporium</b>		Time In <b>12</b> AM/PM Time Out <b>12:30</b> AM/PM
Address <b>194 Buckingham Hills Dr. #2166</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Rahel</b>		Reinspection Other <b>Reinspection</b>



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
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IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records <b>discussed</b>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<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/Color Additives and Toxic Substances		<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"/>	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"/>	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	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature) <b>Rahel Tari</b> Date <b>10/21/24</b>		Violations documented		Date corrections due		#	
Person in Charge (Printed) <b>Rahel Tari</b>		Priority Item Violations		COS		2	
Inspector (Signature) <b>L. Grandy</b> Date <b>10/21/24</b>		Priority Foundation Item Violations		10/31/24		6	
Inspector (Printed) <b>Lauren Grandy</b>		Core Item Violations		11/21/25		1	
		Risk Factor/Public Health Intervention Violations				5	
		Repeat Risk Factor/Public Health Intervention Violations				1	
		Good Retail Practices Violations				4	
		Requires Reinspection - check box if you intend to reinspect				<input checked="" type="checkbox"/>	

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

reinspection 10/22/24

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 10/21/2024  
 Establishment Mocha Emporium Town Manchester reinspection 10/22/24

### TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Bay Marie		True refrigerator	38°F	hot water back h.s.	109°F
sausage	41°F / 39°F	butter	40°F	hot water front	110°F
cooked egg	40°F / 30°F				
bacon	41°F	True Freezer	-8°F		
Cantaloupe	40°F			bleach sanitizer	50-100 ppm
Butter @ room temp	60°F	not holding	135		
↳ voluntarily discarded		sausage egg cheese	118°F		50-100 ppm
		↳ voluntarily discarded			

### 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.

- ✓ **CFPM: Rachel**
- ✓ **10 pF** handwash sink not accessible in back of house (LOS)
- note discussed time as public health control for butter - Must be date / time stamped with time used or kept under refrigeration. Butter cant be out for more than 2 hours.
- ✓ **22 p** Butter discarded voluntarily at time of visit @ 60°F - refrigerated at 40°F
- ✓ **44 pF** containers stacked in bay Marie - Must be one layer to allow proper air flow in unit
- ✓ **52 c** dirty stagnant water in mop bucket
- ✓ **16 pF** interior of ice machine not clean
- ✓ **21 p** sausage, egg, cheese at 118°F in warmer - voluntarily discarded - warmer 135°F for sausage, egg, cheese ✓
- ✓ **10 pF** no paper towels in dispenser - on side temporarily
- ✓ **\* 36 pF** no thermometer (thin probe) on site
- ✓ **48 pF** bleach sanitizer < 200 ppm - corrected on site to 50-100 ppm
- note test strips available on site bleach 50-100 ppm
- overall clean + organized
- good equipment storage
- discussed date marking

Person in Charge (Signature) Rachel Tanila Date 10/21/24  
 Inspector (Signature) L. Henny Date 10/21/24

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>9/11/24</b>																																																																																																			
Establishment <b>TGI Fridays</b>				Time In <b>11:15</b> AM/PM		Time Out <b>12:30</b> AM/PM																																																																																																	
Address <b>209 Hale Rd</b>				LHD <b>Manchester</b>																																																																																																			
Town/City <b>Manchester</b>				Purpose of Inspection: <b>Routine</b> Pre-op																																																																																																			
Permit Holder <b>CFPM: Jeremy</b>				Reinspection <b>Other reinspection 9/23/24</b> <b>reinspection 10/11/24</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																																																																																																							
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Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																																																																																																							

reinspection: 9/21/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/11/24

Establishment TGI Fridays

Town Manchester

10/1/24

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
pico	40F	Marinara reheat	183F	hot water h.s	90F
cut tomato	41F	Chicken wing	39F		
chimi curri	39F	chicken raw	39F	hot water bar	110F
Salsa (Mango)	40F	salmon	41F	h.s	
rice	40F	chicken nugget	41F		
ribs	40F			hot water 3 bay	112F
Sliced tomato	41F	Tuna	39F	chicken wing	38F
		rice	39F	tomato cookline	40F
				raw 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.

CFPM: Jeremy / Ryan - new CFPM / Manager

- ✓ 16pF interior 2 door cooler rusted shelves / not clean ✓  
↳ bottom not in use at this time ✓
- ✓ 16pF interior/exterior of microwave not clean ✓
- ✓ 49c gasket of ice cream lid not clean ✓
- ✓ 45p single service to go container used as scoop in basil pesto (drawer) @s
- note\* date marking discussed for individually packed condiments
- ✓ 49c exterior handles of cookline equipment not clean ✓
- ✓ 5bc light shields / shatterproof lights not clean
- ✓ 49c bun rack not clean (exterior) ✓
- ✓ 16pF ~~bread~~ bun toaster not clean ✓
- ✓ 16pF interior of idoor continental (end) not clean ✓
- ✓ 49c Floors under cookline equipment not clean ✓
- ✓ 49c walls behind cookline equipment not clean ✓
- ✓ 49c Floor drains along cookline not clean
- ✓ 55c ceiling tile above Fried Food Station damaged
- ✓ 16pF salamander shelf not clean - shelving to be cleaned as of 10/1/24
- ✓ 49c shelving throughout cookline not clean
- ✓ 49c mop sink not clean
- ✓ 16pF cart by wic not clean - still needs to be cleaned as of 10/1/24
- ✓ 48c nozzles of 3 bay sink not clean - still needs to be cleaned as of 10/1/24
- ✓ 55c Floor tiles cracked on cookline - corrected ✓
- ✓ 49c Floor in Beer cooler not clean

Person in Charge (Signature) \_\_\_\_\_

Date 9/11/24

Inspector (Signature) R. Brandy

Date 9/11/24

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 9/11/24  
 Establishment TGI Fridays Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC	39F	cookline			
chicken wing	39F	chicken wings	40F		
Ribs	39F	popcorn chicken	41F		
		tomatoes cut	40F		
WIF	0F	ribs	41F		
		pico de gallo	41F		
dish machine	50-100 ppm	raw chicken	41F		
		marinara hot	185F		

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
✓ 15p	raw seafood above guava puree in wif
49c	Floor in wif not clean - still needs to be clean as of 10/1/24
✓ 49c	shelving in dry storage not clean
51c	Faucet in womens staff restroom leaking - to be repaired/replaced as of 10/1/24
✓ 10pF	no soap/paper towels at bar handsink (COS)
47c	soda gun in corner; shelving damaged - Tape like material; discussed FRP/stainless steel as permanent solution as of 10/1/24
	pest control report ✓
	↳ discussed increasing cleaning of drains, under equipment
	no ill employees
	no cooling at time of visit
	no activity at time of visit
	Thin probe thermometer/alcohol wipes available
	STEVEN - CFPM on site; jeremy no longer w/ <del>TGI</del> TGI Fridays.
	CFPM to be replaced.
	steven.gonzalez1505@gmail.com
	copy of inspection report to be emailed to above. Reinspection scheduled for 9/30/24.
	10/1/24 - Ryan (CFPM on site/new manager on duty)

Person in Charge (Signature)

Date 9/11/24

Inspector (Signature)

*[Handwritten Signature]*

Date 9/11/2024

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>																																																																																																																																																																																																																																																																																																																															
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Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																																																																																																																																																																																																																																																																																																																																	
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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> <th colspan="8" style="text-align: center;">Time/Temperature Control for Safety</th> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>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>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cold holding temperatures</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper date marking and disposition</td><td>P/Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input 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> <th colspan="8" style="text-align: center;">Consumer Advisory</th> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Consumer advisory provided: raw/undercooked food</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <th colspan="8" style="text-align: center;">Highly Susceptible Population</th> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized foods used; prohibited foods not offered</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <th colspan="8" style="text-align: center;">Food/Color Additives and Toxic Substances</th> </tr> <tr> <td><input 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> <th colspan="8" style="text-align: center;">Conformance with Approved Procedures</th> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Compliance with variance/specialized process/ROP criteria/HACCP Plan</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </tbody> </table>	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety								<input 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	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory								<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population								<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; 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Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																																																																																																																																																																																																																																																																																																																																	
Violations documented Priority Item Violations <u>10-4-24</u> Priority Foundation Item Violations <u>1-1-25</u> Core Item Violations <u>0</u> Risk Factor/Public Health Intervention Violations <u>0</u> Repeat Risk Factor/Public Health Intervention Violations <u>0</u> Good Retail Practices Violations <u>3</u> Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		Date corrections due <u>10-4-24</u> # <u>1</u> # <u>2</u> # <u>0</u> # <u>0</u> # <u>3</u>																																																																																																																																																																																																																																																																																																																															







# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 10/1/24

Establishment Guntur Mirchis Town Manchester

reinspection 10/8/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC cooked chicken	40 F	hot hold sambar soup	147 F	handsink	122 F
rice	37 F	rice	145 F	dishmachine	760 F
small prep table potstb	56 F	Avantco reach in		chlorine bucket	100 ppm
sauce	55 F	yogurt	40 F		
prep table chest	40 F				
chicken	40 F				
cooked cashi	37 F				
rice	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.

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.
✓ 37C	unlabeled squeeze bottles on cookline and granulars
✓ 47C	cardboard on floor of WIC.
✓ 23PF	food not properly date marked in WIC
✓ 22P	samosa and sauce at 56 F in prep cooler. Discarded. <u>CO5</u> unit being serviced tomorrow 10/2/24. Do not store any TCS Foods in until unit is holding temp at 41 F or below.
✓ 28P	medication on top of microwave. moved by PIC <u>CO5</u>
✓ 15C	food uncovered in 1 door reach in - Avantco
✓ 10PF	no soap at handsink when you enter kitchen
✓ 56C	coat comingled w/ to-go containers <u>CO5</u>
✓ 16P	equipment too large to fit in 3-bay. cannot be properly sanitized <span style="color: red;">to be addressed by 10/15/24.</span>
✓ 43C	stagnant water on back of stove used for label storage. ↳ either keep hot @ 135 F or more or keep out and change every 4 hours.
✓ 2C	no CFPM. PIC's certificate expired in April.

Note: Thermometer + test strips available.

Note: Food not date-marked will be discarded.

Note: Prep table all the way to (C) on cookline not working / not in use

Note: microwave on cookline not working. To be replaced

Person in Charge (Signature) [Signature]

Date 10/1/24

Inspector (Signature) [Signature]

Date 10/1/24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>10/22/24</b>	
Establishment <b>Z Mart of Oakland</b>	Time In <b>11:00</b> <del>AM</del> <b>PM</b> Time Out <b>12:00</b> AM <del>PM</del>	
Address <b>460 Oakland St.</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Attia Adil</b>	Reinspection <b>10/28/24</b> Other _____	



Connecticut Department of Public Health

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection	R=repeat violation					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<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	<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	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper cooking time and temperatures									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input checked="" 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 checked="" 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>				<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>Highly Susceptible Population</b>									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Proper date marking and disposition									
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input 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"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>						
Adequate handwashing sinks, properly supplied/accessible				Food additives: approved and properly used									
<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Toxic substances properly identified, stored & used									
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Compliance with variance/specialized process/ROP criteria/HACCP Plan									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>						
Food in good condition, safe, and unadulterated				<b>Good Retail Practices</b> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Required records available: molluscan shellfish identification, parasite destruction				<b>Safe Food and Water</b>									
<b>GOOD RETAIL PRACTICES</b>				<b>Proper Use of Utensils</b>									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized eggs used where required				In-use utensils: properly stored									
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled									
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Plant food properly cooked for hot holding				Food and non-food contact surfaces cleanable, properly designed, constructed, and used									
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	Pf	<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"/>	<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"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, and animals not present				Priority Item Violations <b>10-25-24</b> <b>4</b>									
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display				Priority Foundation Item Violations <b>11-1-24</b> <b>4</b>									
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness				Core Item Violations <b>11-21-24</b> <b>12</b>									
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored				Risk Factor/Public Health Intervention Violations <b>7</b>									
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables				Repeat Risk Factor/Public Health Intervention Violations <b>7</b>									
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Good Retail Practices Violations <b>13</b>									
Person in Charge (Signature) <i>Attia Adil</i> Date <b>10-22-24</b>				Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>									
Person in Charge (Printed) <b>Attia Adil</b>													
Inspector (Signature) <i>Jose Ramirez</i> Date <b>10/22/24</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.

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 10/22/24  
 Establishment Z Mart of oakland Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIF ambient	0F			Hand sink by 3bay	85F
Hot Hold Pizza	135F			Hand Sink bathroom	85F
Milk dispenser	39F				
WIC 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	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
49C	Interior of hand sink by 3 bay unclean ✓
10PF	No soap or paper towels at hand sink by 3 bay ✓
16PF	interior of ice machine unclean ✓
49C	2 door RIF gaskets & interior unclean
55C	excess clutter by ice machine
49C	Floor under 3 bay unclean
55C	Cove base under 3 bay separating from wall
44C	knives & cutting board stored on unclean shelf above 3 bay.
55C	holes in FRP around 3 bay sink & storage area
28PF	Gas can stored under 3 bay ✓
49C	interior of cabinets under hot hold units unclean
16PF	Milk dispenser nozel unclean <span style="color: red;">cleaned now, unclean on arrival</span>
45C	Coffee stirers not protected. coffee filters not protected
45P	Chemicals stored above to go cups by WIC ✓
<del>16PF</del> 55C	Mop sink unclean, mop not hung, stagnant water in mop bucket ✓
13P	Moldy pineapples in WIC ✓
13P	open/expired milk stored/spilled on floor in WIC ✓
15P	raw eggs stored over deli meats in WIC ✓
49C/55C	WIC Floor unclean, cove base damaged/missing in WIC
Note	Empanadas & Hot dogs no longer served. Only Pizza hot held. A 1 Brick oven Pizzas delivered daily

Person in Charge (Signature) [Signature] Date 10-22-24  
 Inspector (Signature) Joe P... Date 10/22/24

