

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/18/24

Establishment 2nd Bridge Brewing Time In 3:30 AM/PM Time Out 4:30 AM/PM

Address 642 Hilliard St. LHD Manchester

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

Permit Holder Damon Gagnon Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						
Employee Health							Time/Temperature Control for Safety						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper cooking time and temperatures						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion							Proper reheating procedures for hot holding						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures						
Good Hygienic Practices							Time as a public health control: procedures and records						
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Proper hot holding temperatures						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth							Proper cold holding temperatures						
Preventing Contamination by Hands							Consumer Advisory						
8	<input 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							Consumer advisory provided: raw/undercooked food						
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Pasteurized foods used; prohibited foods not offered						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances						
Adequate handwashing sinks, properly supplied/accessible							Food additives: approved and properly used						
Approved Source							Toxic substances properly identified, stored & used						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
Food obtained from approved source							Compliance with variance/specialized process/ROP criteria/HACCP Plan						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES						
Food received at proper temperature							Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Food in good condition, safe, and unadulterated							OUT N/A N/O Safe Food and Water						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction							Pasturized eggs used where required						
GOOD RETAIL PRACTICES							Proper Use of Utensils						
Mark OUT if numbered item is 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						
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"/>
Water and ice from approved source							In-use utensils: properly stored						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Variance obtained for specialized processing methods							Utensils/equipment/linens: properly stored, dried, & handled						
Food Temperature Control							Single-use/single-service articles: properly stored & used						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control							Gloves used properly						
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment						
Plant food properly cooked for hot holding							Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate							Non-food contact surfaces clean						
Food Identification							Physical Facilities						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<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						
Prevention of Food Contamination							Plumbing installed; proper backflow devices						
38	<input checked="" 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							Sewage and waste water properly disposed						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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							Toilet facilities: properly constructed, supplied, & clean						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness							Garbage and refuse properly disposed; facilities maintained						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored							Physical facilities installed, maintained, and clean						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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) [Signature] Date 9/18/24

Person in Charge (Printed) Damon Gagnon

Inspector (Signature) [Signature] Date 9/18/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>9-28-24</u>	1
Core Item Violations		0
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/18/24

Establishment 2nd Bridge Brewing Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Bacon	40F			Hand Sink by 3 bay	96F
egg	40F				
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.

38 PF Flies present throughout kitchen/back storage

Note PIC instructed to contact landlord for pest control. (landlord schedules pest control for whole property)

Note Food only offered on weekends (Breakfast sandwich only)

Note NO cooking or cooling at time of inspection.


Note Test strips & thermometer available

Person in Charge (Signature)

Date 9/18/24

Inspector (Signature)

Date 9/18/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 9-4-24
Establishment 110 grill		Time In 2 AM/PM Time Out _____ AM/PM
Address 1127A Tolland Tpk		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		Reinspection _____ Other _____
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Supervision	Protection from Contamination	
1 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	V <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
2 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	P <input type="checkbox"/> PF <input type="checkbox"/> C <input type="checkbox"/>
Employee Health	17 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	P <input type="checkbox"/>
3 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	Time/Temperature Control for Safety	
4 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures	P <input type="checkbox"/> PF <input type="checkbox"/> C <input type="checkbox"/>
5 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	P <input type="checkbox"/>
Good Hygienic Practices	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"/>
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 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"/>
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	22 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	P <input type="checkbox"/>
Preventing Contamination by Hands	23 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	P <input type="checkbox"/> PF <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 <input type="checkbox"/> PF <input type="checkbox"/> C <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	Consumer Advisory	
10 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	PF <input type="checkbox"/>
Approved Source	Highly Susceptible Population	
11 <input 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 <input type="checkbox"/> C <input type="checkbox"/>
12 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	Food/Color Additives and Toxic Substances	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	P <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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	P <input type="checkbox"/> PF <input type="checkbox"/> C <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>	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	P <input type="checkbox"/> PF <input type="checkbox"/> C <input type="checkbox"/>
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Safe Food and Water	Proper Use of Utensils	
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	C <input type="checkbox"/>
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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	P <input type="checkbox"/> C <input type="checkbox"/>
32 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	P <input type="checkbox"/> C <input type="checkbox"/>
Food Temperature Control	46 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	C <input type="checkbox"/>
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	Utensils and Equipment	
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	47 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P <input type="checkbox"/> PF <input type="checkbox"/> C <input type="checkbox"/>
35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	PF <input type="checkbox"/> C <input type="checkbox"/>
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean	C <input type="checkbox"/>
Food Identification	Physical Facilities	
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure	PF <input type="checkbox"/>
Prevention of Food Contamination	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	P <input type="checkbox"/> PF <input type="checkbox"/> C <input type="checkbox"/>
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	52 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed	P <input type="checkbox"/> PF <input type="checkbox"/> C <input type="checkbox"/>
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	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	PF <input type="checkbox"/> C <input type="checkbox"/>
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained	C <input type="checkbox"/>
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	55 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	P <input type="checkbox"/> PF <input type="checkbox"/> C <input type="checkbox"/>
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	56 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used	C <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) _____ Date 9/4/24	Violations documented	
Person in Charge (Printed) James Weiler	Priority Item Violations	Date corrections due
Inspector (Signature) Denise Payne Date 9/4/24	Priority Foundation Item Violations	Sept 9, 24
Inspector (Printed) Denise Payne	Core Item Violations	Sept 14, 24
	Risk Factor/Public Health Intervention Violations	Dec 4, 24
	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.		

10 day re-inspection

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/4/24

Establishment 110 Grill

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Hand sink</u>	<u>95F</u>				
<u>Dish washer @ bar</u>	<u>50-100ppm</u>				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	
<u>Notes</u>	
	<u>walk in Freezer → spots of ice chips that refroze.</u>
	<u>Produce washing - Manager states its policy; refresh with staff</u>
<u>*</u>	<u>Discussed with Manager - cooling process written procedure vs. Actual cooling process. Trays should be labelled to monitor temps + time during cooling process prior to bagging into indiv. portions.</u>
	<u>Prepped tomatoes on line @ 50F → Not a busy time - Rechill product in WIC then fill bins. Refresh with staff</u>
	<u>Ecolab Sanitizer tablets slightly off → contact Ecolab. Adjust manually until calibrated. Test strips onsite.</u>
	<u>Paper on cut lemons - not approved, washable cover OK</u>

Person in Charge (Signature)

Date 9/4/24

Inspector (Signature) Denise Payne

Date 9/4/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9-4-24

Establishment 110 Grille

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Brussels sprouts	41F	Coleslaw	40F		
Noodles	38F	Pork	36F	Tomato Soup	170F
Garlic	38F	CKn	39F		
Main. Tomatoes	35F	Guacamole	38F		
Tomatoes	41F	Coleslaw	39F		
Tuna (prep)	41F	Wings > cooling	38F		
milk batter	40F	Rice	41F		
Pico	40F	pulled pork	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.
15C	Ice-tea Water pitchers/ice bins not covered when not busy.
37C	Multiple bottles on cookline NOT labelled
44C	Tongs stored on handles of cookline/ice scoops on non-cleanable surfaces.
44C	Silverware holders unclear.
22P	Marrow butter, garlic butter, butter 69F Discarded, ice bath OK or refrigerated.
56C	Cookline roof unclear.
13P	Mold on mult pkgs of Strawberries → How do you know when package of fruit is "washed" discarded
23P	Date marking not on portion items / dates not correct dates past posted date — if Quality is 3 days, also not Discard 7 days max
49C	Waitress Station hand sink is being used as a dump sink, unclear. 2nd sink required if a dump sink is required.
44C	Scoop handles in product. *soda gun line at bar ice bin - black tape cracked + missing → Requires cleanable surface that won't come apart.

Person in Charge (Signature)

Inspector (Signature) Dennis Payne

Date 9/4/24
Date 9/4/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9-4-24

Establishment 110 grill Time In 2 AM/PM Time Out _____ AM/PM

Address 1127A Tolland Trk LHD Manchester

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

Permit Holder _____ Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

GOOD RETAIL PRACTICES

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

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

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

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

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

Person in Charge (Printed) James Weiler

Inspector (Signature) Denise Payne Date 9/4/24

Inspector (Printed) Denise Payne

OUT	Proper Use of Utensils	V	COS	R
43	<input type="radio"/> In-use utensils: properly stored	C	<input type="radio"/>	<input type="radio"/>
44	<input checked="" type="radio"/> Utensils/equipment/linens: properly stored, dried, & handled	P/C	<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"/>
46	<input type="radio"/> Gloves used properly	C	<input type="radio"/>	<input type="radio"/>
Utensils and Equipment				
47	<input type="radio"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/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"/>
49	<input checked="" type="radio"/> Non-food contact surfaces clean	C	<input type="radio"/>	<input type="radio"/>
Physical Facilities				
50	<input type="radio"/> Hot and cold water available; adequate pressure	Pf	<input type="radio"/>	<input type="radio"/>
51	<input type="radio"/> Plumbing installed; proper backflow devices	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"/>
53	<input type="radio"/> Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="radio"/>	<input type="radio"/>
54	<input type="radio"/> Garbage and refuse properly disposed; facilities maintained	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"/>
56	<input checked="" 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			

Violations documented	Date corrections due	#
Priority Item Violations	<u>Sept 9, 24</u>	<u>3</u>
Priority Foundation Item Violations	<u>Sept 14, 24</u>	<u>1</u>
Core Item Violations	<u>Dec 4, 24</u>	<u>7</u>
Risk Factor/Public Health Intervention Violations		<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>4</u>
Good Retail Practices Violations		<u>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.

10 day re-inspection
9-18-24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9-4-24

Establishment 110 Grille

Town Manchester

Re-insp 9/18/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Brussel sprouts	41F	Coleslaw	40F		
Noodles	38F	Pork	36F	Tomato Soup	170F
Garlic	38F	CKn	39F		
Marin. Tomatoes	35F	Guacamole	38F		
Tomatoes	41F	Coleslaw	39F		
Tuna (prep)	41F	Wings > cooling	38F		
milk batter	40F	Rice > cooling	41F		
Pico	40F	pulled pork	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. |
|-------------|---|
| ✓ 15C | Ice-tea Water pitchers/ice bins not covered when not busy. |
| 37c | Multiple bottles on cookline NOT labelled |
| ✓ 44c | Tongs stored on handles of cookline/ice scoops on non-cleanable surfaces. |
| ✓ 44c | Silverware holders unclean. |
| ✓ 22P | Marrow butter, garlic butter, butter 69F Discarded, ice bath OK or refrig/cool. |
| 56c | Cookline roof unclean. |
| ✓ 13P | Mold on mult pkgs of Strawberries → How do you know when package of fruit is "washed" discarded |
| ✓ 23P | Date marking not on portion items / dates not correct
dates past posted date — if Quality is 3 days, also not Discard 7 days max. |
| 49c | Waitress Station hand sink is being used as a dump sink, unclean. 2nd sink required if a dump sink is required. |
| 44c | Scoop handles in product.
*soda gun line at bar ice bin — black tape cracked + missing → Requires cleanable surface that won't come apart. |
| | Manager training staff — discussed bare hand contact
observed trainee use gloves, clean floors, remove + proper handwash without instruction |

Person in Charge (Signature) [Signature]

Date 9/4/24

Inspector (Signature) Denise Payne

Date 9/4/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/4/24

Establishment 110 Grill

Town Manchester

9/18/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Hand sink</u>	<u>95F</u>				
<u>Dish washer @ bar</u>	<u>50-100ppm</u>				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
Notes	<p>Walk in Freezer → spots of ice dips that refroze.</p> <p>Produce washing - Manager states its policy; refresh with staff</p> <p>* Discussed with Manager - cooling process written procedure vs. Actual cooling process. Trays should be labelled to monitor temps + time during cooling process prior to bagging into indiv. portions.</p> <p>Prepped tomatoes on line @ 50F → Not a busy time - Rechill. product in WIC then fill bins. Refresh with staff</p> <p>Ecolab Sanitizer tablets slightly off → contact Ecolab. Adjust manually until calibrated. Test strips onsite.</p> <p style="color: red;">Discussed w/ Ecolab - color ✓ - this day</p> <p>Paper on cut lemons - not approved, washable cover OK</p>

Person in Charge (Signature)	Date <u>9/4/24</u>
Inspector (Signature) <u>Denise Payne</u>	Date <u>9/4/24</u>

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/23/24

Establishment 358 Main St. Time In 10:00 AM/PM Time Out 11:00 AM/PM

Address A Cha Chay Inc. LHD Manchester

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

Permit Holder Cristina A. Irizarry 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

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

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

OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	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	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) [Signature] Date 9/23/24

Person in Charge (Printed) Cristina A. Irizarry

Inspector (Signature) [Signature] Date 9/23/24

Inspector (Printed) Jose Ramirez

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

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/23/24Establishment A cha chay Town Manchester**TEMPERATURE OBSERVATIONS**

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
3 door RIC				Customer BR Sink	85F
Cheese	38F				
Yogurt	38F				
1 door R.F ambient	-2F				

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

~~48~~ 48 PF No test strips available.

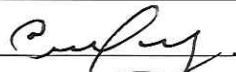
Note all products purchased from Family Food Distributors & Mi Tierra Food.

Note No Food prep of any kind permitted w/ class 1 license.

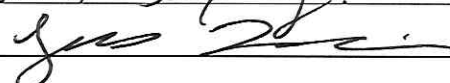
Note Cleaning supplies available

Note install lock on shared bathroom door to prevent access from business on other side of bathroom.

Person in Charge (Signature)

Date 9/23/24

Inspector (Signature)

Date 9/23/24

Risk Category: <u>2</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>9/17/24</u>
Establishment <u>Adelbrook Learning Center</u>		Time In <u>12</u> AM/PM <u>PM</u> Time Out <u>12:30</u> AM/PM <u>PM</u>
Address <u>42 prospect lane</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item																							
P=Priority item				Pf=Priority foundation item				C=Core item				V=violation type											
IN				OUT				N/A				N/O											
Supervision												Protection from Contamination											
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>								
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Employee Health												Time/Temperature Control for Safety											
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	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"/>								
Good Hygienic Practices												Consumer Advisory											
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>								
Preventing Contamination by Hands												Highly Susceptible Population											
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>								
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Approved Source												Food/Color Additives and Toxic Substances											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>								
12	<input type="checkbox"/>	<input 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"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>								
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<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												Compliance with Approved Procedures											
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>												<i>Compliance with variance/specialized process/ROP criteria/HACCP Plan</i>											
Mark OUT if numbered item is not in compliance												Mark in appropriate box for COS and/or R											
OUT/N/A/N/O				Safe Food and Water				V				COS				R							
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>								
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>								
Food Temperature Control												Proper Use of Utensils											
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"/>	Utensils and Equipment															
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
Food Identification												Physical Facilities											
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>								
Prevention of Food Contamination												Violations documented											
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>								
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	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"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.												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"/>				
Person in Charge (Signature) <u>Celeste Britton</u> Date <u>9/17/24</u>												56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>				
Person in Charge (Printed) <u>Celeste Britton</u>												<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f											
Inspector (Signature) <u>L. Grandy</u> Date <u>9/17/24</u>												Violations documented			Date corrections due			#					
Inspector (Printed) <u>Lauren Grandy</u>												Priority Item Violations											
												Priority Foundation Item Violations											
												Core Item Violations			<u>12/17/24</u>			<u>2</u>					
												Risk Factor/Public Health Intervention Violations											
												Repeat Risk Factor/Public Health Intervention Violations											
												Good Retail Practices Violations						<u>2</u>					
												Requires Reinspection - check box if you intend to reinspect											

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/17/2024

Establishment Adel brook Learning Center Town Manchester

TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in Cheese	41F	w/c Strawberries	39F	dish machine	50-100ppm
reach in Freezer	2F	butter	41F		
WIF	-20F				

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, Luis Aldiva
	no cooking/reheating at time of visit
	overall clean+organized
	hood service due in Nov
49c	Floor under 3 bay not clean
52c	Leaking dish machine in tin pan ↳ discussed work order to be placed
	email: Lgrandy@manchesterct.gov

Person in Charge (Signature) <u>Celesto Bratton</u>	Date <u>9/17/24</u>
Inspector (Signature) <u>L. Grandy</u>	Date <u>9/17/24</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/3/24
Establishment: AFC SUSHI	 <p>Connecticut Department of Public Health</p>	Time In: 10:45 AM/PM Time Out: _____ AM/PM
Address: 234 TOLLAND TRAE		LHD: Manchester
Town/City: Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder: AFC CORP		Reinspection _____ Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
								Time/Temperature Control for Safety					
								18 Proper cooking time and temperatures					
								19 Proper reheating procedures for hot holding					
								20 Proper cooling time and temperatures					
								21 Proper hot holding temperatures					
								22 Proper cold holding temperatures					
								23 Proper date marking and disposition					
								24 Time as a public health control: procedures and records					
								Consumer Advisory					
								25 Consumer advisory provided: raw/undercooked food					
								Highly Susceptible Population					
								26 Pasteurized foods used; prohibited foods not offered					
								Food/Color Additives and Toxic Substances					
								27 Food additives: approved and properly used					
								28 Toxic substances properly identified, stored & used					
								Conformance with Approved Procedures					
								29 Compliance with variance/specialized process/ROP criteria/HACCP Plan					

GOOD RETAIL PRACTICES

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

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

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

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

Person in Charge (Signature) <i>[Signature]</i>	Date 9/3/24
Person in Charge (Printed) Mai Khun Thuem	
Inspector (Signature) <i>[Signature]</i>	Date 9/3/24
Inspector (Printed) Lauren Brandy	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	12/3/24	1
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 9/3/24

Establishment AFC SUSHI

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
salmon	35F			hot water	113F
crab salad	37F				
rice cooling @ 60F ↳ made at 8:00 AM ↳ 10:45 @ 60F ✓					
Chest Freezer	0F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	
	CFPM: Mai & their
	thermometer/alcohol wipes available
	Temp logs/cooling logs available
	very clean + organized
	consumer advisory/allergen on case
52c	ice build up on W/F door in back of Big Y
	good handwashing/glove use
	discussed cooling process/procedure
	good date marking

Person in Charge (Signature) <u>[Signature]</u>	Date <u>9/3/24</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>9/3/24</u>

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2	
Establishment type: Permanent Temporary (Mobile) Other _____		Date: 9/5/24	
Establishment American Smoke BBQ		Time In 12:45 AM/PM Time Out 1:30 AM/PM	
Address 65 Bobby Lane		LHD Manchester	
Town/City Manchester		Purpose of Inspection: (Routine) Pre-op _____	
Permit Holder Christian H. Marin Jr		Reinspection _____ Other _____	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed			
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Supervision	Protection from Contamination	Time/Temperature Control for Safety	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties V Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected V P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Employee Health			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	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"/>	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Good Hygienic Practices			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	23 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	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"/>	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Consumer Advisory		
Preventing Contamination by Hands			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Highly Susceptible Population	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Food/Color Additives and Toxic Substances		
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	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"/>	Compliance with Approved Procedures	
Approved Source			
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Conformance with Approved Procedures	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>			
GOOD RETAIL PRACTICES			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment	Physical Facilities
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required V P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	47 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	49 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Food Temperature Control			
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Prevention of Food Contamination	
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Safe Food and Water		
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Food Identification	
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Prevention of Food Contamination	
Food Identification			
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Physical Facilities	
Prevention of Food Contamination			
38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Proper Use of Utensils	
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Utensils and Equipment	
40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Physical Facilities		
41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Proper Use of Utensils	
42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Utensils and Equipment	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature) _____ Date 9-5-24	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Physical Facilities	
Person in Charge (Printed) Christian H. Marin Jr	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Proper Use of Utensils	
Inspector (Signature) _____ Date 9/5/24	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f	Utensils and Equipment	
Inspector (Printed) Jose Ramirez	Violations documented		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.			

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/5/24

Establishment American Smoke BBQ Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
u/c ambient	38°F				
u/c freezer ambient	5°F				
u/c cooler ambient	33°F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
Note:	<p>cambro boxes will be utilized for longer drives to hot hold until truck is started. ✓</p> <p>Truck will be plugged into base and steam tables on for short drives</p> <p>All new equipment. very clean and organized!</p> <p>okay to operate. License to be provided no later than 9/6/24.</p> <p>3-bay drying shelf and hand sink splash guard ordered</p> <p>remove all package wrapping from new equipment</p> <p>Food grade hose available</p> <p>test strips and thermometer available</p> <p>paper towels and soap available</p>

Person in Charge (Signature)

Inspector (Signature)

Date 9-5-24

Date 9/5/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 9/25/24	
Establishment Angry Egg	Time In 12:00 AM/PM Time Out 1:30 AM/PM	
Address 1095 main st.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op _____	
Permit Holder Steve Hall	Reinspection _____ Other _____	



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
3 Employee Health Management, food employee and conditional employee; knowledge, responsibilities and reporting				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion				18 Proper cooking time and temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events				19 Proper reheating procedures for hot holding									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
6 Good Hygienic Practices Proper eating, tasting, drinking, or tobacco products use				20 Proper cooling time and temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth				21 Proper hot holding temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
8 Preventing Contamination by Hands Hands clean and properly washed				22 Proper cold holding temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				23 Proper date marking and disposition									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessible				24 Time as a public health control: procedures and records									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
11 Approved Source Food obtained from approved source				25 Consumer advisory provided: raw/undercooked food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature				26 Highly Susceptible Population Pasteurized foods used; prohibited foods not offered									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated				27 Food/Color Additives and Toxic Substances Food additives: approved and properly used									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction				28 Toxic substances properly identified, stored & used									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				29 Conformance with Approved Procedures Compliance with variance/specialized process/ROP criteria/HACCP Plan									
<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"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
33 Food Temperature Control Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<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"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49 Non-food contact surfaces clean			
34 Plant food properly cooked for hot holding				Physical Facilities					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50 Hot and cold water available; adequate pressure			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f			

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

Person in Charge (Signature) *[Signature]* Date **9-25-24**

Person in Charge (Printed) _____

Inspector (Signature) *[Signature]* Date **9/25/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	10-5-24	2
Core Item Violations	12-25-24	1
Risk Factor/Public Health Intervention Violations		2
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 9/25/24Establishment Angry EggTown Manchester**TEMPERATURE OBSERVATIONS**

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot Hold Potatoes	160 F	1 door RIC at bar		Hand Sink kitchen	95F
Hash cooked to	170F	milk	38F	employee BR sink	90F
Sausage cooked to	175F	cream	38F	Chlorine bucket	100ppm
2 door RIC ham	40F			Customer BR Sink	95F
Shred mozz	40F				
Potatoes	39F				
Cold prep table ham	38F				
Mayo	38F				

**OBSERVATIONS AND CORRECTIVE ACTIONS**

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 c
	Steve CFPM on site
10PF	utensils stored in hand sink by stove (CoS)
49c	Gaskets unclean throughout
16PF	interior of ice machine unclean

Note Discussed establishing designated area for employee beverages.

Note Discussed increasing cleaning frequency of gaskets.

Note Test strips & thermometer available.

Note Good hand washing observed.

Person in Charge (Signature)

Date 9-25-24

Inspector (Signature)

Date 9/25/24

Risk Category: 4	Food Establishment Inspection Report	Page 1 of _____
Establishment type: Permanent ○ Temporary ○ Mobile ○ Other ○		Date: 9/9/24
Establishment April Time		Time In 2:30 AM/PM Time Out _____ AM/PM
Address 91 Chestnut		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op ○
Permit Holder _____		Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

P=Priority item Pf=Priority foundation item C=Core item V=violation type		Mark in appropriate box for COS and/or R		COS=corrected on-site during inspection R=repeat violation					
IN	OUT	N/A	N/O	V	COS	R			
Supervision									
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties									
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>			
Certified Food Protection Manager for Classes 2, 3, & 4									
Employee Health									
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>			
Management, food employee and conditional employee; knowledge, responsibilities and reporting									
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>			
Proper use of restriction and exclusion									
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>			
Written procedures for responding to vomiting and diarrheal events									
Good Hygienic Practices									
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>			
Proper eating, tasting, drinking, or tobacco products use									
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>			
No discharge from eyes, nose, and mouth									
Preventing Contamination by Hands									
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>			
Hands clean and properly washed									
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>			
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed									
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>			
Adequate handwashing sinks, properly supplied/accessible									
Approved Source									
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>			
Food obtained from approved source									
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>			
Food received at proper temperature									
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>			
Food in good condition, safe, and unadulterated									
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>			
Required records available: molluscan shellfish identification, parasite destruction									
GOOD RETAIL PRACTICES									
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>									
Mark OUT if numbered item is not in compliance		V=violation type		Mark in appropriate box for COS and/or R		COS=corrected on-site during inspection R=repeat violation			
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
Safe Food and Water									
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasteurized eggs used where required									
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water and ice from approved source									
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variance obtained for specialized processing methods									
Food Temperature Control									
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proper cooling methods used; adequate equipment for temperature control									
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plant food properly cooked for hot holding									
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approved thawing methods used									
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thermometers provided and accurate									
Food Identification									
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food properly labeled; original container									
Prevention of Food Contamination									
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insects, rodents, and animals not present									
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contamination prevented during food preparation, storage & display									
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal cleanliness									
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wiping cloths: properly used and stored									
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washing fruits and vegetables									
Permit Holder shall notify customers that a copy of the most recent inspection report is available.									
Person in Charge (Signature) Parul Rozario Date 9/9/24					Person in Charge (Printed) PARUL ROZARIO				
Inspector (Signature) Denise Payne Date 9-9-24					Inspector (Printed) Denise Payne				
Violations documented									
Priority Item Violations					Date corrections due				
Priority Foundation Item Violations					COS				
Core Item Violations					90 days				
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					<input type="checkbox"/>				

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/9/24

Establishment April Time

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Sour cream</u>	<u>36F</u>	<u>No Hot Holding or Cooling during inspection</u>		<u>Hot water</u>	<u>116F</u>
<u>Milk</u>	<u>38F</u>				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	<u>— Staff certificates not on site for review</u>
<u>55C</u>	<u>Cove base at warewash hand sink not secured</u> <u>— Flooring strip at oven not secured</u> <u>Kitchen Clean + Organized</u>
<u>20P</u>	<u>Cooling > today's lunch in Reach-in was not cooled below 41F in 2 hrs → discarded</u> COS <u>* Discussed cooling in walk-in freezer.</u>
	<u>* Discussed date Marking — 7 day max per state requirements — must be labelled on <u>All</u> Ready to eat foods (TCS)</u>

Person in Charge (Signature) *Paul Paul*

Date 9/9/24

Inspector (Signature) *Denise Payne*

Date 9/9/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/18/24

Establishment Bobby T's Time In 11:15 AM/PM Time Out _____ AM/PM

Address Main St @ Mistle LHD Manchester

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

Permit Holder _____ Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

GOOD RETAIL PRACTICES

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

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

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

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

Person in Charge (Signature) R. Mistle Date 9-18-24

Person in Charge (Printed) R.T. Mistle

Inspector (Signature) Denise Payne Date 9/18/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>ASAP 9/25/24</u>	1
Core Item Violations	<u>ASAP 90 days</u>	1
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		2
Requires Reinspection - check box if you intend to reinspect <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 9/18/24

Establishment Bobby T's

Town Mancheste

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chili	160F			Water, Soap, Paper towel	✓
Sauerkraut	150F				
Kibasa	164F			cover/protection	✓
Hot Dog	170F			Therm./Temp	✓

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
48PF	No Sanitizer available - will be p/u ^{ok} set this day (Bofo)
49C	Generally tubs, umbrella pole, cambro covers unclear. Ext. Squeeze bottles, cooler lid
	Reviewed Allergens / 14 foodworker / spill kit ✓ get new
	Discussed Glove use / handwashing
	Umbrella Replaced ✓ (Repaired -)

Person in Charge (Signature) R. Lutz
Inspector (Signature) Denise Payne

Date 9-18-24
Date 9/18/24

Risk Category: <u>4</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>9/29/24</u>
Establishment <u>Bright path</u>		Time In <u>11:00</u> AM/PM Time Out <u>11:30</u> AM/PM
Address <u>152 Tollard pke</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 _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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


P=Priority item Pf=Priority foundation item C=Core item V=violation type				Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation										
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
Supervision														
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Food separated and protected		
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized		
Employee Health														
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
				Management, food employee and conditional employee; knowledge, responsibilities and reporting								Proper disposition of returned, previously served, reconditioned, and unsafe food		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety							
				Proper use of restriction and exclusion				18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input 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				20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices														
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
				Proper eating, tasting, drinking, or tobacco products use				22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
				No discharge from eyes, nose, and mouth				24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands														
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory							
				Hands clean and properly washed				25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population							
				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances							
				Adequate handwashing sinks, properly supplied/accessibility				27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source														
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Food obtained from approved source				Conformance with Approved Procedures						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Food received at proper temperature				GOOD RETAIL PRACTICES						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>							
				Food in good condition, safe, and unadulterated				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water							
				Required records available: molluscan shellfish identification, parasite destruction				30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES														
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>														
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
Proper Use of Utensils														
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
				Pasteurized eggs used where required				44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Water and ice from approved source				46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment							
				Variance obtained for specialized processing methods				47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control														
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Proper cooling methods used; adequate equipment for temperature control				49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities							
				Plant food properly cooked for hot holding				50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Approved thawing methods used				52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input checked="" 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"/>	
				Thermometers provided and accurate				54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification														
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
				Food properly labeled; original container				56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination														
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Violations Documented							
				Insects, rodents, and animals not present				Priority Item Violations		Date corrections due		#		
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations		<u>9/27/24</u>		<u>1</u>			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations		<u>12/24/24</u>		<u>3</u>			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Repeat Risk Factor/Public Health Intervention Violations							
				Contamination prevented during food preparation, storage & display				Good Retail Practices Violations				<u>4</u>		
				Personal cleanliness				Requires Reinspection - check box if you intend to reinspect						
				Wiping cloths: properly used and stored										
				Washing fruits and vegetables										

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

Person in Charge (Signature) <u>Alicia Weiss</u>	Date <u>9/29/24</u>
Person in Charge (Printed) <u>Alicia Weiss</u>	
Inspector (Signature) <u>L. Grandy</u>	Date <u>9/29/24</u>
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>4</u>
Requires Reinspection - check box if you intend to reinspect		

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

Risk Category: <u>1</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>									
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>9/11/24</u>											
Establishment <u>Buckland xtra Mart</u>				Time In <u>10:30</u> AM/PM		Time Out <u>11:30</u> AM/PM									
Address <u>95 Buckland St.</u>				LHD <u>Manchester</u>											
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op											
Permit Holder <u>Ahmed - person in charge</u>				Reinspection Other _____											
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
Supervision				Protection from Contamination											
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Food separated and protected							
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4								Food-contact surfaces: cleaned & sanitized							
								Proper disposition of returned, previously served, reconditioned, and unsafe food							
Employee Health								Time/Temperature Control for Safety							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting								Proper cooking time and temperatures							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion								Proper reheating procedures for hot holding							
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Written procedures for responding to vomiting and diarrheal events								Proper cooling time and temperatures							
Good Hygienic Practices								Food/Color Additives and Toxic Substances							
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use								Proper hot holding temperatures							
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
No discharge from eyes, nose, and mouth								Proper cold holding temperatures							
Preventing Contamination by Hands								Consumer Advisory							
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed								Proper date marking and disposition							
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								Time as a public health control: procedures and records							
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population								
Adequate handwashing sinks, properly supplied/accessibile								Consumer advisory provided: raw/undercooked food							
Approved Source								Compliance with Approved Procedures							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source								Pasteurized foods used; prohibited foods not offered							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food received at proper temperature								Food/Color Additives and Toxic Substances							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, and unadulterated								Food additives: approved and properly used							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Required records available: molluscan shellfish identification, parasite destruction								Toxic substances properly identified, stored & used							
GOOD RETAIL PRACTICES								Proper Use of Utensils							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>								Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
OUT	N/A	N/O	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Variance obtained for specialized processing methods								Single-use/single-service articles: properly stored & used							
Food Temperature Control								Utensils and Equipment							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Proper cooling methods used; adequate equipment for temperature control								Gloves used properly							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Approved thawing methods used								Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
36	<input 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"/>					
Thermometers provided and accurate								Non-food contact surfaces clean							
Food Identification								Physical Facilities							
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Food properly labeled; original container								Hot and cold water available; adequate pressure							
Prevention of Food Contamination								Violations Documented							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Insects, rodents, and animals not present								Plumbing installed; proper backflow devices							
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Contamination prevented during food preparation, storage & display								Sewage and waste water properly disposed							
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Personal cleanliness								Toilet facilities: properly constructed, supplied, & clean							
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Wiping cloths: properly used and stored								Garbage and refuse properly disposed; facilities maintained							
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Washing fruits and vegetables								Physical facilities installed, maintained, and clean							
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								Requires Reinspection - check box if you intend to reinspect							
Person in Charge (Signature) <u>[Signature]</u>				Date <u>9/11/24</u>				Priority Item Violations <u>1</u>				Date corrections due <u>9/19/24</u>			
Person in Charge (Printed) <u>Ahmed</u>								Priority Foundation Item Violations <u>5</u>				Date corrections due <u>9/21/24</u>			
Inspector (Signature) <u>[Signature]</u>				Date <u>9/11/24</u>				Core Item Violations <u>6</u>				Date corrections due <u>12/11/24</u>			
Inspector (Printed) <u>Lauren Grandy</u>								Risk Factor/Public Health Intervention Violations <u>2</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"/>							

reinspection: 9/21/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 9/11/2024
 Establishment Buckland St Xtra Mart Town Manchester

TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC	38F			hot water h.s	100F
				hot water 3 bay	110F
whole milk in dairy dispenser	41F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
10pF	no paper towels at handwash sink in back room
10pF	handwash sink / "Food prep sink" not clean
30pF	Food in boxes stored on ground in back of house
45p	to go containers in boxes stored on ground in back
54c	cleaning equipment stored on ground in back
49c	vent cover above ice machine not clean
49c	gasket of walk in cooler not clean
48pF	Sanitizer from 3 bay sink at 0ppm ↳ test strips available
49c	drain below 3 bay sink not clean
49c	Cabinets under coffee station not clean
16pF	ice machine nozzle not clean
55c	wall damaged in room with mop sink - work
notex	Thermometer + alcohol wipes available
notex	Lights to be replaced in restroom - "out of order" at time of inspection
notex	copy of pest control report to be emailed to lgrandy@manchesterct.gov ↳ no issues per person in charge
notex	temp logs available - every 2-4 hours by staff
notex	overall clean + organized
notex	discussed dunnage racks as shelves / extra storage

Person in Charge (Signature) D. Grandy Date 9/11/24
 Inspector (Signature) [Signature] Date 9/11/24

Risk Category: <u>3</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>													
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>9/25/24</u>													
Establishment <u>Cafe Aura</u>	 <p>Keeping Connecticut Healthy Connecticut Department of Public Health</p>	Time In <u>2:30</u> AM/PM Time Out <u>4:00</u> AM/PM													
Address <u>45 East Center Street</u>		LHD <u>Manchester</u>													
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op													
Permit Holder <u>Todd Stigliano</u>		Reinspection Other _____													
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	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 in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	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"/>	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"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with Approved Procedures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES															
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O		Safe Food and Water	V	COS	R	OUT				Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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) <u>T Stigliano</u> Date <u>9-25-24</u>				Person in Charge (Printed) <u>Todd Stigliano</u>				Inspector (Signature) <u>L Grandy</u> Date <u>9/25/24</u>				Inspector (Printed) <u>Lauren Grandy</u>			
Violations documented				Date corrections due				#							
Priority Item Violations				<u>9/28/24</u>				<u>3</u>							
Priority Foundation Item Violations				<u>10/5/24</u>				<u>5</u>							
Core Item Violations				<u>12/25/24</u>				<u>7</u>							
Risk Factor/Public Health Intervention Violations								<u>4</u>							
Repeat Risk Factor/Public Health Intervention Violations															
Good Retail Practices Violations								<u>11</u>							
Requires Reinspection - check box if you intend to reinspect								<input checked="" type="checkbox"/>							

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	mini 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
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 Stiglin</u> Date <u>9/25/24</u>
Inspector (Signature)	<u>L. Brindley</u> Date <u>9/25/24</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/24/24
Establishment Cajun Cafe + Grill		Time In 12:00 AM (PM) Time Out 1:00 AM (PM)
Address 194 Buckland Hills Dr. #2062		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Alex		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
Supervision				Protection from Contamination				Time/Temperature Control for Safety							
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Proper cooking time and temperatures							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Proper reheating procedures for hot holding							
Employee Health				Consumer Advisory				Highly Susceptible Population							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	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				Consumer advisory provided: raw/undercooked food				Pasteurized foods used; prohibited foods not offered							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Proper use of restriction and exclusion				Food/Color Additives and Toxic Substances				Food additives: approved and properly used							
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				Toxic substances properly identified, stored & used				Conformance with Approved Procedures							
Good Hygienic Practices				GOOD RETAIL PRACTICES				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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								
Proper eating, tasting, drinking, or tobacco products use				Safe Food and Water				Proper Use of Utensils							
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O	V	COS	R			
No discharge from eyes, nose, and mouth				Pasturized eggs used where required				30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Preventing Contamination by Hands				Food Temperature Control				31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				32	<input type="checkbox"/>	<input type="checkbox"/>		
Hands clean and properly washed				Food Identification				Prevention of Food Contamination							
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Food properly labeled; original container				Insects, rodents, and animals not present							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate handwashing sinks, properly supplied/accessible				Prevention of Food Contamination				Contamination prevented during food preparation, storage & display							
Approved Source				Prevention of Food Contamination				Personal cleanliness							
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Food obtained from approved source				Prevention of Food Contamination				Wiping cloths: properly used and stored							
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Food received at proper temperature				Prevention of Food Contamination				Washing fruits and vegetables							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables				Violations documented				
Food in good condition, safe, and unadulterated				Prevention of Food Contamination				Washing fruits and vegetables				Date corrections due			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables				#				
Required records available: molluscan shellfish identification, parasite destruction				Prevention of Food Contamination				Washing fruits and vegetables				9/27/24			
GOOD RETAIL PRACTICES				Prevention of Food Contamination				Washing fruits and vegetables				10/4/24			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				Prevention of Food Contamination				Washing fruits and vegetables				12/24/24			
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				Prevention of Food Contamination				Washing fruits and vegetables				Risk Factor/Public Health Intervention Violations			
OUT				Safe Food and Water				Washing fruits and vegetables				Repeat Risk Factor/Public Health Intervention Violations			
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables				Good Retail Practices Violations				
Pasturized eggs used where required				Washing fruits and vegetables				Washing fruits and vegetables				Requires Reinspection - check box if you intend to reinspect			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Water and ice from approved source				Washing fruits and vegetables				Washing fruits and vegetables							
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Variance obtained for specialized processing methods				Washing fruits and vegetables				Washing fruits and vegetables							
Food Temperature Control				Washing fruits and vegetables				Washing fruits and vegetables							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Proper cooling methods used; adequate equipment for temperature control				Washing fruits and vegetables				Washing fruits and vegetables							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Plant food properly cooked for hot holding				Washing fruits and vegetables				Washing fruits and vegetables							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Approved thawing methods used				Washing fruits and vegetables				Washing fruits and vegetables							
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Thermometers provided and accurate				Washing fruits and vegetables				Washing fruits and vegetables							
Food Identification				Washing fruits and vegetables				Washing fruits and vegetables							
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Food properly labeled; original container				Washing fruits and vegetables				Washing fruits and vegetables							
Prevention of Food Contamination				Washing fruits and vegetables				Washing fruits and vegetables							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Insects, rodents, and animals not present				Washing fruits and vegetables				Washing fruits and vegetables							
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Contamination prevented during food preparation, storage & display				Washing fruits and vegetables				Washing fruits and vegetables							
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Personal cleanliness				Washing fruits and vegetables				Washing fruits and vegetables							
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Wiping cloths: properly used and stored				Washing fruits and vegetables				Washing fruits and vegetables							
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables								
Washing fruits and vegetables				Washing fruits and vegetables				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>Alex</i> Date 9/24/24				Violations documented				Date corrections due				#			
Person in Charge (Printed) Alex				Priority Item Violations				9/27/24				1			
Inspector (Signature) <i>Katelynn Person</i> Date 9/24/24				Priority Foundation Item Violations				10/4/24				3			
Inspector (Printed) Katelynn Person				Core Item Violations				12/24/24				11			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or 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				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"/>							

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/24/24

Establishment Cajun Cafe + Grill Town Manchester

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	100ppm
prep table beef	39 F	" " rice	156 F		
egg roll	38 F	potato	135 F		
		grilled chicken	135 F		

OBSERVATIONS AND CORRECTIVE ACTIONS


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

Item Number	Description
	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

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: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 9/24/24	
Establishment Comm. Child Guidance School	Time In 10:30 AM/PM Time Out 10:45 AM/PM	
Address 317 North Main St	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Sharon-CFPM/karen	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				Time/Temperature Control for Safety																									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R																				
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Proper cooking time and temperatures																									
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Proper reheating procedures for hot holding																									
Employee Health				Consumer Advisory				Highly Susceptible Population																									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>																				
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Consumer advisory provided: raw/undercooked food				Pasteurized foods used; prohibited foods not offered																									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Proper use of restriction and exclusion				Food additives: approved and properly used				Food/Color Additives and Toxic Substances																									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>																				
Written procedures for responding to vomiting and diarrheal events				Toxic substances properly identified, stored & used				Conformance with Approved Procedures																									
Good Hygienic Practices				Approved Source				Compliance with Variance/Specialized process/ROP criteria/HACCP Plan																									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
Proper eating, tasting, drinking, or tobacco products use				Food obtained from approved source				Compliance with variance/specialized process/ROP criteria/HACCP Plan																									
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																				
No discharge from eyes, nose, and mouth				Food received at proper temperature				Compliance with variance/specialized process/ROP criteria/HACCP Plan																									
Preventing Contamination by Hands				Food in Good Condition				Required Records																									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																				
Hands clean and properly washed				Food in good condition, safe, and unadulterated				Required records available: molluscan shellfish identification, parasite destruction																									
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																				
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				GOOD RETAIL PRACTICES				Good Retail Practices																									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.																										
Adequate handwashing sinks, properly supplied/accessible				Safe Food and Water				Proper Use of Utensils																									
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R																								
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>																								
Pasteurized eggs used where required				In-use utensils: properly stored				Utensils and Equipment																									
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled				Food and non-food contact surfaces cleanable, properly designed, constructed, and used																									
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>																								
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available																									
Food Temperature Control				Food Identification				Physical Facilities																									
33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Proper cooling methods used; adequate equipment for temperature control				Food properly labeled; original container				Hot and cold water available; adequate pressure																									
34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Plant food properly cooked for hot holding				Insects, rodents, and animals not present				Plumbing installed; proper backflow devices																									
35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	39	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>																								
Approved thawing methods used				Contamination prevented during food preparation, storage & display				Sewage and waste water properly disposed																									
36	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>																								
Thermometers provided and accurate				Personal cleanliness				Toilet facilities: properly constructed, supplied, & clean																									
Prevention of Food Contamination				Violations documented				Date corrections due																									
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> <tr> <td>Priority Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td></td> <td></td> </tr> <tr> <td>Core Item Violations</td> <td>12/24/24</td> <td>1</td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td>1</td> </tr> <tr> <td colspan="3">Requires Reinspection - check box if you intend to reinspect</td> </tr> </table>				Violations documented	Date corrections due	#	Priority Item Violations			Priority Foundation Item Violations			Core Item Violations	12/24/24	1	Risk Factor/Public Health Intervention Violations			Repeat Risk Factor/Public Health Intervention Violations			Good Retail Practices Violations		1	Requires Reinspection - check box if you intend to reinspect		
Violations documented	Date corrections due	#																															
Priority Item Violations																																	
Priority Foundation Item Violations																																	
Core Item Violations	12/24/24	1																															
Risk Factor/Public Health Intervention Violations																																	
Repeat Risk Factor/Public Health Intervention Violations																																	
Good Retail Practices Violations		1																															
Requires Reinspection - check box if you intend to reinspect																																	
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																												
Wiping cloths: properly used and stored				Adequate ventilation and lighting; designated areas used				Natural rubber latex gloves not used per CGS §19a-36f																									
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>																												
Washing fruits and vegetables				Person in Charge (Signature) Sharon Bell Date 9-24-24				Person in Charge (Printed) Sharon Bell																									
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Inspector (Signature) L. Grandy Date 9/24/24				Inspector (Printed) Lauren Grandy																							

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

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/16/2024
Establishment Champa Lao Thai		Time In 1:15 AM/PM PM Time Out 2:00 AM/PM PM
Address 341 E. Center St		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder _____		Reinspection Other _____
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Supervision	Protection from Contamination	Time/Temperature Control for Safety
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties V Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected V P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Employee Health		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Good Hygienic Practices		
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Consumer Advisory	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Preventing Contamination by Hands		
8 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Highly Susceptible Population	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Food/Color Additives and Toxic Substances	
Approved Source		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	27 <input 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"/>	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Conformance with Approved Procedures	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
GOOD RETAIL PRACTICES		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required V P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	47 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	45 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	49 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Food Temperature Control		
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Physical Facilities	
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Food Identification		
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Prevention of Food Contamination		
38 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	55 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>[Signature]</i> Date 9-16-24	Violations documented	
Person in Charge (Printed) Hong Thony Saradeto	Priority Item Violations 9/19/24 # 2	
Inspector (Signature) <i>[Signature]</i> Date 9/16/24	Priority Foundation Item Violations 9/26/24 # 1	
Inspector (Printed) Lauren Brandy	Core Item Violations 12/16/24 # 3	
	Risk Factor/Public Health Intervention Violations # 1	
	Repeat Risk Factor/Public Health Intervention Violations # 1	
	Good Retail Practices Violations # 6	
	Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>	

reinspection: 9/20/24
23

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/16/2024

Establishment Champa Lao Thai Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot-rice	199F			handsink	102F
2 door cooler					
rice	41F			quat - 3 bay	200 ppm
raw chicken	41F				
Chest Freezer	0F				
1 door Freezer	-6F				

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.
noted*	walk in cooler not functioning correctly - no food in it → being used for dry storage
22p	shrimp, pork, raw chicken at 49-50F - voluntarily discarded by person in charge. person in charge to reach out to hvac / refrigeration company to repair. 2 door standing refrigerator to be used only at this time
45p	reuse of single use bags - shrimp bag reused to store green bass ↳ voluntarily discarded - (cos)
49c	fan cover above mop sink not clean
49c	containers not clean in dry storage (exterior)
55c	cracked floor tiles by w/c
38pF	Fruit / drain Flies by restroom hallway
noted*	no activity at time of visit
noted*	no cooking, cooling, reheating at time of visit
	reinspect - 9/23/24

Person in Charge (Signature) Hung Anh Sorveto

Date 9-16-24

Inspector (Signature) L. Handy

Date 9/16/2024

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

Establishment type: Permanent Temporary Mobile Other _____ **Date:** 9/3/24

Establishment: Chilis **Time In:** 3:45 AM/PM **Time Out:** 5:15 AM/PM

Address: 250 Buckland St. **LHD:** Manchester

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

Permit Holder: Debbie Curtis **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"/>	<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 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											
Employee Health Management, food employee and conditional employee; knowledge, responsibilities and reporting Proper use of restriction and exclusion Written procedures for responding to vomiting and diarrheal events				Time/Temperature Control for Safety Proper cooking time and temperatures Proper reheating procedures for hot holding Proper cooling time and temperatures Proper hot holding temperatures Proper cold holding temperatures Proper date marking and disposition Time as a public health control: procedures and records											
				Good Hygienic Practices Proper eating, tasting, drinking, or tobacco products use No discharge from eyes, nose, and mouth				Consumer Advisory Consumer advisory provided: raw/undercooked food Highly Susceptible Population Pasteurized foods used; prohibited foods not offered							
				Preventing Contamination by Hands Hands clean and properly washed No bare hand contact with RTE food or a pre-approved alternative procedure properly followed Adequate handwashing sinks, properly supplied/accessible				Food/Color Additives and Toxic Substances Food additives: approved and properly used Toxic substances properly identified, stored & used							
				Approved Source Food obtained from approved source Food received at proper temperature Food in good condition, safe, and unadulterated Required records available: molluscan shellfish identification, parasite destruction				Conformance with Approved Procedures Compliance with variance/specialized process/ROP criteria/HACCP Plan							
				GOOD RETAIL PRACTICES											
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
Safe Food and Water				Proper Use of Utensils											
OUT/N/A/N/O	V	COS	R	OUT	V	COS	R								
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Pasteurized eggs used where required				In-use utensils: properly stored											
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled											
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	<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 Proper cooling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding Approved thawing methods used Thermometers provided and accurate				Utensils and Equipment Food and non-food contact surfaces cleanable, properly designed, constructed, and used Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Non-food contact surfaces clean											
				Food Identification Food properly labeled; original container				Physical Facilities Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices Sewage and waste water properly disposed Toilet facilities: properly constructed, supplied, & clean Garbage and refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean Adequate ventilation and lighting; designated areas used Natural rubber latex gloves not used per CGS §19a-36f							
				Prevention of Food Contamination Insects, rodents, and animals not present Contamination prevented during food preparation, storage & display Personal cleanliness Wiping cloths: properly used and stored Washing fruits and vegetables				Violations documented							
				Date 9/4/24				Date corrections due							
				Person in Charge (Printed) Debbie Curtis				Priority Item Violations 1 Priority Foundation Item Violations 12 Core Item Violations 17 Risk Factor/Public Health Intervention Violations 11 Repeat Risk Factor/Public Health Intervention Violations Good Retail Practices Violations 19 Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>							

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

Person in Charge (Printed) Debbie Curtis

Inspector (Signature) *[Signature]* Date 9/3/24

Inspector (Printed) Jose Ramirez

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/3/24

Establishment Chilis Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Salsa Station		Cook line cold prep table		Hand Sink at warewash	88F
Salsa	37F	Pico	37F	Quat bucket	200ppm
Salsa	39F	Chicken	39F	Zone 1 cold prep	
Hot Hold Soup	180F	Sliced tomatoes	39F	Shred cheese	39F
under counter cooler/exp		Shred cheese	41F	Hot Hold Marinara	153F
Ranch	38F	Chicken	36F	Battering station chicken	35F
Cheese cake cooler	38F	Ribs	39F	egg roll	39F
Hot Hold chili	153F	Shrimp	39F	Bar Hand sink	127F

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.
	WIC: Sliced cheese 41F, Chicken 40F, Sausage 41F, Brisket 41F Ribs 41F, Pasta 41F, steak 38F
47C/49C	Salsa Station gasket damaged & unclean
16PF	Blue to-go container shelves unclean
16PF	Soda station nozzles, back splash, and ice well unclean. Expo line
47C	gasket damaged & unclean at under counter cooler at expo line
43C	Spoon used as scoop in ice cream freezer buried in product
16PF	interior of microwave at expo line unclean.
16PF	interior of ice machine unclean
49C	Shelving in dry storage unclean
49C	ConvoTherm exterior unclean, shelf unclean (oven)
47PF	ConvoTherm leaking heavily
49C	gaskets unclean throughout
49C	interior of hand sink by WIC unclean
16PF	interior of cookline coolers unclean throughout
49C	exterior of salad cooler unclean
16PF	interior of microwaves throughout unclean
37C	Squeeze bottles at cookline unlabeled
16PF	interior of conveyor oven unclean
49C	WIC Fan cover unclean
49C	Speed racks in WIC unclean
49C	lights in WIC unclean
16PF	interior of produce sink unclean

Person in Charge (Signature) [Signature]

Date 9/4/24

Inspector (Signature) [Signature]

Date 9/3/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/3/24

Establishment Chilis

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				Customer BR sink	107F

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/47c	Caulk around Warewash unclean & not cleanable
16P	Dish machine chlorine at 0ppm. 100ppm (COS) 100ppm
47PF	Damaged hotel pans on drying shelf by warewash
44C	Wet nesting of Hotel pans on drying shelf.
16PF	Shelves in bar glass cooler rusted. glass rims on shelf.
16PF	Soda gun nozzle at bar unclean
38C	Shed used to store linens, single use items/to go containers had door open w/ no screen door. Holes in floor and walls of shed.
Note	Shed door must be kept closed at all times. All holes must be sealed to prevent entry of pests. repairs cannot be made by *Food containers must be moved inside.*
Note	Discussed increasing cleaning frequency of all cookline equipment; interior of conveyor oven has heavy build up.
Note	Dish machine repaired by Ecolab.
Note	All core violations must be corrected within 30 days. Health Dept to reinspect. (10/3/24)
Note	Thermometer and test strips available
Note	PIC stated all gaskets are being replaced soon. To be cleaned in the meantime.
Note:	Dipper well not in use. * Return 9/4/24 to review report


Person in Charge (Signature) D. Curtis

Date 9/4/24

Inspector (Signature) Joe King

Date 9/3/24

Risk Category: <u>2</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>9/18/24</u>
Establishment <u>Dunkin</u>		Time In <u>10:00</u> <u>AM</u> /PM Time Out <u>11:00</u> <u>AM</u> /PM
Address <u>1527 Pleasant Valley Rd</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Krystal Kenfield</u>		Reinspection Other _____



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

Person in Charge (Signature) <u>Krystal Kenfield</u> Date <u>9/18/24</u>	Violations documented	Date corrections due	#
Person in Charge (Printed)	Priority Item Violations		0
Inspector (Signature) <u>Jose Ramirez</u> Date <u>9/18/24</u>	Priority Foundation Item Violations		0
Inspector (Printed) <u>Jose Ramirez</u>	Core Item Violations	<u>COS</u>	1
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	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		

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/18/24

Establishment Dunkin Fast Fretties Town Manchester

TEMPERATURE OBSERVATIONS

Table with 6 columns: Item/Location/Process, Temp, Item/Location/Process, Temp, Item/Location/Process, Temp. Includes items like sliced cheese (38F), almond milk (39F), hand sink by 3 bay (95F), and w/c cheese (39F).

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number

49c interior of hand sink by donut display unclean/used for dump sink

Note Good glove use observed

Note Test strips & thermometer available

Person in Charge (Signature)

Kathleen Kenfield

Date

9/18/24

Inspector (Signature)

[Handwritten Signature]

Date

9/18/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/15/2024
Establishment Elicit Brewing		Time In 2 AM/PM Time Out 3 AM/PM
Address 165 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		
<small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small>		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	Supervision	V COS R
1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 <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"/>
7 <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"/>
8 <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"/>
9 <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"/>
10 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Adequate handwashing sinks, properly supplied/accessibile	P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Food obtained from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Food received at proper temperature	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14 <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"/>
15 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Food separated and protected	P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Food-contact surfaces: cleaned & sanitized	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Proper cooking time and temperatures	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Proper reheating procedures for hot holding	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Proper cooling time and temperatures	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Proper hot holding temperatures	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
22 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Proper cold holding temperatures	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Proper date marking and disposition	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Time as a public health control: procedures and records	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Consumer advisory provided: raw/undercooked food	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
26 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Pasteurized foods used; prohibited foods not offered	P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Food additives: approved and properly used	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
28 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Toxic substances properly identified, stored & used	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
GOOD RETAIL PRACTICES		
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT/N/A/N/O	Safe Food and Water	V COS R
30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Pasteurized eggs used where required	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Water and ice from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Variance obtained for specialized processing methods	Pf <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"/>
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"/>
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"/>
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"/>
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"/>
38 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Insects, rodents, and animals not present	P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
39 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Personal cleanliness	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Wiping cloths: properly used and stored	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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) <i>Amanda Fromerth</i>	Date 9/15/24	
Person in Charge (Printed) Amanda Fromerth		
Inspector (Signature) <i>J. Shandy</i>	Date 9/15/2024	
Inspector (Printed) Louise Brandy		
Violations documented		#
Priority Item Violations		0
Priority Foundation Item Violations	9/15/24	6
Core Item Violations	12/5/24	4
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		6
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

reinspection: Sept 16th @ 4pm

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/5/2024

Establishment Elicit Brewing Co Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
wic		Atosa idoor	0F	handsink bar	89F
chicken wing	41F	cookline		handsink bar	80F
Cheese	40F	buffalo chicken	39F	hot water h.s	99F
wif	0F	tomato	40F		
Undercounter		raw shrimp	40F	quat bucket	
chicken raw	40F			200 ppm	
		pizza-tomato	39F		
		cheese	38F		



OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.
	CFPM: Amanda
38 pF	Fruit Flies at upstairs/downstairs bars
49c	Fan cover in wic not clean
49c	shelving in wic not clean
	notex discussed date marking
16pF	interior shelving at bar make not clean
16pF	interior atosa not clean (freezer)
49c	exterior of cookline equipment not clean
16pF	clean dish shelving not clean
38 pF	Fruit Flies in kitchen near ware wash/dish machine
50 pF	hot water in womens restroom at 133F ↳ cant exceed 115F
10c	no handwash signage in restrooms
	no cooking/cooling at time of visit
	Overall great organization/storage of equipment
	all gaskets to be replaced by The Gasket Guy
	email pest control report to Lgrandy@manchesterct.gov
	email change to fryers on cookline - reach out to Fire Marshal for requirements, All equipment (new) must be NSF/equivalent, on castors w/ quick disconnects to gas line per health dept.



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

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2		
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 9-3-24		
Establishment: Fun Luvin Daycare		Time In _____ AM/PM Time Out _____ AM/PM		
Address: 358 Hartford Rd		LHD Manchester		
Town/City: Manchester		Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder _____		Reinspection _____ Other _____		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS				
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.				
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed				
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
Supervision	Protection from Contamination	Time/Temperature Control for Safety		
IN OUT N/A N/O	IN OUT N/A N/O	IN OUT N/A N/O		
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food separated and protected	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooking time and temperatures		
2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certified Food Protection Manager for Classes 2, 3, & 4	16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper reheating procedures for hot holding		
3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling time and temperatures		
4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper date marking and disposition	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper hot holding temperatures		
5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written procedures for responding to vomiting and diarrheal events	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Time as a public health control: procedures and records	22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cold holding temperatures		
Employee Health		Consumer Advisory		
6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food	Highly Susceptible Population		
7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth	21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered	Food/Color Additives and Toxic Substances		
Preventing Contamination by Hands		Conformance with Approved Procedures		
8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hands clean and properly washed	22 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food additives: approved and properly used	GOOD RETAIL PRACTICES		
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	23 <input 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.		
10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate handwashing sinks, properly supplied/accessible	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Approved Source		Safe Food and Water	Proper Use of Utensils	
11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source	30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required	OUT N/A N/O	OUT	
12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food received at proper temperature	31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water and ice from approved source	Food Temperature Control	Utensils and Equipment	
13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, and unadulterated	32 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Variance obtained for specialized processing methods	33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control	43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In-use utensils: properly stored	
14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction	33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding	34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Approved thawing methods used	44 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled	
Good Retail Practices		35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thermometers provided and accurate	45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: properly stored & used	
Prevention of Food Contamination		36 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gloves used properly	
38 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, and animals not present	37 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination prevented during food preparation, storage & display	38 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and accurate	Physical Facilities	
39 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness	39 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used and stored	39 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure	50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices	
40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washing fruits and vegetables	40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage and waste water properly disposed	51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean	
Personnel Hygiene		41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, and animals not present	52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained	
42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper handwashing technique	42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used and stored	43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and accurate	53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate ventilation and lighting; designated areas used	
Food Identification		44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f	Violations documented	
45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	Personnel Hygiene		
Personnel Hygiene		Date corrections due		
46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper handwashing technique	46 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper handwashing technique	Priority Item Violations	#	
Personnel Hygiene		Priority Foundation Item Violations	0	
Personnel Hygiene		Core Item Violations	0	
Personnel Hygiene		Risk Factor/Public Health Intervention Violations	0	
Personnel Hygiene		Repeat Risk Factor/Public Health Intervention Violations	0	
Personnel Hygiene		Good Retail Practices Violations	13	
Personnel Hygiene		Requires Reinspection - check box if you intend to reinspect	<input type="checkbox"/>	
Personnel Hygiene		Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or 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 9-3-24

Establishment Fun Luvin Daycare Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
MILK	35F	CKN + Rice	147F		
		* heated + cooled prior to service			

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.
48C	Sanitizer bottle low
47C	Sanitizer bottle not spraying
447	Jumbled utensil drawer
	Adjust sanitizer and <u>New</u> spray bottle - Notify health Dpt via email dpayne@manchesterct.gov
	Kitchen Clean
	Thermometer present Alcohol spray + wipe OK for therm. Test strips, Chl., avail.


Person in Charge (Signature) [Signature]

Date 9-3-24

Inspector (Signature) Denise Payne

Date 9-3-24

Risk Category: <u>2</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>9/26/24</u>
Establishment <u>Hampton Inn & suites</u>		Time In <u>10:00</u> AM/PM Time Out <u>11:00</u> AM/PM
Address <u>1432 Pleasant Valley Rd</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Angela Killou</u>		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 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 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"/>	Time/Temperature Control for Safety																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																	
Good Hygienic Practices																																
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																	
Preventing Contamination by Hands																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																	
Approved Source																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory																				
<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 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"/>	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"/>	Highly Susceptible Population																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	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	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"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>																				
Food Temperature Control																																
<input checked="" type="checkbox"/>	<input checked="" 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 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"/>																				
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"/>	<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"/>	<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"/>																				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																
Violations documented																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Violations documented</th> <th>Date corrections due</th> <th>#</th> </tr> <tr> <td>Priority Item Violations</td> <td><u>9-29-24</u></td> <td><u>1</u></td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td><u>10-6-24</u></td> <td><u>3</u></td> </tr> <tr> <td>Core Item Violations</td> <td><u>12-28-24</u></td> <td><u>2</u></td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td><u>3</u></td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td></td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td><u>3</u></td> </tr> </table>												Violations documented	Date corrections due	#	Priority Item Violations	<u>9-29-24</u>	<u>1</u>	Priority Foundation Item Violations	<u>10-6-24</u>	<u>3</u>	Core Item Violations	<u>12-28-24</u>	<u>2</u>	Risk Factor/Public Health Intervention Violations		<u>3</u>	Repeat Risk Factor/Public Health Intervention Violations			Good Retail Practices Violations		<u>3</u>
Violations documented	Date corrections due	#																														
Priority Item Violations	<u>9-29-24</u>	<u>1</u>																														
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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																																

Person in Charge (Signature) _____ Date _____

Person in Charge (Printed) Angela Killou

Inspector (Signature) Jose Ramirez Date 9/26/24

Inspector (Printed) Jose Ramirez

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/26/24

Establishment Hampton Inn + Suites Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIC				Hand Sink kitchen	117F
boiled eggs	41F			3 bay Quat	400ppm
yogurt	41F			Bathroom Sink	113F
milk	41F				
1 door RIF ambient	0F True				
1 door RIF ambient	10F Avanco				

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 |
|-------------|--|
| | Christian CFPM on site |
| 43C | ice Scoop buried in ice machine |
| 16PF | interior of ice machine unclean |
| 49C | Counter under Moffat oven unclean - work order put in |
| 13P | Dented cans not segregated in dry storage CO |
| 16PF | Juice dispenser nozzles unclean COS |
| 33PF | cooling of gravy in Reach in Cooler. Voluntarily discarded |

Note NO Cooling allowed as a class 2 establishment.
Left over gravy must be discarded after each service

Note PIC to monitor concentration of sanitizer-

Note instructed PIC to establish area for dented cans

Note instructed PIC to add "Pls use tongs for apples" sign

Note Test Strips & thermometer available


Person in Charge (Signature)

Date 9/26/24

Inspector (Signature)

Date 9/26/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____	Date: 9/11/24	
Establishment Howell Cheney Tech. H.S.	Time In 11:00 AM/PM Time Out 1:00 AM/PM	
Address 791 MTW	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Lisa Dupon	Reinspection Other _____	



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
Supervision				Protection from Contamination				Time/Temperature Control for Safety							
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Food separated and protected							
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/Pf	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Food-contact surfaces: cleaned & sanitized							
Employee Health				Consumer Advisory				Highly Susceptible Population							
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Consumer advisory provided: raw/undercooked food				Consumer advisory provided: raw/undercooked food							
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>		
Proper use of restriction and exclusion				Time as a public health control: procedures and records				Time as a public health control: procedures and records							
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>		
Written procedures for responding to vomiting and diarrheal events				Food additives: approved and properly used				Food additives: approved and properly used							
Good Hygienic Practices				Conformance with Approved Procedures				Prevention of Food Contamination							
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use				Compliance with variance/specialized process/ROP criteria/HACCP Plan				Compliance with variance/specialized process/ROP criteria/HACCP Plan							
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>									
No discharge from eyes, nose, and mouth				GOOD RETAIL PRACTICES				Safe Food and Water							
				Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>				
Pasteurized eggs used where required			In-use utensils: properly stored			In-use utensils: properly stored									
31	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>				
Water and ice from approved source			Utensils/equipment/linens: properly stored, dried, & handled			Utensils/equipment/linens: properly stored, dried, & handled									
32	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>				
Variance obtained for specialized processing methods			Single-use/single-service articles: properly stored & used			Single-use/single-service articles: properly stored & used									
Food Temperature Control				Utensils and Equipment				Physical Facilities							
33	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control				Food and non-food contact surfaces cleanable, properly designed, constructed, and used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
34	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>				
Plant food properly cooked for hot holding				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
35	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>				
Approved thawing methods used				Non-food contact surfaces clean				Non-food contact surfaces clean							
36	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>										
Thermometers provided and accurate				Prevention of Food Contamination				Safe Food and Water							
37	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>										
Food properly labeled; original container				Insects, rodents, and animals not present				Insects, rodents, and animals not present							
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>										
Contamination prevented during food preparation, storage & display				Contamination prevented during food preparation, storage & display				Contamination prevented during food preparation, storage & display							
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>										
Personal cleanliness				Wiping cloths: properly used and stored				Wiping cloths: properly used and stored							
40	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>										
Wiping cloths: properly used and stored				Washing fruits and vegetables				Washing fruits and vegetables							
41	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>										
Washing fruits and vegetables															
42	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>										

Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) Lisa Dupon	Date 9/11/24	
Person in Charge (Printed)		
Inspector (Signature) Jose Ramirez	Date 9/11/24	
Inspector (Printed) Jose Ramirez		

Violations documented	Date corrections due	#
Priority Item Violations	9/14/24	5
Priority Foundation Item Violations	9/21/24	6
Core Item Violations	12/11/24	11
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		18
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/11/24

Establishment Cheney Tech HS Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door "Leftover" burger	41°F	hot hold potatoes	155	hand sink	130°F
string cheese	40°F	sausage	145	quat 3-bay	400 ppm
milk cooler-straw milk	40°F	french toast	160		
cold turkey sandwich	40	serving line potatoes	135		
"victory" 2 door ham	39	sausage	150		
turkey	39				
WIC yogurt	39	Final temp potatoes	205°F		
WIF ambient	0				



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
39PF	moldy ceiling tile above food serving tables in lunchroom
49C	wall above gate into entrance of kitchen not clean
15P	pears not protected at serving line
51P	grease trap in dishroom not functioning
49C	floor in warewash not clean, standing water by grease trap
47C	gasket on WIC not cleanable
49C	gasket on WIF damaged / unclean
38PF	dead mouse present in dry storage sticky trap, droppings noted
38PF	snap trap in dry storage not approved. need enclosed
*	Culinary dry storage room must be assessed for ventilation requirements to prevent mold. If it cannot be corrected no food or equipment shall be stored in room.
*	apples / pears must be individually wrapped after cleaning.
*	dented can designated area noted
*	test strips and thermometer available for both kitchens
*	more frequent pest control required. currently 1x month.
*	ceiling tile in lunchroom to be replaced within 2 weeks.
*	grease traps must be serviced / with scheduled w/ in 3 days.
*	HVAC parts ordered for ice machine

Person in Charge (Signature) [Signature]

Date 9/11/24

Inspector (Signature) [Signature]

Date 9/11/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/11/24

Establishment Cheney Tech - Culinary Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door Traulsen Freezer	0F				
True Fridge milk	40				
cream cheese	39				
Traulsen Whipping cream	38				
lobster base	35				
WIC Sliced tomato	40				
potatoes	41				
Salami	41				



OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of
	Steve CFPM on site
	<u>Bakery</u>
49C	exterior of red utensil cabinet unclean
49C	exterior of True 2-door reach in unclean
	<u>Kitchen</u>
16PF	interior of microwave unclean
49C	wall behind vegetable sink unclean, throughout
39P	mold build up on cans, cambros, syrups in dry storage. ↳ ventilation or equivalent required. ↳ maple syrup voluntarily discarded. heavy mold build up.
49C	ceiling tiles unclean, especially above ware wash
49C	gaskets throughout culinary side unclean
51P	grease traps not working properly.
51P	standing water in hotel pan and on floor behind ice machine
16PF	interior of 2 door stacked Traulsen across from butcher block not clean
49C	WIC / WIF fan covers unclean
10PF	no paper towels @ handsink in culinary serving room (COS)
49C	interior / exterior of cabinets in serving room unclean

[Handwritten Signature]

Person in Charge (Signature) *Cliff Biussepe* Date 9/11/24
 Inspector (Signature) *[Signature]* Date 9/11/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 9/18/24	
Establishment: Ihop	Time In: 11 AM/PM Time Out: _____ AM/PM	
Address: 191 Beming St	LHD: Manchester	
Town/City: Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder: CFPM: Angel	Reinspection Other _____	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				15 Food separated and protected									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
3 Employee Health				17 Proper disposition of returned, previously served, reconditioned, and unsafe food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4 Management, food employee and conditional employee; knowledge, responsibilities and reporting				18 Proper cooking time and temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5 Proper use of restriction and exclusion				19 Proper reheating procedures for hot holding									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
6 Written procedures for responding to vomiting and diarrheal events				20 Proper cooling time and temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7 Good Hygienic Practices				21 Proper hot holding temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
8 Proper eating, tasting, drinking, or tobacco products use				22 Proper cold holding temperatures									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9 No discharge from eyes, nose, and mouth				23 Proper date marking and disposition									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10 Preventing Contamination by Hands				24 Time as a public health control; procedures and records discussed									
<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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
11 Hands clean and properly washed				25 Consumer advisory provided: raw/undercooked food									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
12 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				26 Highly Susceptible Population									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Adequate handwashing sinks, properly supplied/accessible				27 Food/Color Additives and Toxic Substances									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
14 Approved Source				28 Food additives: approved and properly used									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
15 Food obtained from approved source				29 Conformance with Approved Procedures									
<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"/>
16 Food received at proper temperature				30 Compliance with variance/specialized process/ROP criteria/HACCP Plan									
<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"/>
17 Food in good condition, safe, and unadulterated				GOOD RETAIL PRACTICES									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.						
18 Required records available: molluscan shellfish identification, parasite destruction				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation									

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
33 Food Temperature Control				46 Gloves used properly					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
34 Proper cooling methods used; adequate equipment for temperature control				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35 Plant food properly cooked for hot holding				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
36 Approved thawing methods used				49 Non-food contact surfaces clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
37 Thermometers provided and accurate				50 Hot and cold water available; adequate pressure					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
38 Food Identification				51 Plumbing installed; proper backflow devices					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39 Prevention of Food Contamination				52 Sewage and waste water properly disposed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
40 Insects, rodents, and animals not present				53 Toilet facilities: properly constructed, supplied, & clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
41 Contamination prevented during food preparation, storage & display				54 Garbage and refuse properly disposed; facilities maintained					
<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"/>
42 Personal cleanliness				55 Physical facilities installed, maintained, and clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
43 Wiping cloths: properly used and stored				56 Adequate ventilation and lighting; designated areas used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
44 Washing fruits and vegetables				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 9/18/24	Violations documented	Date corrections due	#
Person in Charge (Printed)	Priority Item Violations		
Inspector (Signature) <i>[Signature]</i> Date 9/18/24	Core Item Violations	12/18/24	6
Inspector (Printed) Lauren Grandy	Risk Factor/Public Health Intervention Violations		
	Repeat Risk Factor/Public Health Intervention Violations		
	Good Retail Practices Violations		6
	Requires Reinspection - check box if you intend to reinspect		

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/18/24

Establishment Inop

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
internal omelette	180F	wic	37F	sink surface	1875 ppm
sausage hot	145	salmon	39F	dish machine	50-100 ppm
cold-pancake batter	41F	bacon raw	39F		
ham	39F				
raw chicken	39F	wif	0F	cold cookline server	
strawberries-cut	40F			butter	41F
sausage	36F	undercounter			
		milk	41F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Angel
49c	gaskets of drawers along cookline not clean
note*	Floors along cookline - grout to be replaced - work order placed
56c	ipods stored next to plate on cookline (cos)
49c	Shelving in dry storage room (outside) not clean
55c	Gap in back wall by dry storage
49c	exterior lid of ice machine not clean
51c	3 bay sink leaking - work order to be placed
note*	no issues w/ pest control - ecolab report observed
note*	Test strips available
note*	Thermometer available
note*	discussed time as public health control for butter. Butter to be out for max 4 hours, must be time stamped date + time on butter for verification. Butter must be thrown out after 4 hours, not allowed to cool/re-use.
note*	overall great storage/organization
note*	allergen poster available
note*	good glove/wc/handwashing observed.
	email lgrandy@manchesterct.gov with corrective actions.

Person in Charge (Signature) <u>[Signature]</u>	Date
Inspector (Signature) <u>[Signature]</u>	Date <u>9/18/24</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other	Date: 9/25/27	
Establishment Indigo Indian Bistro	Time In 2:00 AM/PM Time Out 3:30 AM/PM	
Address 232 Spencer St.	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Sween Mathew	Reinspection Other	



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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

Person in Charge (Signature) <i>[Signature]</i> Date 09/25/24	Violations documented
Person in Charge (Printed) SWEEN MATHW	Date corrections due
Inspector (Signature) <i>[Signature]</i> Date 9/25/24	#
Inspector (Printed) Jose Ramirez	Priority Item Violations 0
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	Priority Foundation Item Violations 0
	Core Item Violations 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 <input type="checkbox"/>

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: Sept 9, 24	
Establishment: Kindercare	Time In _____ AM/PM	Time Out _____ AM/PM
Address: 481 Spring St	LHD: Manchester	
Town/City: Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder _____	Reinspection _____ Other _____	



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected									
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized									
Employee Health				Time/Temperature Control for Safety									
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper reheating procedures for hot holding									
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures									
Good Hygienic Practices				Food/Color Additives and Toxic Substances									
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Food additives: approved and properly used									
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Toxic substances properly identified, stored & used									
Preventing Contamination by Hands				Conformance with Approved Procedures									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Compliance with variance/specialized process/ROP criteria/HACCP Plan									
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Consumer Advisory									
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Food additives: approved and properly used									
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Toxic substances properly identified, stored & used									
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				Conformance with Approved Procedures									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				GOOD RETAIL PRACTICES									

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

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

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

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

Person in Charge (Signature) Dina May	Date 9/9/24
Person in Charge (Printed) Dina May	
Inspector (Signature) Denise Payne	Date 9/9/24
Inspector (Printed) Denise Payne	

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		
None		

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or 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 9/9/24

Establishment Kindercare

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk	37F	Corn + bean tacos		Hot Water	116F
Cheese	38F	"heated to eat"		Sandlign in use @ 150ppm	
Butter	40F			Quat X	

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
	New Comm. R/I cooler ✓
	Test Strips Dm ✓
	" " 3bay ✓
	Ceiling/walls → scheduled on maint for cleaning (not easily accessed)
	CFPM on site
	Kitchen Clean & organized
	Date marking observed - "day opened"
	Reviewed Allergens. * needed on Posted menu: Hopt to Email

Person in Charge (Signature)

[Signature]

Date

9/9/24

Inspector (Signature)

Denise Payne

Date

9/9/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9-9-24

Establishment: King Donut Time In _____ AM/PM Time Out _____ AM/PM

Address: 467 Hartford Road LHD: Manchester

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

Permit Holder _____ Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Pasteurized eggs used where required							In-use utensils: properly stored						
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled						
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used						
Food Temperature Control							46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Utensils and Equipment						
Proper cooling methods used; adequate equipment for temperature control							Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Plant food properly cooked for hot holding							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Approved thawing methods used							Non-food contact surfaces clean						
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Physical Facilities						
Thermometers provided and accurate							50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Food Identification							Hot and cold water available; adequate pressure						
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Food properly labeled; original container							Plumbing installed; proper backflow devices						
Prevention of Food Contamination							52	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
38	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Sewage and waste water properly disposed						
Insects, rodents, and animals not present							53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean						
Contamination prevented during food preparation, storage & display							54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Garbage and refuse properly disposed; facilities maintained						
Personal cleanliness							55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	Physical facilities installed, maintained, and clean						
Wiping cloths: properly used and stored							56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Adequate ventilation and lighting; designated areas used						
Washing fruits and vegetables							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) Edward Baker Date 9/9/24

Person in Charge (Printed) Edward Baker

Inspector (Signature) Denise Payne Date 9/9/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>today 9/19/24</u>	3
Core Item Violations	<u>today</u>	4
Risk Factor/Public Health Intervention Violations		3 *
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		4
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 9/9/24

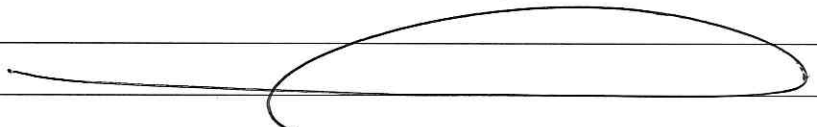
Establishment King Donuts Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Cheese</u>	<u>39F</u>	<u>No Hot Holding</u>		<u>Hot Water</u>	<u>112F</u>
<u>Butter</u>	<u>41F</u>				
<u>Milk</u>	<u>40F</u>				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
51A	
<u>45C</u>	<u>Single use spoons used as scoops - must be washable</u>
<u>10PF</u>	<u>Soap dispenser empty - temp soap disp. on counter</u>
<u>47C</u>	<u>Gaskets torn</u>
<u>52C</u>	<u>Freezer build up in freezer chest</u>
<u>2C</u>	<u>Staff on site no certification, cannot express</u>
<u>1PF</u>	<u>food safety/knowledge.</u>
	<u>end of day → closing for the days.</u>
<u>-</u>	<u>No date marking - contact HDpt to discuss</u>
<u>38PF</u>	<u>Flies/gnats observed at front service counter</u>
<u>-</u>	<u>Discussed a drying location for sponges</u>
	<u>"Clean + Organized"</u>
	

Person in Charge (Signature) Edward Bak

Date 9/9/24

Inspector (Signature) Denise Byrne

Date 9/9/24

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

Establishment type: Permanent Temporary Mobile Other Date: 9/17/24
Establishment Krispy Krunchy Chicken Time In 12:00 AM/PM Time Out 1:00 AM/PM
Address 270 W. Middle Tpk LHD Manchester
Town/City Manchester Purpose of Inspection: Routine Pre-op
Permit Holder Prasad Maganti Reinspection Other 30 Day



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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


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

Person in Charge (Signature) Date 9/17/24
Person in Charge (Printed) Y. PAVAN KUMAR REDDY
Inspector (Signature) Date 9/17/24
Inspector (Printed) Jose Ramirez

Table with columns: Violations documented, Date corrections due, #. Rows include 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, and 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: 9/24/24
Establishment Macho Picchu		Time In 3:30 AM/PM Time Out 5:00 AM/PM
Address 846 Main St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder EMMA FRANCO		Reinspection Other _____



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

GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <i>Emma Franco</i> Date _____				Violations documented				Date corrections due				#			
Person in Charge (Printed)				Priority Item Violations				CoS				1			
Inspector (Signature) <i>Jesse Ramirez</i> Date 9/24/24				Priority Foundation Item Violations				10-4-24				2			
Inspector (Printed) Jesse Ramirez				Core Item Violations				12-24-24				7			
				Risk Factor/Public Health Intervention Violations								2			
				Repeat Risk Factor/Public Health Intervention Violations								8			
				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 9/24/24

Establishment Machu Pichu

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Shrimp	38F			Hand Sink by prep sink	95F
Steak	38F			3 bay chlorine	100ppm
chicken	40F			customer BR Sink	115F
noodles	39F				
Cold Prep table					
Chicken	38F				
Sliced tomatoes	40F				
Steak	38F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM Emma on site.
35PF	Thawing chicken at room temp.
15C	Containers of food in WIC uncovered
56C	WIC light not bright enough
49C	WIC shelves unclean, wall SE floor unclean
15P	Cooling whole chicken in WIC, chicken touching wall. COS
49C	interior of cold prep table unclean
56C	Hood baffles unclean.
43C	tongs stored on unclean table under flat top grill
49C	Floor was under 3 bay unclean
38PF	live roach observed under 3 bay.
Note:	Discussed proper cooling w/ PIC. cooling starts once food is @ 135. must get to 70°F within 2hrs. Then to 41°F in an additional 4hrs. Utilize shallow pans and WIC or ice to reach temperature parameters.
Note:	Email jramirez@manchesterct.gov most recent pest control report.
Note:	Schedule hood cleaning no later than Friday 9/27/24.
Note:	Email w/ Time variance for rice.


Person in Charge (Signature) Emma

Date

Inspector (Signature) [Signature]

Date 9/24/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 9/17/24	
Establishment Manchester Pizza & Grill	Time In 11:00 AM Time Out 12:30 AM	
Address 316 Green Rd	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Lenny Sanchez	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				15 Food separated and protected			
2 Certified Food Protection Manager for Classes 2, 3, & 4				16 Food-contact surfaces: cleaned & sanitized			
				17 Proper disposition of returned, previously served, reconditioned, and unsafe food			
Employee Health				Time/Temperature Control for Safety			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				18 Proper cooking time and temperatures			
<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"/>
4 Proper use of restriction and exclusion				19 Proper reheating procedures for hot holding			
<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"/>
5 Written procedures for responding to vomiting and diarrheal events				20 Proper cooling time and temperatures			
				21 Proper hot holding temperatures			
Good Hygienic Practices				22 Proper cold holding temperatures			
<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				23 Proper date marking and disposition			
<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"/>
7 No discharge from eyes, nose, and mouth				24 Time as a public health control: procedures and records			
Preventing Contamination by Hands				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"/>
8 Hands clean and properly washed				25 Consumer advisory provided: raw/undercooked food			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				26 Pasteurized foods used; prohibited foods not offered			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
10 Adequate handwashing sinks, properly supplied/accessible				27 Food additives: approved and properly used			
Approved Source				28 Toxic substances properly identified, stored & used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
11 Food obtained from approved source				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>				
13 Food in good condition, safe, and unadulterated							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
14 Required records available: molluscan shellfish identification, parasite destruction							

GOOD RETAIL PRACTICES

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

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

Safe Food and Water				Proper Use of Utensils			
OUT	N/A	N/O	V	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			
<input type="checkbox"/>	<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				44 Utensils/equipment/linens: properly stored, dried, & handled			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used			
Food Temperature Control				46 Gloves used properly			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
33 Proper cooling methods used; adequate equipment for temperature control				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49 Non-food contact surfaces clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
34 Plant food properly cooked for hot holding				50 Hot and cold water available; adequate pressure			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51 Plumbing installed; proper backflow devices			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52 Sewage and waste water properly disposed			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53 Toilet facilities: properly constructed, supplied, & clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54 Garbage and refuse properly disposed; facilities maintained			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55 Physical facilities installed, maintained, and clean			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56 Adequate ventilation and lighting; designated areas used			
<input checked="" 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) Lenny Sanchez Date 9-17-24	Violations documented	Date corrections due	#
Person in Charge (Printed) Lenny Sanchez 9-17-24	Priority Item Violations		0
Inspector (Signature) Jose Ramirez Date 9/17/24	Priority Foundation Item Violations		0
Inspector (Printed) Jose Ramirez	Core Item Violations	COS	2
	Risk Factor/Public Health Intervention Violations		0
	Repeat Risk Factor/Public Health Intervention Violations		0
	Good Retail Practices Violations		2
	Requires Reinspection - check box if you intend to reinspect		

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/17/24

Establishment Manchester Pizza & Grill Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold Prep table		Cold Prep table		Hand Sink Kitchen	110F
Sausage	38F	Fish	38F	Chlorine Bucket	100ppm
Fish	38F	chicken	38F	Bathroom Sink	100F
Shrimp	41F	WIC chicken	38F	WIF ambient	0F
Sliced cheese	40F	Steak	38F	WIC Produce ambient	38F
Hot Hold Mashed Potatoes	138F	ground beef	38F	Sandwich cold prep chicken	39F
Marinara	140F	Ham	38F	ham	39F
		Cheese	38F	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.	
	Anthony CFPM on site	Pizza cooked to 190F
37C	unlabeled Flour bin	(COS)
37C	unlabeled squeeze bottles at cookline	(COS)
	Note Good glove use & handwashing observed.	
	Note PIC knowledgeable on food safety	
	Note Discussed storing wet rags in sanitizer solution.	
	Note Good date marking throughout.	
	Note overall clean & organized	
	Note test strips & thermometer available	

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

Date 9-17-24
 Date 9/17/24

Risk Category: <u>1</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>									
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>9-5-24</u>									
Establishment <u>Manchester Express-Teddys</u>		Time In _____ AM/PM Time Out _____ AM/PM									
Address <u>385 Main St</u>		LHD <u>Manchester</u>									
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op									
Permit Holder _____		Reinspection _____ Other _____									
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS											
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>											
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed											
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
	IN	OUT	N/A	N/O	Supervision			V	COS	R	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties			Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4			C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee Health											
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting			P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion			P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events			Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good Hygienic Practices											
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use			P/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth			C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing Contamination by Hands											
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed			P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessibile			Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approved Source											
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source			P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature			P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated			P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GOOD RETAIL PRACTICES											
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
	OUT	N/A	N/O	Safe Food and Water			V	COS	R		
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required			P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source			P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods			Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Temperature Control											
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control			Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding			Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used			Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate			Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Identification											
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container			Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of Food Contamination											
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present			Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display			P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness			Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored			C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables			P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.											
Person in Charge (Signature) _____		Date <u>9-5-24</u>									
Person in Charge (Printed) <u>Holly</u>											
Inspector (Signature) <u>Denise Payne</u>		Date <u>9-5-24</u>									
Inspector (Printed) <u>Denise Payne</u>											
Violations documented											
Priority Item Violations						Date corrections due			#		
Priority Foundation Item Violations						<u>3Day/ASAP.</u>			<u>1</u>		
Core Item Violations						<u>90 days</u>			<u>1</u>		
Risk Factor/Public Health Intervention Violations											
Repeat Risk Factor/Public Health Intervention Violations											
Good Retail Practices Violations											
Requires Reinspection - check box if you intend to reinspect											
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.											

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9-5-24

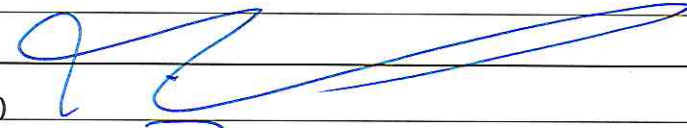
Establishment Manchester Express Kabobs Town Manchester

TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk	34F			Hot Water	118F
				Test strips Avail	

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.	
22P	milk dispenser - milk + 1/2 @ 45F Must keep product below 41F	Discarded Adjusted internal temp
	3 Bay not setup at this time	Thermometer avail
55C	Ceiling tiles stained	Discussed Calibration

Person in Charge (Signature)  Date _____

Inspector (Signature) Dennis Payne Date 9/5/24

Risk Category: <u>2</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>										
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>9-3-24</u>												
Establishment <u>McDonalds</u>				Time In <u>230</u> AM/PM		Time Out _____ AM/PM										
Address <u>Tolland Tpk</u>				LHD <u>Manchester</u>												
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op		Reinspection _____ Other _____										
Permit Holder _____		FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
Supervision				Protection from Contamination												
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R			
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected									
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized									
Employee Health				Time/Temperature Control for Safety												
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>			
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food									
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Proper use of restriction and exclusion							Proper cooking time and temperatures									
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>			
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding									
Good Hygienic Practices				Consumer Advisory												
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>			
Proper eating, tasting, drinking, or tobacco products use							Consumer advisory provided: raw/undercooked food									
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population									
No discharge from eyes, nose, and mouth							26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances												
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>			
Hands clean and properly washed							Food additives: approved and properly used									
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Toxic substances properly identified, stored & used									
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures									
Adequate handwashing sinks, properly supplied/accessible							29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Approved Source				GOOD RETAIL PRACTICES												
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Food obtained from approved source							Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation									
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
Food received at proper temperature							Safe Food and Water				Proper Use of Utensils					
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							Pasteurized eggs used where required				In-use utensils: properly stored					
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction							Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled					
Good Retail Practices				Food Temperature Control				32				<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				Proper cooling methods used; adequate equipment for temperature control				33				<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Insects, rodents, and animals not present				Plant food properly cooked for hot holding				34				<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display				Approved thawing methods used				35				<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Personal cleanliness				Thermometers provided and accurate				36				<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Wiping cloths: properly used and stored				Food Identification				37				<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Washing fruits and vegetables				Food properly labeled; original container				38				<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Facilities				Violations documented				39				<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate ventilation and lighting; designated areas used				Priority Item Violations				39				<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Natural rubber latex gloves not used per CGS §19a-36f				Priority Foundation Item Violations				40				<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Violations documented				Core Item Violations				41				<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
Date corrections due				Risk Factor/Public Health Intervention Violations				42				<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
#				Repeat Risk Factor/Public Health Intervention Violations				43				<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
1				Good Retail Practices Violations				44				<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
3				Requires Reinspection - check box if you intend to reinspect				45				<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
1				Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.				46				<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	
2								46				<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	

See page 2

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9-3-24

Establishment McDonalds - Tolland Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Eggs	41F	Cooked Hamburgers	159F	Hot Water	114F
		Hamb. patty	182F		
Milk		Chicken breast	146F	Chlorine Sanitizer Bucket	50ppm

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	Cookline 2 drawer cooler top product not 41F or lower Eggs (shelled) 49/48F Hamburger (open container) 49F Liquid egg cartons 48F lower items/drawers OK. Egg-sandwich (frozen) Discarded
49C	Cookline 2 drawer cooler / 2 door upright gaskets unclean
49C	Container in 2 drawer unit unclean
51PF	3-bay sink drain leaking
49C	Self service soda cabinet - handles & interior w/spills.
	* Cold faucet handles removed. All hand sinks have mixing valve → Discussed lowering temp for ease of hand washing
	<u>Generally Clean.</u>

> Manager to document monitoring temperatures — call for service call if product not below 41F. Email H&D by 9/6/24

Person in Charge (Signature) Lawrence

Date 9/3/24

Inspector (Signature) Denise Payne

Date 9-3-24

d.payne@manchesterct.gov

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

Establishment type: Permanent Temporary Mobile Other _____ Date: **9/10/24**

Establishment **Mulberry St pizza** Time In **11:30** AM/PM Time Out **1:00** AM/PM

Address **981 Main street** LHD **Manchester**

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

Permit Holder **Danita Suik** Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Supervision					Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C			
1	Person/Alternate Person in charge present, demonstrates knowledge and performs duties						15	Food separated and protected						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/P/C			
2	Certified Food Protection Manager for Classes 2, 3, & 4						16	Food-contact surfaces: cleaned & sanitized						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			
	3, & 4						17	Proper disposition of returned, previously served, reconditioned, and unsafe food						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						18	Proper cooking time and temperatures						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			
4	Proper use of restriction and exclusion						19	Proper reheating procedures for hot holding						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			
5	Written procedures for responding to vomiting and diarrheal events						20	Proper cooling time and temperatures						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			
	Good Hygienic Practices						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf			
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			
	Preventing Contamination by Hands						21	Proper hot holding temperatures						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			
	Approved Source						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf			
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C			22	Proper cold holding temperatures						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C			23	Proper date marking and disposition						
	Required records available: molluscan shellfish identification, parasite destruction						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			
	Time as a public health control: procedures and records						24	Time as a public health control: procedures and records						
	GOOD RETAIL PRACTICES						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			
	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							Consumer Advisory						
	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						25	Consumer advisory provided: raw/undercooked food						
30	<input type="checkbox"/>	<input type="checkbox"/>		P			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			
31	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C				Highly Susceptible Population						
32	<input type="checkbox"/>	<input type="checkbox"/>		Pf			26	Pasteurized foods used; prohibited foods not offered						
	Food Temperature Control						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C			
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/C			27	Food additives: approved and properly used						
34	<input type="checkbox"/>	<input type="checkbox"/>		Pf			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			
35	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C			28	Toxic substances properly identified, stored & used						
36	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			
	Food Identification							Conformance with Approved Procedures						
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C			29	Compliance with variance/specialized process/ROP criteria/HACCP Plan						
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pf/C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			
39	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C				Utensils and Equipment						
40	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C			47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>		C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			
42	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C			48	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
	Prevention of Food Contamination						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			
43	<input type="checkbox"/>	<input type="checkbox"/>		Pf			49	Non-food contact surfaces clean						
44	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C			
45	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C				Physical Facilities						
46	<input type="checkbox"/>	<input type="checkbox"/>		C			50	Hot and cold water available; adequate pressure						
	Permit Holder shall notify customers that a copy of the most recent inspection report is available.						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			
	Person in Charge (Signature) _____ Date 9/10/24						51	Plumbing installed; proper backflow devices						
	Person in Charge (Printed) Molly Solick						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			
	Inspector (Signature) _____ Date 9/10/24						52	Sewage and waste water properly disposed						
	Inspector (Printed) Lauren Grandy						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C			
Violations documented											Date corrections due		#	
Priority Item Violations													7	
Priority Foundation Item Violations													13	
Core Item Violations													4	
Risk Factor/Public Health Intervention Violations														
Repeat Risk Factor/Public Health Intervention Violations														
Good Retail Practices Violations													17	
Requires Reinspection - check box if you intend to reinspect											<input checked="" type="checkbox"/>			

reinspection: 9/20/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/10/2024

Establishment Mulberry St pizza Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
chicken (raw)	39F	cookline pizza prep	60F	WIC	
Tomatoes	39F	cut tomato	58F	cut tomato	40F
Feta cheese	38F	sausage	59F	cheese	40F
		meatball	58F	pasta	39F
cookline - chili	40F	cheese	59F		
Sliced tomato	40F	sauce (Marinara)	59F		
quat sanitizer	760-400 ppm	chicken wing (natural)	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	Description
	CFPM: Molly
52c	stagnant water in salad cold prep - (cos)
37pF	squeeze bottles along cookline not labeled
49c	speed rack exterior not clean
47c	gaskets damaged/not clean along cookline
22p	pizza bay marle not functioning properly - all food product between 58-60F. voluntarily discarded. Health Dept told to use ice bath temporarily, All TCS Food (cut tomato, sausage, meatball, cheese, Marinara) all voluntarily discarded. Licensed hvac to be called this day with work order.
16pF	interior of pizza prep not clean
49c	exterior of flour container not clean by pizza station
49c	Floor on cookline not clean
47c	Foil on exterior of pipes on cookline - to be removed
49c	wall behind mixer not clean
16pF	interior of microwave not clean
49c	wic floors not clean
49c	shelving throughout not clean (stainless steel)
55c	Floor in basement peeling/chipping - discussed doing floor
47c	Shelving (wood) chipping/peeling in basement
47c	kick plate of beer wic damaged
16pF	interior of ice machine not clean
52pF	water from ice machine draining into bucket in basement
Person in Charge (Signature)	<u>Molly</u>
	Date <u>9/10/24</u>
Inspector (Signature)	<u>L. Lynam</u>
	Date <u>9/10/2024</u>

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/10/24

Establishment Mulberry St. pizza Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				hot water bar	86F
				hot water h.s.	90F

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*	discussed plan for basement area ↳ submit plan for Finishing Floor, wall, ceiling to health dept with time line ↳ email to Lgrandy@manchesterct.gov
41c	towel stored on top of lettuce container - removed (cos)
38pF	Fruit Flies present at bar area
note*	thermometer available
note*	test strips available
33pF	cooling chicken wings at room temperature - discussed proper cooling practices
note*	discussed shellfish tags with raw seafood with pic. ↳ must be kept for 90 days
note*	no ill employees
note*	3/4 staff serv safe trained
	Health Dept to be out Thursday 9/12 to check pizza refrigeration unit is functioning/working properly.

Person in Charge (Signature) [Signature]

Date 9/10/24

Inspector (Signature) [Signature]

Date 9/10/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/5/24

Establishment New main wah kitchen Time In _____ AM/PM Time Out _____ AM/PM
 Address 402 middle Tpke west LHD Manchester
 Town/City Manchester Purpose of Inspection: Routine Pre-op
 Permit Holder Yong Feng Liu Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
1				Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf			15				Food separated and protected			
2				Certified Food Protection Manager for Classes 2, 3, & 4	C			16				Food-contact surfaces: cleaned & sanitized	Pf		
Employee Health								Time/Temperature Control for Safety							
3				Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf			17				Proper disposition of returned, previously served, reconditioned, and unsafe food	P		
4				Proper use of restriction and exclusion	P			18				Proper cooking time and temperatures	P/Pf/C		
5				Written procedures for responding to vomiting and diarrheal events	Pf			19				Proper reheating procedures for hot holding	P		
Good Hygienic Practices								Consumer Advisory							
6				Proper eating, tasting, drinking, or tobacco products use	P/C			20				Consumer advisory provided: raw/undercooked food	Pf		
7				No discharge from eyes, nose, and mouth	C			Highly Susceptible Population							
Preventing Contamination by Hands								Food/Color Additives and Toxic Substances							
8				Hands clean and properly washed	P/Pf			26				Pasteurized foods used; prohibited foods not offered	P/C		
9				No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C			Conformance with Approved Procedures							
10				Adequate handwashing sinks, properly supplied/accessible	Pf/C			27				Food additives: approved and properly used	P		
Approved Source								Good Retail Practices							
11				Food obtained from approved source	P/Pf/C			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			Mark OUT if numbered item is 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			Safe Food and Water							
14				Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C			30				Pasteurized eggs used where required	P		
GOOD RETAIL PRACTICES								Proper Use of Utensils							
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								Utensils and Equipment							
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								Physical Facilities							
33				Proper cooling methods used; adequate equipment for temperature control	Pf/C			50				Hot and cold water available; adequate pressure	Pf		
34				Plant food properly cooked for hot holding	Pf			51				Plumbing installed; proper backflow devices	P/Pf/C		
35				Approved thawing methods used	Pf/C			52				Sewage and waste water properly disposed	P/Pf/C		
36				Thermometers provided and accurate	Pf/C			53				Toilet facilities: properly constructed, supplied, & clean	Pf/C		
Food Identification								Violations documented							
37				Food properly labeled; original container	Pf/C			54				Garbage and refuse properly disposed; facilities maintained	C		
Prevention of Food Contamination								Date corrections due							
38				Insects, rodents, and animals not present	Pf/C			55				Physical facilities installed, maintained, and clean	P/Pf/C		
39				Contamination prevented during food preparation, storage & display	P/Pf/C			56				Adequate ventilation and lighting; designated areas used	C		
40				Personal cleanliness	Pf/C			Natural rubber latex gloves not used per CGS §19a-36f							
41				Wiping cloths: properly used and stored	C			Violations documented							
42				Washing fruits and vegetables	P/Pf/C			Priority Item Violations	immed / 9/9/24		#	5			
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								Priority Foundation Item Violations	9-15-24		#	3			
Person in Charge (Signature) <u>Zhanhua Chang</u> Date <u>9/5/24</u>								Core Item Violations	ASAP 90days		#	6			
Person in Charge (Printed) <u>Zhanhua Chang</u>								Risk Factor/Public Health Intervention Violations			#	4			
Inspector (Signature) <u>Denise Payne</u> Date <u>9/5/24</u>								Repeat Risk Factor/Public Health Intervention Violations			#	4			
Inspector (Printed) <u>Denise Pay</u>								Good Retail Practices Violations			#	4			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.								Requires Reinspection - check box if you intend to reinspect			#	4			

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/5/24

Establishment New main Wah Town Manchester


TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Rice Yellow	152F	Shrimp	41F		
Fried on Cookline	138F	Beef	41F	Chlorine Sanitizer	100ppm
Rice	148F	Chicken	41F	Hot water	111F
Soup	153F				
Chicken	41F				
Fish	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.

- New Freezer not approved (home) old freezer to be removed once replaced
- 47PF Bottles/cookline spices not labelled.
- 22P Garlic in oil @ 71F - Discarded
- 20P Improper cooling of Noodles/Chicken fingers/Wings
- 22P Chicken/Pork/Eggrolls/bean sprout > 68F Discarded.
- 15P Jumbled meats/cooked foods in Walk-in Cooler
- 15P Jumbled Meats/cooked foods in Reach-in Freezer/Chest
- 49C Mop sink unclean
- 16PF Improper wash-rinse-sanitizing (CPM) wash/rinse+hung to dry Setup - Soak time? Discussed Imjn.
- 43C Knife stored between table + cold prep
- 49C Interior 2 door freezer + doors unclean
- 49C Walk-in cooler gasket not clean
- ~~49C~~
- ** Ambient temp in WIC @ 40 → product at 41 F * reduce + monitor
- 49C Racks in WIC unclean.
- 39PF Food containers on floor in WIC
- 43C Unclean + unapproved scoops in Dry storage. Discussed Damage to Chopping Knife - Discard or Sharpen damage out.
- 47C Cutting board at Grill line heavily gauged NOT cleanable. Date Marking NOT Discussed at this time

Person in Charge (Signature) <u>Blaine Chey</u>	Date <u>9/5/24</u>
Inspector (Signature) <u>Denise Payne</u>	Date <u>9/5/24</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2																																																																																																																																																																																																																																																																																																																															
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<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"/>																																																																																																																																																																																																																																																																																																																										
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<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"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Time/Temperature Control for Safety																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Consumer Advisory																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Highly Susceptible Population																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Conformance with Approved Procedures																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
GOOD RETAIL PRACTICES																																																																																																																																																																																																																																																																																																																																	
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>																																																																																																																																																																																																																																																																																																																																	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;">Food Temperature Control</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;">Food Identification</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;">Prevention of Food Contamination</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage & display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>Proper Use of Utensils</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td><td>In-use utensils: properly stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Utensils/equipment/linens: properly stored, dried, & handled</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Single-use/single-service articles: properly stored & used</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;">Utensils and Equipment</td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;">Physical Facilities</td></tr> <tr> <td><input 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, & clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td></td><td></td></tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input checked="" type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment					<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; 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<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
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<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"/>																																																																																																																																																																																																																																																																																																																													
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<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																																																																																																																																																																																																																																																																																
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																																																																																																																																																																	
Person in Charge (Signature) Blaine Chang Date 9/5/24	Violations documented																																																																																																																																																																																																																																																																																																																																
Person in Charge (Printed) Blaine Chang	Date corrections due																																																																																																																																																																																																																																																																																																																																
Inspector (Signature) Denise Payne Date 9/5/24	Priority Item Violations	immed. 9/9/24																																																																																																																																																																																																																																																																																																																															
Inspector (Printed) Denise Pay	Priority Foundation Item Violations	9-15-24																																																																																																																																																																																																																																																																																																																															
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	Risk Factor/Public Health Intervention Violations	4																																																																																																																																																																																																																																																																																																																															
	Repeat Risk Factor/Public Health Intervention Violations	4																																																																																																																																																																																																																																																																																																																															
	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.																																																																																																																																																																																																																																																																																																																																	

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/5/24

Establishment New main Wah Town Manchester

Follow up 9-11-24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Rice Yellow	152F	Shrimp	41F		
Fried on Cookline	138F	Beef	41F	Chlorine Sanitizer	100ppm
Rice	148F	Chicken	41F	Hot water	111F
Soup	153F				
Chicken	41F				
Fish	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.

- New Freezer not approved (home) old freezer to be removed once replaced
- ✓ 47PF Bottles/cookline spices not labelled.
- ✓ 22P Garlic in oil @ 71F - Discarded
- 20P Improper cooling of Noodles/Chicken fingers/Wings
- ✓ 22P Chicken/Pork/Eggrolls/bean sprout > 68F Discarded. Food out
- ✓ 15P Jumbled meats/cooked foods in Walk-in Cooler fridge/freezers
- 15P Jumbled Meats/cooked foods in Reach-in Freezer/Chest Retained Staff
- ✓ 49C Mop sink unclean
- 16PF Improper wash-rinse-sanitizing (CPM) wash/rinse+hung to dry
Setup - Soak time? Discussed 1 min.
- ✓ 43C Knife stored between table + cold prep
- 49C Interior 2 door freezer + doors unclean
- ✓ 49C Walk-in cooler gasket not clean
- ~~49C~~
- * Ambient temp in WIC @ 40 → product at 41 F * reduce + monitor
- 49C Racks in WIC unclean.
- ✓ 39PF Food containers on floor in WIC 2 (5 gallon containers)
- 43C Unclean + unapproved scoops in Dry storage.
Discussed Damage to Chopping Knife - Discard or Sharpen
Damage out.
- 47C Cutting board at Grill Line heavily gauged Not Cleanable.
Date Marking NOT Discussed at this time - observed

Person in Charge (Signature) Blaine Chey

Date 9/5/24

Inspector (Signature) Denise Payne

Date 9/5/24

d/o training doc's ENG + CHINESE 9-6-24

dpayne@manchesterct.gov

Sept 11, 24

训练主题 Training Topics	完成日期 Date Completed	签名 Initials
1. 食物温度控制 Proper Food Temperature Control	*staff retrained	
A. 煮 Cooking	温度 165°F up	
B. 冷热 Hot and Cold Holding	cold 45°F down hot 145°F up	4H INCORRECT
C. 食物冷却、重热 Rapid Cooling and Reheating	加热 145°F up 15 sec	
D. 冰箱等 Food Storage Temperature	32°F - 44°F 之间	
2. 食物保护 Food Protection		
A. 清洗蔬菜水果 Washing fruits and vegetables	要在指定水槽洗	
B. 防止徒手触碰食物 Protection from bare hand contact	注意. 双手干净	
C. 防止生热食物接触污染 Protection from cross contamination	冷的要冷藏 热的要保鲜	
D. 遮盖食物 Covering food	用保鲜膜盖住所有食物	
3. 个人卫生 Personal Health and Cleanliness		
A. 生病员工回家 Sick employees leave	生病员工不能上班休息	
B. 报告病情 Reporting illness	生病报告经理	
C. 个人清洁 Good hygienic practices	服装干净整齐	
D. 洗手等 Hand washing	工作前后必须洗手	
4. 设备, 5. 设施, 6. 用具 消毒 Sanitation of the Facility, Equipment, Supplies, and Utensils	Cutting boards knife Raw meat New cutting board knife Veg	
A. 消毒步骤 Sanitation requirements and procedures		
B. 清洁步骤 Cleaning procedures	清洗, 漂洗, 消毒 加标准 35-50 ppm 50 ppm	
C. 洗碗等 Ware washing sink		
7. 认识易过敏食品 Identify and recognizing common allergen	Seafood, Nuts	

Re-inspection
Next week

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/18/24

Establishment Panera Bread Time In 9:45 AM/PM Time Out 11 AM/PM

Address 179 Deming St LHD Manchester

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

Permit Holder Cynthia Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R	COS=corrected on-site during inspection	R=repeat violation
Supervision						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>
Employee Health						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>
Good Hygienic Practices						
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
Preventing Contamination by Hands						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>
Approved Source						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
GOOD RETAIL PRACTICES						
Mark OUT if numbered item is 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						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<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"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>
Food Temperature Control						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>
Food Identification						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>
Prevention of Food Contamination						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/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>Cynthia Hernandez</u> Date <u>9/18/24</u>						
Person in Charge (Printed) <u>Cindy Hernandez</u>						
Inspector (Signature) <u>L. Brandy</u> Date <u>9/18/24</u>						
Inspector (Printed) <u>Lauren Brandy</u>						
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.						

IN	OUT	N/A	N/O	V	COS	R
Protection from Contamination						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time/Temperature Control for Safety						
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Population						
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food/Color Additives and Toxic Substances						
27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures						
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OUT	N/A	N/O	V	COS	R
Proper Use of Utensils					
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment					
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities					
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violations documented Date corrections due #					
Priority Item Violations _____					
Priority Foundation Item Violations <u>9/28/24</u> <u>2</u>					
Core Item Violations <u>12/18/24</u> <u>9</u>					
Risk Factor/Public Health Intervention Violations <u>2</u>					
Repeat Risk Factor/Public Health Intervention Violations _____					
Good Retail Practices Violations <u>9</u>					
Requires Reinspection - check box if you intend to reinspect					

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/18/24

Establishment panera Bread

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline chicken	41F	wic		handwash sink	110F
tomato - cut	39F	chicken	39F	sink/surface ✓ (3 bay)	
salami	39F	tomato	40F	handsink	110F
hard boiled egg	41F	cheese	39F		
tuna	40F				
chicken	40F	wif	0F	undercounter front case	
Hot broccoli cheddar	151F			cream	39F
Hot chicken noodle	149F	wic - asiago cheese	39F		

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Melissa/Cynthia
49c	wall by coffee station not clean
16pF	interior of fruit cup drawer not clean
55c	holes/gaps in wall behind egg machine
note	bay Marie at end of cookline not in use at this time
49c	ceiling tiles above cookline not clean
47c	severe ice build up in bay Marie near cookline
55c	holes/gaps of wall in wic
49c	wall behind dish machine not clean
49c	handsink by electrical panel, back of house caulking not clean
49c	speed racks unclean
16pF	sheet trays for bread/bagels unclean
49c	front shelving w/ dry storage not clean - bagel display area and pastry area
note	very clean + organized
	great active managerial control
	thermometer available
	test strips available
	changing over from breakfast to lunch
✓	no cooling/reheating at time of visit

Person in Charge (Signature) Cynthia Hernandez

Inspector (Signature) L. Grady

Date 9/18/24

Date 9/18'

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/13/2024

Establishment peppers indian cuisine Time In 11:20 AM/PM Time Out _____ AM/PM

Address 238 i Tolland Tpke LHD Manchester

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

Permit Holder sharat 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 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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input 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	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with Approved Procedures	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 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 checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils and Equipment	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical Facilities	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>

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

Person in Charge (Signature) Amittas Date 9/13/24

Person in Charge (Printed) AMITDAS

Inspector (Signature) L. Grandy Date 9/13/24

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	<u>9/15/24</u>	<u>9</u>
Priority Foundation Item Violations	<u>9/13/24</u>	<u>13</u>
Core Item Violations	<u>12/3/24</u>	<u>22</u>
Risk Factor/Public Health Intervention Violations		<u>13</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>13</u>
Good Retail Practices Violations		<u>31</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 9/13/24

Establishment peppers Indian cuisine Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC					
chicken (raw)	40F				
cooked chicken	40F				
cheese ball	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.
49c	Floor in wic not clean
49c	gasket of wic damaged
15p	Food not covered in wic
43c	strainers stored on gas line on cookline
44c	large pans to be discarded/removed - must be able to be w/k/s in 3 bay /dish machine
10pF	no soap in dispenser by handsink near 3 bay
49c	Floors along cookline not clean
16pF	interior of Magic chef microwave not clean
38c	Fly zipper (tennis racket) on prep table
38pF	Cockroaches observed in dry storage room
52pF	stagnant water on floor in dry storage room
43c	scoops stored in product of spices in dry storage room
52c	ice machine draining into tin pan - not approved
15p	Food uncovered in wif
39pF	Food on floor of wif
49c	Floor not clean of wif
45c	to go containers stored on floor /milk crates
39c	cambril /tin foil /cart stored in utility rm - must be moved
10pF	handsink at bar not draining properly
49c	Floor drains not clean in kitchen
note	*pic provided pest control reports

Person in Charge (Signature) Amit Dhal

Date 9/13/24

Inspector (Signature) A. Brandy

Date 9/13/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/13/24

Establishment peppers indian cuisine Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in cooler		tandorini/humus	40F	dish machine	50-100 ppm
chicken masala	39F	basmati rice	150F		
samosa filling	38F	basmati rice (out)	145F		
cut tomato	39F				
chicken	39F				
masala filling	39F				
soup - hot	135F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM:
33pF	cooked cauliflower out at room temperature cooling @ 125F ↳ person in charge to put in w/c
10pF	no paper towels at handsink
44pF	scoop w/o lid in batter in reach in cooler
15p	Food uncovered in reach in units
15p/37pF	spices uncovered /not labeled along cookline
49c	hood not clean - overolve
16p	Cutting boards on reach in units not clean /heavily gauged
55c	Tin Foil used as wrap on oven
37pF	liquids in squeeze bottles not labeled
15p	Food uncovered in 3 door reach in unit
15p	storing food on top of exposed food-discarded
49c	exterior of cookline equipment not clean
16p	knives unclean near prep sink - moved to 3 bay to w/r/s. (COS)
49c	black cart exterior not clean
43c	spoon stored in basmati rice hot holding unit (COS) ↳ discussed container to store utensils
43c	dish racks stored on floor
49c	caulking behind dish machine not clean
55c	grout on floor tiles beginning to fade -discussed timeline for repairs
49c	3 bay caulking not clean
Person in Charge (Signature)	<u>Amir Das</u> Date <u>9/13/24</u>
Inspector (Signature)	<u>L. Brandy</u> Date <u>9/13/24</u>

Food Establishment Inspection Report

Page 1 of 1

LHD Manchester

Inspection Report Continuation Sheet

Date 9/3/2024

Establishment peppers indian cuisine 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	Description
53C	Floor mats / FLOOR under mats in restroom not clean
50pF	hot water at 75°F in restroom - must be 85°F minimum but less than 115°F
38pF	live cockroaches in womens restroom
11p	pompano, edible camphor, mishti threaded, swad red food color, viola Food flavor to be and compounded a safoetida powder Must be verified by health dept for approved sources. Health Dept to follow-up.
	Reinspection: 9/5/24
	Health dept discussed proper cooling procedures with CFPM and will bring posters for cooling
	Food thermometer available
	Test strips available

Person in Charge (Signature) Amit Das

Date 9/3/24

Inspector (Signature) L. Cherry

Date 9/3/24

Risk Category: <u>4</u>	Food Establishment Inspection Report	Page 1 of <u>3</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>9/10/2024</u>
Establishment: <u>Prospect Hospital</u>		Time In: <u>9:30</u> AM/PM Time Out: <u>11:00</u> AM/PM
Address: <u>71 Hayes Street</u>		LHD: <u>Manchester</u>
Town/City: <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder: _____		Reinspection Other _____
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	Supervision	V COS R
15	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	P/C
16	Certified Food Protection Manager for Classes 2, 3, & 4	P/Pf/C
17	Proper disposition of returned, previously served, reconditioned, and unsafe food	P
Employee Health		
18	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf
19	Proper use of restriction and exclusion	P
20	Written procedures for responding to vomiting and diarrheal events	P
21	Proper cooking time and temperatures	P/Pf/C
22	Proper reheating procedures for hot holding	P
23	Proper cooling time and temperatures	P
24	Proper hot holding temperatures	P
25	Proper cold holding temperatures	P
26	Proper date marking and disposition	P/Pf
27	Time as a public health control: procedures and records	P/Pf/C
Good Hygienic Practices		
28	Proper eating, tasting, drinking, or tobacco products use	P/C
29	No discharge from eyes, nose, and mouth	C
Preventing Contamination by Hands		
30	Hands clean and properly washed	P/Pf
31	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C
32	Adequate handwashing sinks, properly supplied/accessible	Pf/C
Approved Source		
33	Food obtained from approved source	P/Pf/C
34	Food received at proper temperature	P/Pf
35	Food in good condition, safe, and unadulterated	P/Pf
36	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C
GOOD RETAIL PRACTICES		
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A N/O	Safe Food and Water	V COS R
37	Pasteurized eggs used where required	P
38	Water and ice from approved source	P/Pf/C
39	Variance obtained for specialized processing methods	Pf
Food Temperature Control		
40	Proper cooling methods used; adequate equipment for temperature control	Pf/C
41	Plant food properly cooked for hot holding	Pf
42	Approved thawing methods used	Pf/C
43	Thermometers provided and accurate	Pf/C
Food Identification		
44	Food properly labeled; original container	P/C
Prevention of Food Contamination		
45	Insects, rodents, and animals not present	P/C
46	Contamination prevented during food preparation, storage & display	P/Pf/C
47	Personal cleanliness	Pf/C
48	Wiping cloths: properly used and stored	C
49	Washing fruits and vegetables	P/Pf/C
Proper Use of Utensils		
50	In-use utensils: properly stored	C
51	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C
52	Single-use/single-service articles: properly stored & used	P/C
53	Gloves used properly	C
Utensils and Equipment		
54	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C
55	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C
56	Non-food contact surfaces clean	C
Physical Facilities		
57	Hot and cold water available; adequate pressure	Pf
58	Plumbing installed; proper backflow devices	P/Pf/C
59	Sewage and waste water properly disposed	P/Pf/C
60	Toilet facilities: properly constructed, supplied, & clean	Pf/C
61	Garbage and refuse properly disposed; facilities maintained	C
62	Physical facilities installed, maintained, and clean	P/Pf/C
63	Adequate ventilation and lighting; designated areas used	C
64	Natural rubber latex gloves not used per CGS §19a-36f	C
Violations documented		
Priority Item Violations	Date corrections due	#
Priority Foundation Item Violations	<u>COS</u>	<u>2</u>
Core Item Violations	<u>9/20/2024</u>	<u>3</u>
Risk Factor/Public Health Intervention Violations	<u>12/10/2024</u>	<u>10</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>4</u>
Good Retail Practices Violations		<u>17</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>
Person in Charge (Signature) <u>[Signature]</u> Date <u>9/10/24</u>		
Person in Charge (Printed) <u>Michael Cunningham</u>		
Inspector (Signature) <u>[Signature]</u> Date <u>9/10/2024</u>		
Inspector (Printed) <u>Lauren Grandy</u>		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		

reinspection: 9/20/2024

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/10/2024

Establishment Prospect Hospital Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
ground beef	160	wic #4		roast beef	40F
Eggs - hot held	136F	egg salad	39F	hard boiled egg	41F
Front area		Turkey	40F	sliced tomato	40F
Sliced tomato	38F	sliced cheese	39F		
Tuna	39F	wic #3	0F	wic #1 cantaloupe	39F
Turkey	41F	wic #2 - chicken	41F	chicken cooked	38F
		raw chicken	39F		
				quat bucket	200-400 ppm

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: Harry
37C	discussed labeling single pre-packaged desserts/muffins/baked goods
50C	employee keys/phone on shelving by self serv area
note	Front deli unit not functioning - using smaller unit - work order in place + not in use at this time
49C	exterior of panini press not clean
49C	vent covers in wic #4 not clean
49C	Floors in wic #3 not clean
note	good hand washing / glove use
49C	gaskets of sandwich station not clean
49C	exterior of sandwich prep not clean
49C	light cover in wic #1 not clean
38PF	Fruit flies / drain flies by room next to wic #1
22P	cream cheese at 58F stored on counter - voluntarily discarded (cos)
22P	butter packets at 56F stored on counter - voluntarily discarded (cos)
49C	Floor under cookline equipment not clean
49C	interior of 2 door convention oven not clean
39C	ice build up in freezer drawer - discussed food protection
16PF	can opener not clean
55C	Tiles cracked in dish machine room - work order in place
52C	stagnant water under dish machine
49C	6 door refrigerator gaskets not clean



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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/10/2024Establishment prospect Hospital Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookieine		6 door - Fruit cup	40F	hot water	110F
shredded cheese	41F				
sliced tomato	41F				
chicken soup-hot	197F				
chicken gravy-hot	160F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
16PF	juice machine by coffee nozzles/back splash not clean
45C	coffee filters not protected at coffee station
note	good labeling/date marking
47C	gasket damaged on chest freezer with cold plates/ice cream

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

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/17/24
Establishment Ryans Sports Bar		Time In 3:45 AM (PM) Time Out 4:45 AM (PM)
Address 485 Hartford Rd.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Stanley E Smith		Reinspection Other 30 Day



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

GOOD RETAIL PRACTICES

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

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

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					
33 Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly					
34 Plant food properly cooked for hot holding				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used					
35 Approved thawing methods used				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
36 Thermometers provided and accurate				49 Non-food contact surfaces clean					
37 Food properly labeled; original container				50 Hot and cold water available; adequate pressure					
38 Insects, rodents, and animals not present				51 Plumbing installed; proper backflow devices					
39 Contamination prevented during food preparation, storage & display				52 Sewage and waste water properly disposed					
40 Personal cleanliness				53 Toilet facilities: properly constructed, supplied, & clean					
41 Wiping cloths: properly used and stored				54 Garbage and refuse properly disposed; facilities maintained					
42 Washing fruits and vegetables				55 Physical facilities installed, maintained, and clean					
56 Adequate ventilation and lighting; designated areas used				56					
56 Natural rubber latex gloves not used per CGS §19a-36f				56					

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

Person in Charge (Signature) *Stanley E Smith* Date **9/17/24**

Person in Charge (Printed) **Stanley E Smith**

Inspector (Signature) *Jose Ramirez* Date **9/17/24**

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	9/20/24	1
Priority Foundation Item Violations	9/27/24	3
Core Item Violations	12/17/24	2
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		3
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect		

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/17/24

Establishment Ryan's Sports Bar Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Hot Hold onion soup	150F	2 door RIC		Hand Sink kitchen	112F
marinara	150F	Meatloaf	36F	Customer BR sink	92F
Cold Prep table		boiled egg	36F	Employee BR sink	110F
Sliced tomatoes	41F	WIC chicken wings	36F	Bar hand sink	89F
Chicken	41F	Chicken breast	37F		
ground beef	41F	American cheese	37F		
1 door RIC ambient	-8F	Bar cooler Half & Half	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 c
	<u>Stanley CFPM on site</u>
47C	Bare wood above cold prep table/under pick up window & exposed wood by dry storage shelf right side of cold prep table
47C	Small nail holes in FRP Behind 3 bay.
10PF	No paper towels in employee BR. <u>COS</u>
52P	Clutter in mop sink room. mop sink not accessible
16PF	interior of ice machine at bar unclean
16PF	interior of ice well unclean
5PF	No written procedures for vomit & diarrhea on site ^{cleanup}
25PF	No consumer advisory on menu
Note	Written procedures for clean up of vomit & diarrhea must be on site
Note	Consumer advisory stickers must be placed on every menu.
Note	Seal nail holes in FRP w/ caulk
Note	remove plastic wrap from exterior of 2 door RIC
Note	Test strips & thermometer available. Discussed checking quat quat concentration every batch must be 150-400ppm



Person in Charge (Signature) [Signature] Date 9/17/24
 Inspector (Signature) [Signature] Date 9/17/24

Risk Category: <u>2</u>		Food Establishment Inspection Report			Page 1 of <u>3</u>										
Establishment type: Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/>				Date: <u>9/20/24</u>											
Establishment <u>SAI Foods</u>				Time In <u>1:30</u> AM/PM <input checked="" type="checkbox"/> Time Out _____ AM/PM											
Address <u>1137 Tolland Tpk</u>				LHD <u>Manchester</u>											
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op <input type="checkbox"/>											
Permit Holder _____				Reinspection <input type="checkbox"/> Other <input type="checkbox"/>											
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN		OUT		N/A		N/O		Supervision		V		COS		R	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
IN		OUT		N/A		N/O		Protection from Contamination		V		COS		R	
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN		OUT		N/A		N/O		Time/Temperature Control for Safety		V		COS		R	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
IN		OUT		N/A		N/O		Consumer Advisory		V		COS		R	
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN		OUT		N/A		N/O		Highly Susceptible Population		V		COS		R	
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN		OUT		N/A		N/O		Food/Color Additives and Toxic Substances		V		COS		R	
27	<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"/>
28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN		OUT		N/A		N/O		Conformance with Approved Procedures		V		COS		R	
29	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT		N/A		N/O				Safe Food and Water		V		COS		R	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN		OUT		N/A		N/O		Food Temperature Control		V		COS		R	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN		OUT		N/A		N/O		Food Identification		V		COS		R	
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN		OUT		N/A		N/O		Prevention of Food Contamination		V		COS		R	
38	<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"/>	Insects, rodents, and animals not present	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN		OUT		N/A		N/O		Proper Use of Utensils		V		COS		R	
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN		OUT		N/A		N/O		Utensils and Equipment		V		COS		R	
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food 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"/>
48	<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"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IN		OUT		N/A		N/O		Physical Facilities		V		COS		R	
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	<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"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
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>9/19/24</u>											
Person in Charge (Printed) _____															
Inspector (Signature) <u>[Signature]</u>				Date <u>9/19/24</u>											
Inspector (Printed) <u>Denise Payne</u>															
Violations documented		Date corrections due		#											
Priority Item Violations		<u>3 days / immediately</u>		<u>3</u>											
Priority Foundation Item Violations		<u>10 days 9/29/24</u>		<u>4</u>											
Core Item Violations		<u>90 days</u>		<u>9</u>											
Risk Factor/Public Health Intervention Violations				<u>3</u>											
Repeat Risk Factor/Public Health Intervention Violations				<u>1</u>											
Good Retail Practices Violations				<u>7</u>											
Requires Reinspection - check box if you intend to reinspect				<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 9/19/24

Establishment SA Foods Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Potatoe balls	36F	Rice + Chicken	190F	Chlorone bucket	200ppm
1/2 + 1/2 Cream heavy	40F	Marsala Tea	184F	<u>Reduce</u>	
Chicken	40F	Pot balls	140F	3 Bay chlorone	100ppm
Goat	40F	Sampsa	120F *	Hot Water	114F

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.
	↓
—	Use of Time instead of Temp > provide a list of items proposed max time, how will it be labelled to identify discard time No Cooling allowed with Time vs Temp process.
—	Cooling NOT Approved — Provide a list of items to be cooked and how you propose to cool must be approved to change class — All foods will be discarded if cooked w/out chg
15	Multiple pallet stored outside the Market — Not approved
53PF	Restroom door not self closing <u>Repeat Discussion</u>
47PF	Blender, ^{Panasonic} microwave, ^{ultra} food processor, ^{Hair} freezer chest NOT NSF commercial or equivalent. (chopper)
38PF	Flies present — contact exterminator for food safe controls
38C	Flie papers present — Not Approved method of control
28P	Clear liquid in spray bottles not labelled
21P	Pots with Rice + veg and Curry chicken in pots on Table @ 60F <u>Discarded</u> Steam Tables Required!
—	Counter oven not on — Chicken + Rice @ 180F / Veg + Rice @ 125 → Time Needs labels and Discard time
44PF	Thermometer in a drawer unclear. No alcohol wipes avail
45C	Single use Re-used — discarded cup, spoons
15C	Onions in bag open + stored on the floor
15C	Spice container — labelled but mixed spices → Discarded
Person in Charge (Signature)	<u>A. Pru</u> Date <u>9/19/24</u>
Inspector (Signature)	<u>Denise Payne</u> Date <u>9/19/24</u>

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/19/24

Establishment SAL Foods 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.
47C	Gaskets - reach in's and Walk-ins Unclean / Torn
49C 15P	Raw meat in grocery style bags - Bags not food grade Discarded
15C	Jumbled meats / food items in Refrigeration / Freezers
44c	Knives in Kitchen and butcher shop improperly stored
48C	Knives in Kitchen and butcher shop unclean
	Owner to Provide full menu + process to cook server + discard until Cooling can be evaluated by Health Dept.
	Discussed smooth and easily cleanable freezers and interior walls of Market freezers + Refrigerators.
	Floors chipping + peeling
	Concrete block with Aluminium foil covered boards not approved Not smooth + easily cleanable.
	Topics to follow-up on : : Allergens : Date Marking : Cooling

Person in Charge (Signature) [Signature]

Date 9/19/24

Inspector (Signature) Denise Payne

Date 9/19/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2																								
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/24/24																								
Establishment Sbarro		Time In 1:00 AM/PM PM Time Out 2:30 AM/PM PM																								
Address 194 Buckland Hills Dr # 2072		LHD Manchester																								
Town/City Manchester		Purpose of Inspection: Routine Pre-op _____																								
Permit Holder Chanel Lopez		Reinspection _____ Other _____																								
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																										
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																										
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																										
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																										
Supervision	Protection from Contamination	Time/Temperature Control for Safety																								
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures																								
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding																								
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures																								
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures																								
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input 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 Proper date marking and disposition																								
Employee Health																										
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food																								
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Highly Susceptible Population	24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered																								
Good Hygienic Practices																										
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food/Color Additives and Toxic Substances	25 <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																								
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan																								
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	Good Retail Practices																									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																										
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																										
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment																								
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	47 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used																								
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available																								
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	49 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean																								
Food Temperature Control																										
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	Physical Facilities																								
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure		51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices																							
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed		52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed																							
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean		53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean																							
Food Identification			54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained																							
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean		55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean																							
Prevention of Food Contamination			56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used																							
38 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f		56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used																							
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Violations documented</td> <td style="width:25%;">Date corrections due</td> <td style="width:25%;">#</td> </tr> <tr> <td>Priority Item Violations</td> <td></td> <td>0</td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td>10-4-24</td> <td>2</td> </tr> <tr> <td>Core Item Violations</td> <td></td> <td>0</td> </tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td> <td></td> <td>1</td> </tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td> <td></td> <td>1</td> </tr> <tr> <td>Good Retail Practices Violations</td> <td></td> <td>1</td> </tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td> <td></td> <td></td> </tr> </table>		Violations documented	Date corrections due	#	Priority Item Violations		0	Priority Foundation Item Violations	10-4-24	2	Core Item Violations		0	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		
Violations documented			Date corrections due	#																						
Priority Item Violations				0																						
Priority Foundation Item Violations			10-4-24	2																						
Core Item Violations		0																								
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																										
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness																										
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																										
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables																										
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																										
Person in Charge (Signature) Chanel Lopez Date 9/24/24	Inspector (Signature) Jose Ramirez Date 9/24/24																									
Person in Charge (Printed) Chanel Lopez	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: Food Establishment Inspection Report Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____

Establishment: Sebastians cafe - MCC **Date:** 9/26/24

Address: Great Path **Time In:** 11:45 AM/PM **Time Out:** 1:00 AM/PM

Town/City: Manchester **LHD:** Manchester

Permit Holder: Sean Madlin **Purpose of Inspection:** Routine Pre-op

Reinspection: _____ **Other:** _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Time/Temperature Control for Safety			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Hygienic Practices				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food 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"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Toxic substances properly identified, stored & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Use of Utensils			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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"/>	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input 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"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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"/>	Physical facilities installed, maintained, and clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Person in Charge (Signature) [Signature] Date 9/29/24

Person in Charge (Printed) _____

Inspector (Signature) [Signature] Date 9/26/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations	9-29-24	5
Priority Foundation Item Violations	10-4-24	4
Core Item Violations	12-26-24	2
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/26/24

Establishment MCC

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
REC main cookline		chicken tender	135°F	handsink	94°F
egg	40°F	french fries	135°F	quat sanitizer	400ppm
cheese	40°F	beef patty	145°F	3-bay hot	96°F
raw burger	41°F	WIF ambient	-4°F		
2 door Traulsen cheese	40°F	pulled chicken ^{hot} hold	150°F	hot hold mac + cheese	180°F
1 cream cheese	40°F	2 door Traulsen by storage		sandwich cold hold	
WIC liquid egg	38°F	cream cheese	38	1 chicken salad	41°F
ham	38°F	hot hold beef patty	150°F	mineston soup	150°F

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Sean CFPM on site
6P	employee not eating in designated area
100PF/15P	handsink used as dumpsink, no splash guard. no food prep should be occurring here. (main cookline)
23PF	not properly date marking
44C	Jumbled utensils in drawers in kitchen
37C	container of coffee labeled as "flour" in WIC
50PF	3-bay hot water @ 96°F, minimum req. 110°F for 3-bay. ↳ 110°F must be reached by tomorrow 9/27/24 or Kitchen may need to voluntarily close.
15P	apples for self-service not protected
47PF	self-serve cold unit buffet not properly functioning ↳ using ice temporarily to keep cold.
9P	bare hand contact w/ ready to eat foods
8P	no handwashing observed after eating
Note:	Email JR @ jramirez jramirez@manchesterct.gov the process for breakfast to lunch transition. Include if using Time vs. Temp. (hot hold @ 135? or 4hrs → discard) (cold hold @ 41°F or 4hrs discard)
Note:	using TPHC for hot food, need to submit for approval to HD. 7-10am breakfast, 10-1:30pm lunch
Note:	Left over breakfast foods are donated to pantry.

Person in Charge (Signature) [Signature]

Inspector (Signature) [Signature]

Date 9/26/24

Date 9/26/24

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

Establishment type: Permanent Permanent Temporary Mobile Other _____ Date: 9-5-24

Establishment Senior Center Time In _____ AM/PM Time Out _____ AM/PM

Address 549 East Middle Tpk LHD Manchester

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

Permit Holder _____ Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Supervision				Protection from Contamination																																																																																																																																																																																																																			
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R																																																																																																																																																																																																										
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	P/C	<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"/>	16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="radio"/>																																																																																																																																																																																																										
Employee Health				Time/Temperature Control for Safety																																																																																																																																																																																																																			
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="radio"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures	P/Pf/C	<input type="radio"/>																																																																																																																																																																																																										
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	P	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding	P	<input type="radio"/>																																																																																																																																																																																																										
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures	P	<input type="radio"/>																																																																																																																																																																																																										
Good Hygienic Practices				Consumer Advisory																																																																																																																																																																																																																			
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="radio"/>	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures	P	<input type="radio"/>																																																																																																																																																																																																										
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	C	<input type="radio"/>	22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures	P	<input type="radio"/>																																																																																																																																																																																																										
Preventing Contamination by Hands				Highly Susceptible Population																																																																																																																																																																																																																			
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed	P/Pf	<input type="radio"/>	23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition	P/Pf	<input type="radio"/>																																																																																																																																																																																																										
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="radio"/>	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"/>																																																																																																																																																																																																										
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="radio"/>	Food/Color Additives and Toxic Substances																																																																																																																																																																																																																
Approved Source				Conformance with Approved Procedures																																																																																																																																																																																																																			
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	P/Pf/C	<input type="radio"/>	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="radio"/>																																																																																																																																																																																																										
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	P/Pf	<input type="radio"/>	Highly Susceptible Population																																																																																																																																																																																																																
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="radio"/>	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="radio"/>																																																																																																																																																																																																										
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="radio"/>	Food/Color Additives and Toxic Substances																																																																																																																																																																																																																
GOOD RETAIL PRACTICES <p><i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i></p> <p>Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation</p> <table border="1"> <thead> <tr> <th colspan="4">Safe Food and Water</th> <th colspan="4">Proper Use of Utensils</th> </tr> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>V</th> <th>COS</th> <th>R</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>30</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Pasteurized eggs used where required</td> <td>P</td> <td><input type="radio"/></td> <td>43</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>In-use utensils: properly stored</td> <td>C</td> <td><input type="radio"/></td> </tr> <tr> <td>31</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="radio"/></td> <td>44</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="radio"/></td> </tr> <tr> <td>32</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="radio"/></td> <td>45</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="radio"/></td> </tr> <tr> <td colspan="4">Food Temperature Control</td> <td colspan="4">Utensils and Equipment</td> </tr> <tr> <td>33</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Proper cooling methods used; 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Permit Holder shall notify customers that a copy of the most recent inspection report is available.

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

Person in Charge (Printed) Eileen Tows

Inspector (Signature) [Signature] Date 9/5/24

Inspector (Printed) Denise Payne

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

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9-5-24

Establishment Senior Center

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken	187F	milk	41F	Hot water	132F
		Butter PKT	41F	Sanitizer	100 ppm

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
observed	No reservice of dispense milk ✓
	Good handwashing observed ✓
	— Apples in orig. box — sent unwash. CFPM washed + served
	Boxes/Bags stored on floor in walk-in Cooler
	Kitchen clean + organized

RB-070-2 1 of 1 R02 R
PACKER APPLE GALA 1/125 CT
 ITEM 866997 B# 5235491 C# 0208735733
 275846 MACC CHARITIES

08/30/24
RTE 5418
SFC

8A

#Dpt to contact MACC Re: prep time + temp.

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

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

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 9/24/24	
Establishment Smoothie Naturale	Time In 12:00 AM/PM Time Out 1:00 AM/PM	
Address 194 Buckland Hills Dr. #2106	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder _____	Reinspection _____ Other _____	



FOODBORNE ILLNESS RISK FACTORS and PUBLIC HEALTH INTERVENTIONS

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
							16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
							21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory									
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/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"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
							25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Food/Color Additives and Toxic Substances									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input checked="" 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"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures						
							29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

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

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

Safe Food and Water				Proper Use of Utensils						
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				Utensils and Equipment						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food Identification				Physical Facilities						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				Violations documented						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations			
							Good Retail Practices Violations			
							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)	Date 9/24/24
Person in Charge (Printed) _____	
Inspector (Signature)	Date 9/24/24
Inspector (Printed) Jose Ramirez	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	12-24-24	3
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: <u>2</u>	Food Establishment Inspection Report	Page 1 of <u>4</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>9/17/24</u>
Establishment <u>SOS chicken</u>		Time In <u>12:30</u> AM/PM Time Out <u>2:45</u> AM/PM
Address <u>471-2 Hartford Rd</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Omar Abuzaideh</u>		Reinspection Other <u>30 day</u>



Connecticut Department of Public Health

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

GOOD RETAIL PRACTICES											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
Safe Food and Water				Proper Use of Utensils							
OUT	N/A	N/O	V	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food Temperature Control				Utensils and Equipment							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46 Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
33 Proper cooling methods used; adequate equipment for temperature control				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
34 Plant food properly cooked for hot holding				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
35 Approved thawing methods used				49 Non-food contact surfaces clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
36 Thermometers provided and accurate				Physical Facilities							
Food Identification				50 Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51 Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
37 Food properly labeled; original container				52 Sewage and waste water properly disposed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Prevention of Food Contamination				53 Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54 Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
38 Insects, rodents, and animals not present				55 Physical facilities installed, maintained, and clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
39 Contamination prevented during food preparation, storage & display				56 Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
40 Personal cleanliness				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
41 Wiping cloths: properly used and stored				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
42 Washing fruits and vegetables				<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>[Signature]</u>	Date <u>9/17/24</u>	
Person in Charge (Printed) <u>Omar Abuzaideh</u>		
Inspector (Signature) <u>[Signature]</u>	Date <u>9/17/24</u>	
Inspector (Printed) <u>Lauren Grandy</u>		

Violations documented	Date corrections due	#
Priority Item Violations	<u>9/20/24</u>	<u>14</u>
Priority Foundation Item Violations	<u>9/27/24</u>	<u>7</u>
Core Item Violations	<u>12/17/24</u>	<u>9</u>
Risk Factor/Public Health Intervention Violations		<u>18</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>12</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

reinspection

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/17/24

Establishment Sos Chicken

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
undercounter freezer	0F	salad/topping cold		hot water h.s	117F
undercounter		cheese	59F		
raw chicken	41F	mayo	58F	reach in cabinets	
raw chicken	41F	cut tomato	60F	chicken drawers cheese	41F
hot rice	171F	undercounter		undercounter freezer	0F
schwarma chicken	166F	Freezer	0F	internal chix	190F 176F
hot fried chicken	154F				

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.
10 pF	no paper towels in holder at handwash sink
13 p	raw Beef cooked on grill - cooled in reach in cooler - class 2 no cooling of food, no wic, cooling capability. All food to be hot held or cooked to order - Beef voluntarily discarded
16 pF	Undercounter 3 door reach in not clean
16 pF	Fried chicken stored directly on hot holding rack - discussed pans to place them on
16 pF	interior hot holding not clean
15 p	raw chicken stored about cooked beef in reach in <u>(cos)</u>
noted	discussed wash/rinse/sanitize equipment every 4 hours
15 p	Raw chicken not protected in 3 door undercounter reach in
22 p	produce cold prep not functioning properly - cut tomato 60F, mayo 58F, cheese 59F, eggs 59F all tcs removed/discarded by pic ↳ work order to be placed this day per owner. Not to use salad/produce until until repaired and fixed per health dept. Health dept must approve prior to use.
15 p	raw Frozen burgers over cooked chicken tenders in 2 door Freezer
15 p	raw chicken chicken/lamb over salad dressing in 3 door cooler
16 p	unclean cutting board used to cut onion
13 p	egg shells stored on oven for personal use ↳ discussed
50 pF	hot water at 3 bay sink at 106F - must reach 110F

Person in Charge (Signature)

Date 9/17/24

Inspector (Signature) R. Grandy

Date 9/17/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/17/24

Establishment SOS Chicken

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				hot water 3 bay	106F
				hot water rest room	103F

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
49c	Floor by 3 bay not clean
44c	lids stored behind faucet of 3 bay sink
8p	hand wash sink not accessible by prep sink
44pF	knives stored on side of undercounter unit next to trash ↳ discussed relocation of knives
16p	"clean" dishes on rack unclean
45c	To go containers stored under shelving (bare wood)
22p	coleslaw in small non commercial cold unit at front counter at 47F - voluntarily discarded by PIC
47c	non commercial unit to be removed
15p	Food stored under p.o.s. on floor - only approved for pre-packaged food
note*	discussed wire area - no food/to go products to be stored
55c	Threshold missing on floor to dry storage - to be replaced
15p	Food stored on floor of dry storage room
47c	shelving must be 4" off ground in dry storage
49c	Floor unclean in dry storage
49c	Floor under mop sink not clean
52c	dirty stagnant water in mop bucket
45p	To go containers stored in unfinished basement ↳ not approved
1pF	person in charge ^{STAFF} <u>uhabu</u> to demonstrate food safety knowledge.

Person in Charge (Signature)

Date

9/17/24

Inspector (Signature)

Date

9/17/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other		Date: 9/24/24
Establishment Sos Chicken		Time In 11:30 AM/PM Time Out 12:30 AM/PM
Address 471-2 Hartford Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Omar Abuzyden		Reinspection Other 30 day (2nd time)



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

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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	<input checked="" type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Hygienic Practices				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands				<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"/>	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"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Highly Susceptible Population			
<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"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

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

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

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

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

Person in Charge (Signature) <i>[Signature]</i>	Date 9/24/24
Person in Charge (Printed) Omar Abuzyden	
Inspector (Signature) <i>[Signature]</i>	Date 9/24/24
Inspector (Printed) Lauren Grandy	

Violations documented	Date corrections due	#
Priority Item Violations	9/27/24 - COS	2
Priority Foundation Item Violations		
Core Item Violations	12/24/24	7
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		7
Requires Reinspection - check box if you intend to reinspect		

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

Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 9/24/24

Establishment Sos Chicken

Town Manchester

TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door Freezer	01°F	internal chicken	202°F	cold prep unit	
3 door undercounter		↳ stove/grill top		↳ tomatoes cut	41°F
raw chicken	38°F			pickles	41°F
raw chicken	39°F	rice hot hold	193°F	internal chicken	168°F
				3 bay sink -hw	130°F
drawers		undercounter fridge		quat sanitizer	200ppm
sour cream	40°F	cheese	41°F		-400ppm
chicken	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	Observations and Corrective Actions
	CFPM: Omar on site
37c	Squeeze bottles in 3 door undercounter not labeled
15p	chick peas stored in bowl with water on ground by window - (cos)
note*	shelving not added above prep sink
note*	alcohol wipes / thermometer / test strips available
note*	good glove use when preparing food
note*	discussed date marking with person in charge
55c	seal/secure cover base to wall in between salad cold prep and 3 door cold prep
47c	shelving in dry storage must be minimum 4" from ground
49c	Floor in dry storage room unclean
49c	Floor under mop sink not clean
56c	cleaning equipment stored on floor by mop sink
note*	good handwashing observed by staff.
39c	no shelving for food packets / utensils under counter
18p	chicken cooked at 135°F internal - chicken discarded by person in charge - (cos)
	↳ discussed internal temp of chicken to be 165°F
	↳ chicken can not be served undercooked / Raw
note*	discussed hummus cans to be refrigerated prior to making hummus, mixed then held at 41°F or below for cold holding only.
	Health Dept to follow-up with shelving under p.o.s. system
Person in Charge (Signature)	Date <u>9/24/24</u>
Inspector (Signature) <u>L. Handy</u>	Date <u>9/24/24</u>

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/11/24
Establishment TGI Fridays		Time In 11:15 AM Time Out 12:30 AM
Address 209 Hale Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder CFPM: Jeremy		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties								15 Food separated and protected					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified Food Protection Manager for Classes 2, 3, & 4								16 Food-contact surfaces: cleaned & sanitized					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting								17 Proper disposition of returned, previously served, reconditioned, and unsafe food					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4 Proper use of restriction and exclusion								18 Proper cooking time and temperatures					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5 Written procedures for responding to vomiting and diarrheal events								19 Proper reheating procedures for hot holding					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
6 Proper eating, tasting, drinking, or tobacco products use								20 Proper cooling time and temperatures					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
7 No discharge from eyes, nose, and mouth								21 Proper hot holding temperatures					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed								22 Proper cold holding temperatures					
<input 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"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								23 Proper date marking and disposition					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
10 Adequate handwashing sinks, properly supplied/accessible								24 Time as a public health control: procedures and records					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
11 Food obtained from approved source								25 Consumer advisory provided: raw/undercooked food					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature								26 Pasteurized foods used; prohibited foods not offered					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated								27 Food additives: approved and properly used					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
14 Required records available: molluscan shellfish identification, parasite destruction								28 Toxic substances properly identified, stored & used					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
30 Pasteurized eggs used where required						43 In-use utensils: properly stored							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
31 Water and ice from approved source						44 Utensils/equipment/linens: properly stored, dried, & handled							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
32 Variance obtained for specialized processing methods						45 Single-use/single-service articles: properly stored & used							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
33 Proper cooling methods used; adequate equipment for temperature control						46 Gloves used properly							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
34 Plant food properly cooked for hot holding						47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
35 Approved thawing methods used						48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
36 Thermometers provided and accurate						49 Non-food contact surfaces clean							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
37 Food properly labeled; original container						50 Hot and cold water available; adequate pressure							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
38 Insects, rodents, and animals not present						51 Plumbing installed; proper backflow devices							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>		
39 Contamination prevented during food preparation, storage & display						52 Sewage and waste water properly disposed							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
40 Personal cleanliness						53 Toilet facilities: properly constructed, supplied, & clean							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
41 Wiping cloths: properly used and stored						54 Garbage and refuse properly disposed; facilities maintained							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
42 Washing fruits and vegetables						55 Physical facilities installed, maintained, and clean							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) _____		Date 9/11/24											
Person in Charge (Printed) Jeremy LeGrasse													
Inspector (Signature) L. Grandy		Date 9/11/24											
Inspector (Printed) LAVIEN GRANDY													

Violations documented	Date corrections due	#
Priority Item Violations	9/14/24	2
Priority Foundation Item Violations	9/21/24	7
Core Item Violations	12/11/24	17
Risk Factor/Public Health Intervention Violations		8
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		13
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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

reinspection: 9/21/24

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
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		
		rice	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.
	CFPM: Jeremy
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) @
note *	date marking discussed for individually packed condiments
49c	exterior handles of cookline equipment not clean
56c	light shields / shatterproof lights not clean
49c	bun rack not clean (exterior)
16pF	salmon bun toaster not clean
16pF	interior of 1 door 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	salomander shelf not clean
49c	shelving throughout cookline not clean
49c	mop sink not clean
16pF	cart by wic not clean
48c	nozzles of 3 bay sink not clean
55c	Floor tiles cracked on cookline
49c	Floor in Beer cooler not clean

Person in Charge (Signature)

Date 9/11/24

Inspector (Signature)

Date 9/11/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/18/24

Establishment Three Amigos Time In 2 AM/PM Time Out _____ AM/PM

Address 298 Middle Tric West LHD Manchester

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

Permit Holder _____ Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item												IN=in compliance				OUT=not in compliance				N/A=not applicable				N/O=not observed					
P=Priority item Pf=Priority foundation item C=Core item V=violation type												Mark in appropriate box for COS and/or R				COS=corrected on-site during inspection				R=repeat violation									
IN	OUT	N/A	N/O	Supervision								V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination								V	COS	R
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties								Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected								P/C	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4								C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health												Time/Temperature Control for Safety																	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting								P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food								P	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion								P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events								Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding								P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices												Consumer Advisory																	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use								P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food								Pf	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth								C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population										
Preventing Contamination by Hands												Food/Color Additives and Toxic Substances																	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed								P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used								P	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source												Conformance with Approved Procedures																	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature								P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES														
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"/>	Mark OUT if numbered item is 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"/>	Required records available: molluscan shellfish identification, parasite destruction								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	OUT N/A N/O														

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 checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods								Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used								P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control												Utensils and Equipment														
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	Gloves used properly								C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding								Pf	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities												
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used								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"/>
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate								P/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification												Prevention of Food Contamination														
37	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container								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"/>
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present								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"/>
39	<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"/>	Garbage and refuse properly disposed; facilities maintained								C	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness								Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean								P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored								C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used								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"/>	Natural rubber latex gloves not used per CGS §19a-36f												

Person in Charge (Signature) Jessie N. Date 18/9/24

Person in Charge (Printed) _____

Inspector (Signature) Denise Payne Date 9/18/24

Inspector (Printed) Denise

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>today</u>	2
Core Item Violations		0
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		9
Requires Reinspection - check box if you intend to reinspect		

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/18/24

Establishment Three Amigos Town Manchester

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	Hot Water	156F
		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.

- | 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. |
|-------------|--|
| | Hood system clean - 4/29/24 ✓ |
| ✓ 51PF | Drip from WIC Condensers → remove Anything from beneath it → if box is wet discard → if product wet discard immediately
Service call
needed |
| ✓ 23PF | No date marking - reviewed previously
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 |

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

Person in Charge (Signature) Jesus N.

Date 9/18/24

Inspector (Signature) Denise Payne

Date 9/18/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: Sept 3, 24
 Establishment Wee Care Daycare Time In 11 AM/PM Time Out _____ AM/PM
 Address 726 North Main St LHD Manchester
 Town/City Manchester Purpose of Inspection: Routine Pre-op
 Permit Holder _____ Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																							
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																							
IN	OUT	N/A	N/O	Supervision				V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination				V	COS	R		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected				P/C	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4				C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Employee Health												Time/Temperature Control for Safety											
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion				P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding				P	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events				Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>		
Good Hygienic Practices												Consumer Advisory											
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<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"/>	Proper cold holding temperatures				P	<input type="checkbox"/>	<input type="checkbox"/>		
Preventing Contamination by Hands												Highly Susceptible Population											
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	Time as a public health control: procedures and records				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible				Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances												
Approved Source												Conformance with Approved Procedures											
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature				P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	GOOD RETAIL PRACTICES												
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												

OUT	N/A	N/O	Safe Food and Water				V	COS	R	OUT	Proper Use of Utensils				V	COS	R						
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	In-use utensils: properly stored				C	<input type="checkbox"/>	<input type="checkbox"/>				
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods				Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used				P/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food Temperature Control												Utensils and Equipment											
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding				Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	Non-food contact surfaces clean				C	<input type="checkbox"/>	<input type="checkbox"/>				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities												
Food Identification												50 <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/>											
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	Plumbing installed; proper backflow devices				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Prevention of Food Contamination												52 <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <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"/>	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"/>	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 checked="" 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"/>	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"/>	<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) Ann Marie Burney 9/3/24
 Person in Charge (Printed) Ann Marie Burney
 Inspector (Signature) Denise Payne Date 9-3-24
 Inspector (Printed) Denise Payne

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

*Email Hcpt of soap refill

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9-3-24

Establishment WeeCare Daycare

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
MILK	41F	monitor temp's.			
Butter	41F				

NOTE:

No lunch service during this inspection

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.
	Swinging door - secured but bent → needs adjustment
55c	Wall at swinging door damaged.
10pf	No soap at hand sink in kitchen.
48c	No Sanitizer made
47c	Microwave not NSF/commercial. Replace when no longer working & send spec sheets for approval prior to purchasing
	Therm's present in fridge.
	Test strips present
	Heat strips present.
	Paper Bowls / Paper Plates / Plastic Wares used
	*at this time no food prep/cook. Only serving milk and reheating in/on paper goods foods sent from home.
	oven range → could use a little extra cleaning on vent cover

Person in Charge (Signature) [Signature]


Date 9/3/24

Inspector (Signature) [Signature]

Date 9-3-24

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other _____	Date: 9/3/24		
Establishment Westhill garden	Time In 10 AM/PM Time Out 10:30 AM/PM		
Address 10 Ada Lane	LHD Manchester		
Town/City Manchester	Purpose of Inspection: Routine Pre-op		
Permit Holder Kamal / Wayne - CFPM	Reinspection _____ Other _____		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed			
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Supervision	Protection from Contamination	Time/Temperature Control for Safety	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties V Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected V P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Employee Health			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	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"/>	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"/>	
Good Hygienic Practices			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Consumer Advisory		
Preventing Contamination by Hands			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	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"/>	Highly Susceptible Population	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Food/Color Additives and Toxic Substances	
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Food/Color Additives and Toxic Substances		
Approved Source			
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Conformance with Approved Procedures	
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Conformance with Approved Procedures	
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Conformance with Approved Procedures		
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
GOOD RETAIL PRACTICES			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.			
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment	Physical Facilities
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	47 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	49 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
Food Temperature Control			
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Physical Facilities	
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Physical Facilities		
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
Food Identification			
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Violations Documented		
Prevention of Food Contamination			
38 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Priority Item Violations	Date corrections due	#
39 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Priority Foundation Item Violations	9/13/24	1
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Core Item Violations		1
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Risk Factor/Public Health Intervention Violations		1
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations		1
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature) Kamal Aziz Date 9/3/24	Good Retail Practices Violations		1
Person in Charge (Printed)	Requires Reinspection - check box if you intend to reinspect		
Inspector (Signature) L. Grandy Date 9/13/24			
Inspector (Printed) Lauren Grandy			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.			

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/24/24
Establishment Wickham park		Time In 10 AM/PM Time Out 10:30 AM/PM
Address 1329 middle tpke west		LHD manchester
Town/City manchester		Purpose of Inspection: Routine Pre-op
Permit Holder shawn porter		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 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 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 type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.											
Person in Charge (Signature) <i>[Signature]</i> Date 9/24/24				Violations documented				Date corrections due		#	
Person in Charge (Printed) Shawn Porter				Priority Item Violations				=		1	
Inspector (Signature) <i>[Signature]</i> Date 9/24/24				Priority Foundation Item Violations						2	
Inspector (Printed) Lauren Grandy				Core Item Violations							
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.											



Manchester Health Department

479 Main Street
Manchester, CT 06040

Final Construction

Establishment:	Date of Inspection:
Woodys Cafe @ Stumpys	6-28-24
— Alcohol wipes 70% alc. needed for thermometer	
Hot Water 112°F kitchen	
Handwashing signs ✓	
Restroom Hotwater 102°F ✓	
Discussed single-use proper storage	
Added Visible therm. to 2 door	
— Health Dpt ok to operate with Bldg/Fire Co.	
OK to order food. — Contact Health Dpt for Start date on License	
Initial (Inspector)	Initial (Person in Charge)
Daym	MT



Manchester Health Department

479 Main Street

Manchester, CT 06040

Establishment:	Hatchet Woody's Cafe @ Stumpys House	Date of Inspection:	5-28-24
Class 2 Kitchen			
Reviewed menu, Allergens, Heating - re heating, Hand wash signs, Vomit + Diabrea Procedure			
Mop/broom hangers required			
Employees must wash hands ^{signs} at each hand sink ✓			
Soap, paper towel dispensers required, trash can ✓			
Mechanical room threshold/doorsweep required ✓			
Remove stickers on FRP / oven table plastic ✓			
Cove base not secure at FRP trim ✓			
Grout too shallow under sink - grout needs to ✓ be sealed			
W/c freezer gaskets torn No Visible Thermometers ✓			
Lights - not all are working ✓			
Sanitizers (quat) to be installed - Test strips Required ✓			
Hot water Restroom MAX 115°F / Kitchen 110°F Min ✓ Kitchen at 103°F * too low. Discussed Anti scalding units for restroom			
Food thin probe thermometer (NSF) + Alcohol wipes needed ✓			
Contact Fire + Bld for approvals.			
Wash - Rinse - Sanitize All surfaces, floors, equip etc then call Dept for inspection. Prior to food ordering			
Initial (Inspector)	D Payne	Initial (Person in Charge)	[Signature]

* Food Service Application, menu, certificate + fee due ✓
on all allergens ✓

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 8/27/24
Establishment Al Madina		Time In 2:45 AM/PM Time Out 4:00 AM/PM
Address 246 Broad St.		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder MOHAMMED A, AZAD		Reinspection Other _____
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	Supervision	V COS R
1	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf
2	Certified Food Protection Manager for Classes 2, 3, & 4	C
Employee Health		
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf
4	Proper use of restriction and exclusion	P
5	Written procedures for responding to vomiting and diarrheal events	Pf
Good Hygienic Practices		
6	Proper eating, tasting, drinking, or tobacco products use	P/C
7	No discharge from eyes, nose, and mouth	C
Preventing Contamination by Hands		
8	Hands clean and properly washed	P/Pf
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C
10	Adequate handwashing sinks, properly supplied/accessible	P/C
Approved Source		
11	Food obtained from approved source	P/Pf/C
12	Food received at proper temperature	P/Pf
13	Food in good condition, safe, and unadulterated	P/Pf
14	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C
GOOD RETAIL PRACTICES		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A N/O	Safe Food and Water	V COS R
30	Pasteurized eggs used where required	P
31	Water and ice from approved source	P/Pf/C
32	Variance obtained for specialized processing methods	Pf
Food Temperature Control		
33	Proper cooling methods used; adequate equipment for temperature control	Pf/C
34	Plant food properly cooked for hot holding	Pf
35	Approved thawing methods used	Pf/C
36	Thermometers provided and accurate	Pf/C
Food Identification		
37	Food properly labeled; original container	Pf/C
Prevention of Food Contamination		
38	Insects, rodents, and animals not present	Pf/C
39	Contamination prevented during food preparation, storage & display	P/Pf/C
40	Personal cleanliness	Pf/C
41	Wiping cloths: properly used and stored	C
42	Washing fruits and vegetables	P/Pf/C
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature)		Date 8-27
Person in Charge (Printed)	AZAD	
Inspector (Signature)		Date 8/27/24
Inspector (Printed)	Jose Ramirez	
Violations documented		Date corrections due
Priority Item Violations		8-30-24
Priority Foundation Item Violations		9-6-24
Core Item Violations		11-27-24
Risk Factor/Public Health Intervention Violations		7
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		8
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		

Reinspection 9/6/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/27/24

Establishment Al Madina Town Manchester

reinspection 9/6/24

TEMPERATURE OBSERVATIONS

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

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this 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.
	Mohammed CFPM on site
✓ 10PF	kitchenwares stored in hand sink by 2 bay. (CO5)
✓ 10PF	No paper towels in employee Bathroom.
✓ 39P	to go bags used to store Food (direct contact w/ Food)
✓ 23PF	Containers of Food in WIC not properly date marked
49C	WIC Fan cover unclean. WIC Shelves unclean
37C	Containers of Food not labeled throughout.
✓ 16PF	interior of microwave unclean
22P	eggs stored at prep table by cookline at 75F. (CO5) Discarded
45C	reuse of single use containers as scoops throughout.
49C	exterior of fryer unclean - fryer oil emptied
37C	unlabeled Squeeze bottles & Shakers throughout.
✓ 10PF	no paper towels at hand sink by 3 bay.
56C	Hood baffles unclean - improved but still needs cleaning
✓ 16PF	Deli slicer unclean - removed
✓ 38PF	live roach at cookline & basement & in chest freezers in basement
✓ Note	Non commercial chest freezers must be removed or replaced by 9/27/24.
✓ Note	Professional pest control must provide service by 8/28/24. Submit pest control report to health dept.
✓ Note	Non Commercial chest freezers must be removed or replaced w/ NSF or equivalent.
Note	Discussed establishing employee food section in WIC.
Note	Submit spec sheets for new freezers to JR before purchasing.

Person in Charge (Signature)

Date 8-27

Inspector (Signature)

Date 8/27/24

Risk Category:	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: Permanent Temporary Mobile Other _____		Date: <u>8/26/24</u>
Establishment <u>Ayaan Food & Fuel</u>		Time In <u>2:30 AM/PM</u> Time Out <u>3:30 AM/PM</u>
Address <u>220 Spruce St.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>MOYNUK RAHMAN</u>		Reinspection Other _____
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	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
2	Certified Food Protection Manager for Classes 2, 3, & 4	C
Employee Health		
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf
4	Proper use of restriction and exclusion	P
5	Written procedures for responding to vomiting and diarrheal events	Pf
Good Hygienic Practices		
6	Proper eating, tasting, drinking, or tobacco products use	P/C
7	No discharge from eyes, nose, and mouth	C
Preventing Contamination by Hands		
8	Hands clean and properly washed	P/Pf
9	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C
10	Adequate handwashing sinks, properly supplied/accessible	Pf/C
Approved Source		
11	Food obtained from approved source	P/Pf/C
12	Food received at proper temperature	P/Pf
13	Food in good condition, safe, and unadulterated	P/Pf
14	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C
GOOD RETAIL PRACTICES		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A N/O	Safe Food and Water	V COS R
OUT	Proper Use of Utensils	V COS R
30	Pasteurized eggs used where required	P
31	Water and ice from approved source	P/Pf/C
32	Variance obtained for specialized processing methods	Pf
Food Temperature Control		
33	Proper cooling methods used; adequate equipment for temperature control	Pf/C
34	Plant food properly cooked for hot holding	Pf
35	Approved thawing methods used	Pf/C
36	Thermometers provided and accurate	Pf/C
Food Identification		
37	Food properly labeled; original container	Pf/C
Prevention of Food Contamination		
38	Insects, rodents, and animals not present	Pf/C
39	Contamination prevented during food preparation, storage & display	P/Pf/C
40	Personal cleanliness	Pf/C
41	Wiping cloths: properly used and stored	C
42	Washing fruits and vegetables	P/Pf/C
Physical Facilities		
43	In-use utensils: properly stored	C
44	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C
45	Single-use/single-service articles: properly stored & used	P/C
46	Gloves used properly	C
Utensils and Equipment		
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C
48	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C
49	Non-food contact surfaces clean	C
Violations Documented		
Person in Charge shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <u>MoynuK Rahman</u> Date <u>8.26.24</u>		#
Person in Charge (Printed) <u>MoynuK Rahman</u>		Priority Item Violations
Inspector (Signature) <u>Jose Ramirez</u> Date <u>8/26/24</u>		Priority Foundation Item Violations
Inspector (Printed) <u>Jose Ramirez</u>		Core Item Violations
		Risk Factor/Public Health Intervention Violations
		Repeat Risk Factor/Public Health Intervention Violations
		Good Retail Practices Violations
		Requires Reinspection - check box if you intend to reinspect

Reinspection 9/5/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/26/24

Establishment Ayaan Food + Fuel Town Manchester

Reinspection 9/5/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk dispenser milk	40F			Hand Sink by 3 bay	105F
WIC milk	39F			Hand Sink Bathroom	86F
1 Cheese	38F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
✓ 49C	WIC Fan covers unclean
✓ 49C	WIC Shelving unclean
✓ 10PF	No soap at hand sink by 3 bay <u>CoS</u>
✓ <u>53C</u>	clutter/bags of office supplies on floor by 3 bay
✓ 10C	No signage at hand sinks by 3 bay & register & Bathroom
✓ <u>48PF</u>	No test strips available (chlorine) they were bought but spilled. need to get more
✓ 47C	Sugar stored in non food grade container in cabinet by register
✓ 10PF	No soap in bathroom hand sink <u>CoS</u>

Note: container ordered for sugar.
 ↓ fruit/drain flies present at hand sink up front.
 ↓ 3-bay faucet ~~was~~ loose. New faucet needed.

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

Person in Charge (Signature) MW

Date 8-26-24

Inspector (Signature) JM

Date 8/26/24

Risk Category: <u>1</u>		Food Establishment Inspection Report				Page 1 of <u>2</u>															
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>9/11/24</u>																	
Establishment <u>Buckland xtra Mart</u>				Time In <u>10:30</u> AM/PM Time Out <u>11:30</u> AM/PM																	
Address <u>95 Buckland St.</u>				LHD <u>Manchester</u>																	
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op																	
Permit Holder <u>Ahmed - person in charge</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"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>								
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected														
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>								
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized														
Employee Health				Time/Temperature Control for Safety																	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>								
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper cooking time and temperatures														
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P	<input type="checkbox"/>								
Proper use of restriction and exclusion							Proper reheating procedures for hot holding														
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P	<input type="checkbox"/>								
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures														
Good Hygienic Practices				Consumer Advisory																	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pf	<input type="checkbox"/>								
Proper eating, tasting, drinking, or tobacco products use							Consumer advisory provided: raw/undercooked food														
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	Highly Susceptible Population														
No discharge from eyes, nose, and mouth							26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/C	<input type="checkbox"/>								
Preventing Contamination by Hands							Pasteurized foods used; prohibited foods not offered														
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf	<input type="checkbox"/>	Food/Color Additives and Toxic Substances														
Hands clean and properly washed							27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P	<input type="checkbox"/>								
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Food additives: approved and properly used														
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"/>								
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Conformance with Approved Procedures														
Adequate handwashing sinks, properly supplied/accessible							29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>								
Approved Source				GOOD RETAIL PRACTICES																	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.														
Food obtained from approved source							Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils										
Food received at proper temperature							30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Pasturized eggs used where required							In-use utensils: properly stored							
Food in good condition, safe, and unadulterated							31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Variance obtained for specialized processing methods					Pf	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used							
Required records available: molluscan shellfish identification, parasite destruction							Food Temperature Control							Gloves used properly							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control							Utensils and Equipment							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	Plant food properly cooked for hot holding							47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Approved thawing methods used							Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Thermometers provided and accurate							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
Food Identification				Prevention of Food Contamination				Physical Facilities							48	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Food properly labeled; original container							Hot and cold water available; adequate pressure							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Insects, rodents, and animals not present							50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display							51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Personal cleanliness							52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	Wiping cloths: properly used and stored							53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Washing fruits and vegetables							54	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.								Violations documented				Date corrections due				#					
Person in Charge (Signature) <u>[Signature]</u>				Date <u>9/11/24</u>				Priority Item Violations				<u>9/11/24</u>				<u>1</u>					
Person in Charge (Printed) <u>Ahmed</u>								Priority Foundation Item Violations				<u>9/21/24</u>				<u>5</u>					
Inspector (Signature) <u>[Signature]</u>				Date <u>9/11/24</u>				Core Item Violations				<u>12/11/24</u>				<u>6</u>					
Inspector (Printed) <u>Lauren Grandy</u>								Risk Factor/Public Health Intervention Violations				<u>2</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.

reinspection: 9/21/24 9/23/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/11/2024

Establishment Buckland St Xtra Mart Town Manchester

reinspection 9/23/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC	38F			hot water h.s	100F
whole milk in dairy dispenser	41F			hot water 3 bay	110F
				Quat @ 3-Bay	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	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
✓ 10pF	no paper towels at handwash sink in back room
✓ 10pF	handwash sink / "Food prep sink" not clean - order in for new sink
✓ 30pF	Food in boxes stored on ground in back of house
✓ 45p	to go containers in boxes stored on ground in back
54c	cleaning equipment stored on ground in back
✓ 49c	vent cover above ice machine not clean
✓ 49c	gasket of walk in cooler not clean
✓ 48pF	Sanitizer from 3 bay sink at 0ppm ↳ test strips available
✓ 49c	drain below 3 bay sink not clean
49c	Cabinets under coffee station not clean
✓ 16pF	ice machine nozzle not clean
55C	wall damaged in room with mop sink - work
note*	Thermometer + alcohol wipes available
note*	Lights to be replaced in restroom - "out of order" at time of inspection
note*	copy of pest control report to be emailed to lgrandy@manchesterct.gov ↳ no issues per person in charge
note*	temp logs available - every 2-4 hours by staff
note*	Overall clean + organized
✓ note*	discussed dunnage racks as shelves / extra storage

Person in Charge (Signature) D. Grandy

Date 9/11/24

Inspector (Signature) [Signature]

Date 9/11/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/16/2024

Establishment Champa Lao Thai Time In 1:15 AM/PM Time Out 2:00 AM/PM

Address 341 E. Center St LHD Manchester

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

Permit Holder _____ Reinspection Other reinspection: 109/23/24

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>	22	<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"/>	23	<input checked="" 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/accessibility	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input 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"/>	Consumer Advisory							
<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"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population							
<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"/>	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"/>
<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"/>					27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Conformance with Approved Procedures							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

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

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

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

Person in Charge (Signature) [Signature] Date 9-16-24

Person in Charge (Printed) Henry Thony, Saradeto

Inspector (Signature) [Signature] Date 9/16/24

Inspector (Printed) Lauren Brandy

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

Violations documented: Priority Item Violations 2, Priority Foundation Item Violations 1, Core Item Violations 3, Risk Factor/Public Health Intervention Violations 1, Repeat Risk Factor/Public Health Intervention Violations 1, Good Retail Practices Violations 6, Requires Reinspection - check box if you intend to reinspect

reinspection: 9/23/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 9/16/2024
 Establishment Champa Lao Thai Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot-rice	199F	reach in		hand sink	102 F
2 door cooler		raw shrimp	37F		
rice	41F	pineapple	36F	quat - 3 bay	200 ppm
raw chicken	41F				
Chest Freezer	0F	white rice - hot	175F		
1 door Freezer	-6F	tofu - reach in	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*	walk in cooler not functioning correctly - no food in it → being used for dry storage
✓ 22p	shrimp, pork, raw chicken at 49-50F - voluntarily discarded by person in charge. person in charge to reach out to hvac / refrigeration company to repair. 2 door standing refrigerator to be used only at this time
✓ 45p	reuse of single use bags - shrimp bag reused to store green pass → voluntarily discarded - (cos)
✓ 49c	fan cover above mop sink not clean
✓ 49c	containers not clean in dry storage (exterior)
✓ 55c	cracked floor tiles by w/c
✓ 38pF	Fruit / drain Flies by restroom hallway
✓ note*	no activity at time of visit
✓ note*	no cooking, cooling, reheating at time of visit
✓	reinspect - 9/23/24
	person in charge not going to be cooling, cook to order + discard by end of day ^{day} . Looking at fixing w/c. Discussed moving down to class 2 license.

Person in Charge (Signature) Hung Anh Sorjets Date 9-16-24
 Inspector (Signature) L. Grandly Date 9/16/2024

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>9/21/24</u>
Establishment <u>Cosmic Omelet</u>		Time In <u>12:30 AM/PM</u> Time Out <u>1:30 AM/PM</u>
Address <u>485 Hartford rd. Unit D</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Tracy Devine</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"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					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"/>
Employee Health															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input 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"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<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"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<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 checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<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"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input 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"/>	Food/Color Additives and Toxic Substances							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<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"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Temperature Control															
<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"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Food Identification															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of Food Contamination															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<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"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) _____ Date <u>8/21/24</u>															
Person in Charge (Printed) <u>Tracy M Devine</u>															
Inspector (Signature) _____ Date <u>8/21/24</u>															
Inspector (Printed) <u>Jose Ramirez</u>															

Violations documented	Date corrections due	#
Priority Item Violations		—
Priority Foundation Item Violations	<u>8/31/24</u>	<u>5</u>
Core Item Violations	<u>11/21/24</u>	<u>10</u>
Risk Factor/Public Health Intervention Violations		<u>5</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>10</u>
Requires Reinspection - check box if you intend to reinspect		

reinspection 9/5/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/21/24

Establishment Cosmic Omelet Town Manchester

reinspection 9/5/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Potatoes	41F	Cold drawer cheese	40F	Hand Sink warewash	100F
Steak	41F	2 door RIC Potatoes	40F	3 bay quat	150ppm
Pico	41F	1 door egg	41F	Bathroom hand sink	85F
cheese	41F	1 door RIC half & half	40F		
Cold prep table turkey	39F				
tomatoes	40F				
Cold drawer Pico	39F				
hash	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

Item Number	Observations and Corrective Actions
	Tracy CFPM on Site #5 of the oil drums are being removed.
49c	WIC Fan cover, Shelves, ceiling unclean
41c	Wet rags on Food prep table, & throughout
6c	open employee beverage on top shelf of WIC
16PF	table mounted can opener unclean
16PF	magnetic knife holder unclean
47c	Plastic wrap on pipes behind grill
49c	exterior of cookline equipment unclean, improvement made
37c	unlabeled squeeze bottles & shakers at cook line
49c	shelving by oven unclean - going to be repainted
45c	Single use cups used as scoops
55PF	grease trap & surrounding floor unclean, improvement made
16PF	interior & exterior of ice machine unclean grease trap lid missing
49c	interior of 1 door RIC unclean
49c	dry storage room unclean throughout (Floor, shelves, ceiling vent)
10PF	No paper towel at hand sinks. Relocate paper towels from warewash ↳ Front hand sink by bar counter still needs dispenser.



Note Discussed air drying prior to stacking containers


Note Discussed cooling process

Note Thorough cleaning needed throughout kitchen & dry storage.

Note Discussed keeping dumpster area clean

Person in Charge (Signature) [Signature] Tracy Devine Date 8/21/24

Inspector (Signature) [Signature] Date 8/21/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2																																																																																																																																																																																																																																																																																																																															
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P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
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<input 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"/>																																																																																																																																																																																																																																																																																																																										
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
				Time/Temperature Control for Safety	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input 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 checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
				Consumer Advisory	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
				Highly Susceptible Population	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
				Food/Color Additives and Toxic Substances	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
				Conformance with Approved Procedures	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
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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> <th colspan="4"></th><th>Food Temperature Control</th><th>V</th><th>COS</th><th>R</th></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> <th colspan="4"></th><th>Food Identification</th><th>V</th><th>COS</th><th>R</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th colspan="4"></th><th>Prevention of Food Contamination</th><th>V</th><th>COS</th><th>R</th></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage & display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>					Food Temperature Control	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					Food Identification	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>					Prevention of Food Contamination	V	COS	R	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>N/A</th><th>N/O</th><th>Proper Use of Utensils</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>In-use utensils: properly stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Utensils/equipment/linens: properly stored, dried, & handled</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Single-use/single-service articles: properly stored & used</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th colspan="4"></th><th>Utensils and Equipment</th><th>V</th><th>COS</th><th>R</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th colspan="4"></th><th>Physical Facilities</th><th>V</th><th>COS</th><th>R</th></tr> <tr> <td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>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><input type="checkbox"/></td><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><input type="checkbox"/></td><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><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Toilet facilities: properly constructed, supplied, & clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><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><input type="checkbox"/></td><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	N/A	N/O	Proper Use of Utensils	V	COS	R	<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"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>					Utensils and Equipment	V	COS	R	<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"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>					Physical Facilities	V	COS	R	<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"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																									
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
				Physical Facilities	V	COS	R																																																																																																																																																																																																																																																																																																																										
<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"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																																																																																																																																																																																																																																																																														
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																																																																																																																																																																	
Person in Charge (Signature) <i>Amanda Frometh</i> Date 9/15/24	Violations documented																																																																																																																																																																																																																																																																																																																																
Person in Charge (Printed) Amanda Frometh	Date corrections due																																																																																																																																																																																																																																																																																																																																
Inspector (Signature) <i>Louise Brandy</i> Date 9/15/2024	Priority Item Violations	#																																																																																																																																																																																																																																																																																																																															
Inspector (Printed) Louise Brandy	Priority Foundation Item Violations	6																																																																																																																																																																																																																																																																																																																															
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	Good Retail Practices Violations	6																																																																																																																																																																																																																																																																																																																															
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reinspection: Sept 16th @ 4 pm

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/5/2024

Establishment Elicit Brewing Co Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
wic		Atosa idoor	0F	handsink bar	89F
chicken wing	41F	cookline		handsink bar	80F
Cheese	40F	buffalo chicken	39F	hot water h.s	99F
wif	0F	tomato	40F		
undercounter		raw shrimp	40F		
chicken raw	40F			quat bucket	
		pizza-tomato	39F	200 ppm	
		cheese	38F		




OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.
	CFPM: Amanda
✓ 38 pF	Fruit Flies at upstairs/downstairs bars - email report
49c	Fan cover in wic not clean
✓ 49c	shelving in wic not clean
✓ note	discussed date marking
✓ 16 pF	interior shelving at bay table not clean
✓ 16 pF	interior atosa not clean (freezer)
49c	exterior of cookline equipment not clean
✓ 16 pF	clean dish shelving not clean
✓ 38 pF	Fruit Flies in kitchen near ware wash/dish machine
✓ 50 pF	hot water in womens restroom at 133F
	↳ cant exceed 115F - plumber installing mixing valve this day
✓ 10c	no handwash signage in restrooms - to be moved closer to sink
	↳ required in mens restroom - eos
	no cooking/cooling at time of visit
	overall great organization/storage of equipment
	all gaskets to be replaced by The Gasket Guy
	email pest control report to Lgrandy@manchesterct.gov
	email change to fryers on cookline - reach out to Fire Marshal for requirements, All equipment (new) must be NSF/equivalent, on castors w/ quick disconnects + gas line per health dept.
	hood cleaned this day - next cleaning Dec. 2024



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

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2																																																																																																																																																																																																																																																																																																																															
Establishment type: Permanent Temporary Mobile Other _____	Date: 8/27/24																																																																																																																																																																																																																																																																																																																																
Establishment Hartford Road Cafe		Time In 1:45 AM/PM Time Out 3:00 AM/PM																																																																																																																																																																																																																																																																																																																															
Address 378 Hartford Road		LHD Manchester																																																																																																																																																																																																																																																																																																																															
Town/City Manchester		Purpose of Inspection: Routine Pre-op																																																																																																																																																																																																																																																																																																																															
Permit Holder Christian H. Morin Jr		Reinspection _____ Other _____																																																																																																																																																																																																																																																																																																																															
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<small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small>																																																																																																																																																																																																																																																																																																																																	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																																																																																																																																																																																																																																																																																																																																	
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Employee Health																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Good Hygienic Practices																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Preventing Contamination by Hands																																																																																																																																																																																																																																																																																																																																	
<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Approved Source																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input 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"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Time/Temperature Control for Safety																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Consumer Advisory																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Highly Susceptible Population																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Food/Color Additives and Toxic Substances																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
Conformance with Approved Procedures																																																																																																																																																																																																																																																																																																																																	
<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																																																																																																																																																																																																																																																																																																																																	
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>																																																																																																																																																																																																																																																																																																																																	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;">Food Temperature Control</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;">Food Identification</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;">Prevention of Food Contamination</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage & display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>Proper Use of Utensils</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td>In-use utensils: properly stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Utensils/equipment/linens: properly stored, dried, & handled</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Single-use/single-service articles: properly stored & used</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;">Utensils and Equipment</td> </tr> <tr> <td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;">Physical Facilities</td> </tr> <tr> <td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Toilet facilities: properly constructed, supplied, & clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td></td><td></td></tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment					<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities					<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; 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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																											
<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"/>																																																																																																																																																																																																																																																																																																																													
Utensils and Equipment																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
Physical Facilities																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																																																																																																																																																																																																																																																																																
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																																																																																																																																																																																																																																																	
Person in Charge (Signature) <i>[Signature]</i> Date 8-27-24	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th><th>Date corrections due</th><th>#</th></tr> </thead> <tbody> <tr> <td>Priority Item Violations</td><td></td><td>0</td></tr> <tr> <td>Priority Foundation Item Violations</td><td>9-6-24</td><td>4</td></tr> <tr> <td>Core Item Violations</td><td></td><td>0</td></tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td><td></td><td>3</td></tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr> <tr> <td>Good Retail Practices Violations</td><td></td><td>1</td></tr> <tr> <td colspan="3">Requires Reinspection - check box if you intend to reinspect</td></tr> </tbody> </table>		Violations documented	Date corrections due	#	Priority Item Violations		0	Priority Foundation Item Violations	9-6-24	4	Core Item Violations		0	Risk Factor/Public Health Intervention Violations		3	Repeat Risk Factor/Public Health Intervention Violations			Good Retail Practices Violations		1	Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																									
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Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																																																	
Person in Charge (Printed) Christian H. Morin Jr																																																																																																																																																																																																																																																																																																																																	
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Inspector (Printed) Jose Ramirez																																																																																																																																																																																																																																																																																																																																	
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																																																																																																																																																																																																																																																																																																																																	

reinspection 9/5/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 8/29/24

Establishment Mobil - Maganti Time In 10:15 AM/PM Time Out 10:45 AM/PM

Address 240 west middle tpke LHD Manchester

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

Permit Holder _____ Reinspection Other reinspection 9/10/24



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good Hygienic Practices	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<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 date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Preventing Contamination by Hands	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	<input type="checkbox"/>	<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"/>	Consumer Advisory	<input type="checkbox"/>	<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"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	Conformance with Approved Procedures	<input type="checkbox"/>	<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"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

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

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

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

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

Person in Charge (Printed) Suresh

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

Inspector (Printed) Lauren Grandy

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

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations	<u>9/9/24</u>	1
Core Item Violations	<u>11/29/24</u>	3
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		4
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

reinspection: 9/9/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/10/24
Establishment Mulberry St pizza		Time In 11:30 AM/PM Time Out 1:00 AM/PM
Address 981 Main Street		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Danita Sulik		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																			
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																			
IN	OUT	N/A	N/O	Supervision			V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination			V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Food separated and protected			P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Certified Food Protection Manager for Classes 2, 3, & 4			C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16 Food-contact surfaces: cleaned & sanitized			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Management, food employee and conditional employee; knowledge, responsibilities and reporting			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17 Proper disposition of returned, previously served, reconditioned, and unsafe food			P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Proper use of restriction and exclusion			P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18 Proper cooking time and temperatures			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Written procedures for responding to vomiting and diarrheal events			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 Proper reheating procedures for hot holding			P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7 No discharge from eyes, nose, and mouth			C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21 Proper hot holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Hands clean and properly washed			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Proper cold holding temperatures			P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23 Proper date marking and disposition			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Adequate handwashing sinks, properly supplied/accessible			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Time as a public health control: procedures and records			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Food obtained from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25 Consumer advisory provided: raw/undercooked food			Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Food received at proper temperature			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered			P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 Food in good condition, safe, and unadulterated			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27 Food additives: approved and properly used			P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14 Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28 Toxic substances properly identified, stored & used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 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"/>	29			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

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

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water			V	COS	R	OUT	Proper Use of Utensils			V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 Pasteurized eggs used where required			P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43 In-use utensils: properly stored			C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31 Water and ice from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44 Utensils/equipment/linens: properly stored, dried, & handled			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Variance obtained for specialized processing methods			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used			P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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 checked="" type="checkbox"/>	46 Gloves used properly			C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34 Plant food properly cooked for hot holding			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35 Approved thawing methods used			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36 Thermometers provided and accurate			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	49 Non-food contact surfaces clean			C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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"/>	50 Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38 Insects, rodents, and animals not present			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	51 Plumbing installed; proper backflow devices			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 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 checked="" type="checkbox"/>	53 Toilet facilities: properly constructed, supplied, & clean			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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"/>	54 Garbage and refuse properly disposed; facilities maintained			C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42 Washing fruits and vegetables			P/Pf/C	<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 Adequate ventilation and lighting; designated areas used			C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 Natural rubber latex gloves not used per CGS §19a-36f			C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	57			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>Molly Sulik</i>	Date 9/10/24
Person in Charge (Printed) Molly Sulik	
Inspector (Signature) <i>L. Grandy</i>	Date 9/10/24
Inspector (Printed) Lauren Grandy	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		1
Core Item Violations		13
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		17
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

reinspection: 9/20/24 ✓

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 9/10/2024
 Establishment Mulberry St pizza Town Manchester reinspection 9/20/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
chicken (raw)	39F	cookline pizza prep	60F	WIC	
tomatoes	39F	cut tomato	58F	cut tomato	40F
Feta cheese	38F	sausage	59F	cheese	40F
		meatball	58F	pasta	39F
cookline - chili	40F	cheese	59F		
sliced tomato	40F	sauce (Marinara)	59F	pizza station chz	40
				chicken	37
quatsanitizer	760-400	chicken wing internal	185F	fresh mozz	36
	ppm				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	CFPM: Molly
(52c)	stagnant water in salad cold prep - (cos) - work order submitted
✓ 37 pF	squeeze bottles along cookline not labeled
✓ 49c	speed rack exterior not clean
✓ 47c	gaskets damaged/not clean along cookline
✓ 22 p	pizza bay marie not functioning properly - all food product between 58-60F. voluntarily discarded. Health Dept
new pizza station	told to use ice both temporarily. All TCS Food (cut tomato, sausage, meatball, cheese, Marinara) all voluntarily discarded. Licensed hvac to be called this day with work order.
✓ 16 pF	interior of pizza prep not clean
✓ 49c	exterior of flour container not clean by pizza station
✓ 49c	Floor on cookline not clean
✓ 47c	Foil on exterior of pipes on cookline to be removed
✓ 49c	wall behind mixer not clean
✓ 16 pF	interior of microwave not clean
✓ 49c	wic floors not clean
(49c)	shelving throughout not clean (stainless steel)
55c	Floor in basement peeling/chipping - discussed doing floor ✓
47c	Shelving (wood) chipping/peeling in basement part of plan
47c	Kick plate of beer wic damaged
(16 pF)	interior of ice machine not clean
(32 pF)	water from ice machine draining into bucket in basement

Person in Charge (Signature) [Signature] Date 9/10/24
 Inspector (Signature) [Signature] Date 9/10/2024

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 9/10/24
 Establishment Mulberry St. pizza Town Manchester reinspection 9/20/24


TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				hot water bar	86°F
				hot water h.s.	90°F

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
note*	discussed plan for basement area ↳ submit plan for Finishing Floor, wall, ceiling to health dept with time line ↳ email to Lgrandy@manchesterct.gov
41c	towel stored on top of lettuce container - removed (cos) NO to look into
✓ 38 pF	Fruit Flies present at bar area - pest control came. Report to be emailed to LG
note*	thermometer available
note*	test strips available
✓ 33 pF	cooling chicken wings at room temperature - discussed proper cooling practices
note*	discussed shellfish tags with raw seafood with pic. ↳ must be kept for 90 days
note*	no ill employees
note*	3/4 staff serv safe trained
Health Dept to be out Thursday 9/12 to check pizza refrigeration unit is functioning/working properly.	

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

Risk Category: 4	Food Establishment Inspection Report	Page 1 of 3		
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/10/2024		
Establishment: Prospect Hospital		Time In: 9:30 AM/PM Time Out: 11:00 AM/PM		
Address: 71 Hayes Street		LHD: Manchester		
Town/City: Manchester		Purpose of Inspection: Routine Pre-op		
Permit Holder: _____		Reinspection Other _____		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS				
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.				
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed				
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
IN OUT N/A N/O	Supervision	IN OUT N/A N/O		
V COS R		V COS R		
1	<input checked="" type="checkbox"/> Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> Food separated and protected		
2	<input checked="" type="checkbox"/> Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> Food-contact surfaces: cleaned & sanitized		
Employee Health				
3	<input checked="" type="checkbox"/> Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input checked="" type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food		
4	<input checked="" type="checkbox"/> Proper use of restriction and exclusion	Time/Temperature Control for Safety		
5	<input checked="" type="checkbox"/> Written procedures for responding to vomiting and diarrheal events	18 <input checked="" type="checkbox"/> Proper cooking time and temperatures	19 <input checked="" type="checkbox"/> Proper reheating procedures for hot holding	20 <input checked="" type="checkbox"/> Proper cooling time and temperatures
Good Hygienic Practices			21 <input checked="" type="checkbox"/> Proper hot holding temperatures	22 <input checked="" type="checkbox"/> Proper cold holding temperatures
6	<input checked="" type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use	23 <input checked="" type="checkbox"/> Proper date marking and disposition	24 <input checked="" type="checkbox"/> Time as a public health control: procedures and records	25 <input checked="" type="checkbox"/> Consumer advisory provided: raw/undercooked food
7	<input checked="" type="checkbox"/> No discharge from eyes, nose, and mouth	Consumer Advisory		
Preventing Contamination by Hands			Highly Susceptible Population	
8	<input checked="" type="checkbox"/> Hands clean and properly washed	26 <input checked="" type="checkbox"/> Pasteurized foods used; prohibited foods not offered		
9	<input checked="" type="checkbox"/> No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	Food/Color Additives and Toxic Substances		
10	<input checked="" type="checkbox"/> Adequate handwashing sinks, properly supplied/accessible	27 <input checked="" type="checkbox"/> Food additives: approved and properly used		
Approved Source			28 <input checked="" type="checkbox"/> Toxic substances properly identified, stored & used	
11	<input checked="" type="checkbox"/> Food obtained from approved source	Conformance with Approved Procedures		
12	<input checked="" type="checkbox"/> Food received at proper temperature	29 <input checked="" type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan		
13	<input checked="" type="checkbox"/> Food in good condition, safe, and unadulterated	GOOD RETAIL PRACTICES		
14	<input checked="" type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				
OUT N/A N/O	Safe Food and Water	OUT	Proper Use of Utensils	V COS R
V COS R		V COS R		
30	<input checked="" type="checkbox"/> Pasteurized eggs used where required	43 <input checked="" type="checkbox"/> In-use utensils: properly stored	44 <input checked="" type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled	45 <input checked="" type="checkbox"/> Single-use/single-service articles: properly stored & used
31	<input checked="" type="checkbox"/> Water and ice from approved source	46 <input checked="" type="checkbox"/> Gloves used properly	Utensils and Equipment	
32	<input checked="" type="checkbox"/> Variance obtained for specialized processing methods	47 <input checked="" type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
Food Temperature Control			48 <input checked="" type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
33	<input checked="" type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control	49 <input checked="" type="checkbox"/> Non-food contact surfaces clean		
34	<input checked="" type="checkbox"/> Plant food properly cooked for hot holding	Physical Facilities		
35	<input checked="" type="checkbox"/> Approved thawing methods used	50 <input checked="" type="checkbox"/> Hot and cold water available; adequate pressure	51 <input checked="" type="checkbox"/> Plumbing installed; proper backflow devices	
36	<input checked="" type="checkbox"/> Thermometers provided and accurate	52 <input checked="" type="checkbox"/> Sewage and waste water properly disposed	53 <input checked="" type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean	
Food Identification			54 <input checked="" type="checkbox"/> Garbage and refuse properly disposed; facilities maintained	
37 <input checked="" type="checkbox"/>	Food properly labeled; original container	55 <input checked="" type="checkbox"/> Physical facilities installed, maintained, and clean		
Prevention of Food Contamination			56 <input checked="" type="checkbox"/> Adequate ventilation and lighting; designated areas used	
38 <input checked="" type="checkbox"/>	Insects, rodents, and animals not present	Natural rubber latex gloves not used per CGS §19a-36f		
39 <input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display	Violations documented		
40 <input checked="" type="checkbox"/>	Personal cleanliness	Date corrections due		
41 <input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	Priority Item Violations		
42 <input checked="" type="checkbox"/>	Washing fruits and vegetables	Priority Foundation Item Violations		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			Core Item Violations	
Person in Charge (Signature) <i>[Signature]</i> Date 9/10/24			Risk Factor/Public Health Intervention Violations	
Person in Charge (Printed) Michael Cunningham			Repeat Risk Factor/Public Health Intervention Violations	
Inspector (Signature) <i>[Signature]</i> Date 9/10/2024			Good Retail Practices Violations	
Inspector (Printed) Lauren Brandy			Requires Reinspection - check box if you intend to reinspect	
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.			#	

reinspection: 9/20/2024 ✓

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 9/10/2024
 Establishment Prospect Hospital Town Manchester reinspection 9/20/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
ground beef	160	wic #4		roast beef	40F
eggs - hot held	136F	egg salad	39F	hard boiled egg	41F
		Turkey	40F	sliced tomato	40F
Front area		sliced cheese	39F		
Sliced tomato	38F	wif #3	0F	wic #1 cantaloupe	39F
Tuna	39F	wic #2 - chicken	41F	chicken cooked	38F
Turkey	41F	raw chicken	39F		
				quat bucket	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	Description
	CFPM: Harry
57C	discussed labeling single pre-packaged desserts/muffins/baked goods
56C	employee keys/phone on shelving by self serv area
note	Front deli unit not functioning - using smaller unit - work order in place + not in use at this time
49C	exterior of panini press not clean
49C	vent covers in wic #4 not clean
49C	Floors in wif #3 not clean
note	good handwashing/glove use
49C	gaskets of sandwich station not clean
49C	exterior of sandwich prep not clean
49C	light cover in wic #1 not clean
38PF	Fruit flies/drain flies by room next to wic #1
22P	cream cheese at 58F stored on counter - voluntarily discarded (CS)
22P	butter packets at 56F stored on counter - voluntarily discarded (CS)
49C	Floor under cookline equipment not clean
49C	interior of 2 door convection oven not clean
39C	ice build up in freezer drawer - discussed food protection
16PF	can opener not clean
55C	Tiles cracked in dish machine room - work order in place
52C	stagnant water under dish machine
49C	6 door refrigerator gaskets not clean



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

Risk Category: <u>i</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>		
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>8/20/24</u>			
Establishment <u>Ray's Convenience</u>			Time In <u>3:30</u> AM/PM Time Out <u>4:30</u> AM/PM			
Address <u>269 E. Center St</u>			LHD <u>Manchester</u>			
Town/City <u>Manchester</u>			Purpose of Inspection: <u>Routine</u> Pre-op			
Permit Holder <u>Ray Naman</u>			Reinspection Other _____			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS						
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>						
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed						
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Supervision		Protection from Contamination		Time/Temperature Control for Safety		
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties		Pf	Food separated and protected		P/C	
2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
Certified Food Protection Manager for Classes 2, 3, & 4		C	Food-contact surfaces: cleaned & sanitized		P/P/C	
Employee Health			Proper disposition of returned, previously served, reconditioned, and unsafe food		P	
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	Time/Temperature Control for Safety			
Management, food employee and conditional employee; knowledge, responsibilities and reporting		P/Pf	18	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	Proper cooking time and temperatures		P/Pf/C	
Proper use of restriction and exclusion		P	19	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	Proper reheating procedures for hot holding		P	
Written procedures for responding to vomiting and diarrheal events		Pf	20	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
Good Hygienic Practices			Proper cooling time and temperatures		P	
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use		P/C	Proper hot holding temperatures		P	
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> No discharge from eyes, nose, and mouth		C	Proper cold holding temperatures		P	
Preventing Contamination by Hands			23	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
8	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	Proper date marking and disposition		P/Pf	
<input type="checkbox"/> Hands clean and properly washed		P/Pf	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
9	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	Time as a public health control: procedures and records		P/Pf/C	
<input type="checkbox"/> No bare hand contact with RTE food or a pre-approved alternative procedure properly followed		P/Pf/C	Consumer Advisory			
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	25	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> Adequate handwashing sinks, properly supplied/accessible		Pf/C	Consumer advisory provided: raw/undercooked food		Pf	
Approved Source			Highly Susceptible Population			
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	26	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> Food obtained from approved source		P/Pf/C	<input type="checkbox"/> Pasteurized foods used; prohibited foods not offered		P/C	
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	Food/Color Additives and Toxic Substances			
<input type="checkbox"/> Food received at proper temperature		P/Pf	27	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	<input type="checkbox"/> Food additives: approved and properly used		P	
<input type="checkbox"/> Food in good condition, safe, and unadulterated		P/Pf	28	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
Required records available: molluscan shellfish identification, parasite destruction		P/Pf/C	<input type="checkbox"/> Toxic substances properly identified, stored & used		P/Pf/C	
14	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	Conformance with Approved Procedures			
GOOD RETAIL PRACTICES			29	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>						
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						
Safe Food and Water		Proper Use of Utensils		Utensils and Equipment		
30	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> Pasteurized eggs used where required		P	<input type="checkbox"/> In-use utensils: properly stored		C	
31	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	44	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> Water and ice from approved source		P/Pf/C	<input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled		Pf/C	
32	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> Variance obtained for specialized processing methods		Pf	<input type="checkbox"/> Single-use/single-service articles: properly stored & used		P/C	
Food Temperature Control			46	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
33	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	<input type="checkbox"/> Gloves used properly		C	
<input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control		Pf/C	Physical Facilities			
34	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> Plant food properly cooked for hot holding		Pf	<input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used		P/Pf/C	
35	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	48	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> Approved thawing methods used		Pf/C	<input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available		Pf/C	
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> Thermometers provided and accurate		Pf/C	<input type="checkbox"/> Non-food contact surfaces clean		C	
Food Identification			Prevention of Food Contamination			
37	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
<input type="checkbox"/> Food properly labeled; original container		Pf/C	<input type="checkbox"/> Insects, rodents, and animals not present		Pf/C	
Prevention of Food Contamination			39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input checked="" type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	<input type="checkbox"/> Contamination prevented during food preparation, storage & display		P/Pf/C	
<input type="checkbox"/> Insects, rodents, and animals not present		Pf/C	40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	<input type="checkbox"/> Personal cleanliness		Pf/C	
<input type="checkbox"/> Contamination prevented during food preparation, storage & display		P/Pf/C	41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	<input type="checkbox"/> Wiping cloths: properly used and stored		C	
<input type="checkbox"/> Personal cleanliness		Pf/C	42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	<input type="checkbox"/> Washing fruits and vegetables		P/Pf/C	
<input type="checkbox"/> Wiping cloths: properly used and stored		C	Violations documented			
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	Date corrections due		#	
<input type="checkbox"/> Washing fruits and vegetables		P/Pf/C	8/23/24		1	
Person in Charge (Signature) <u>[Signature]</u> Date <u>8/20/24</u>		Person in Charge (Printed) <u>NAMAN RAY</u>		8/30/24		3
Inspector (Signature) <u>[Signature]</u> Date <u>8/20/24</u>		Inspector (Printed) <u>Jose Ramirez</u>		11/20/24		4
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		Risk Factor/Public Health Intervention Violations		4		
		Repeat Risk Factor/Public Health Intervention Violations				
		Good Retail Practices Violations		16		
		Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>		

Reinspection 9/5/24 9/9/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/20/24

Establishment Ray's Convenience Town Manchester

reinspection 9/5/24

TEMPERATURE OBSERVATIONS

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

OBSERVATIONS AND CORRECTIVE ACTIONS

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

- * Health Dept. will be back on Monday 9/9/24.
- 51C handsink in back, plumbing leaking - plumber has been called
- ✓ 49C Syrup station unclean
- ✓ 16PF milk dispenser nozzles not clean
- ✓ 49C counter at coffee station not clean
- 55C floor damaged throughout
- 45C single service items (straws) not protected
- ✓ 49C interior of cabinets by coffee station not clean
- 51C faucet on coffee counter loose
- ✓ 47C mop sink faucet repaired w/ duct tape
- 49C interior of handsink in back not clean
- 50PF handsink in back had no water (COS) - plumber called
- 40C papertowels not in dispenser
- ✓ 16PF no soap or paper towels in employee bathroom
- 50PF employee bathroom hot water faucet does not work
- water in employee bathroom @ 72°F - plumber called
- ✓ 49C floor in WIC not clean
- 49C shelves w/ TCS foods on them in WIC not clean
- 36PF no thermometer ~~in use~~ (thin probe) → plastic liners ordered
- ✓ 38PF mouse droppings present near 2-bay → ordered
- ✓ 48PF 2-bay sink not being used. Hand sink being used instead
- ✓ 48PF no test strips available
- ✓ 16P no sanitizer made

Person in Charge (Signature)


Date 8/20/24

Inspector (Signature)

Date 8/20/24

9/9/24

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 4
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 9/17/24
Establishment SOS chicken		Time In 12:30 AM/PM Time Out 2:45 AM/PM
Address 471-2 Hartford Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder Omar Abuzaideh		Reinspection Other 30 day reinspector 9/19/24



Connecticut Department of Public Health

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

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

Person in Charge (Signature) _____ Date 9/17/24 Person in Charge (Printed) Omar Abuzaideh Inspector (Signature) L. Sumay Date 9/17/24 Inspector (Printed) Lauren Grandy			Violations documented _____ Priority Item Violations 9/20/24 Priority Foundation Item Violations 9/27/24 Core Item Violations 12/17/24 Risk Factor/Public Health Intervention Violations _____ Repeat Risk Factor/Public Health Intervention Violations _____ Good Retail Practices Violations 12 Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>
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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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/17/24

Establishment Sas Chicken

Town Manchester

TEMPERATURE OBSERVATIONS

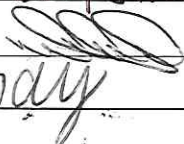
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
undercounter freezer	0F	salad/topping cold		hot water h.s	117F
undercounter		cheese	59F		
raw chicken	41F	mayo	58F	reach in cabinets	
raw chicken	41F	cut tomato	60F	chicken drawers cheese	41F
hot rice	171F	undercounter		undercounter freezer	0F
schwarma chicken	166F	Freezer	0F	internal chix	128F 176F
hot fried chicken	154F				

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.
✓ 10 pF	no paper towels in holder at handwash sink
✓ 13 p	raw Beef cooked on grill - cooled in reach in cooler - class 2 no cooling of food, no wic, cooling capability. All food to be hot held or cooked to order - Beef voluntarily discarded
✓ 16 pF	Undercounter 3 door reach in not clean
✓ 16 pF	Fried chicken stored directly on hot holding rack - discussed pans to place them on
16 pF	interior hot holding not clean - shelving/unit not clean
✓ 15 p	raw chicken stored about cooked beef in reach in (ecos) discussed wash/rinse/sanitize equipment every 4 hours
✓ 15 p	Raw chicken not protected in 3 door undercounter reach in
✓ 22 p	produce cold prep not functioning properly - cut tomato 60F, mayo 58F, cheese 59F, eggs 59F all tcs removed/discarded by pic → work order to be placed this day per owner. Not to use salad/produce until until repaired and fixed per health dept. Health dept must approve prior to use.
✓ 15 p	raw Frozen burgers over cooked chicken tenders in 2 door freezer
✓ 15 p	raw beef chicken/lamb over salad dressing in 3 door cooler
✓ 16 p	unclean cutting board used to cut onion
✓ 13 p	egg shells stored on oven for personal use → discussed
✓ 50 pF	hot water at 3 bay sink at 106F - must reach 110F @ 128F

Person in Charge (Signature)



Date

9/17/24

Inspector (Signature)



Date

9/17/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 9/17/24
 Establishment SOS Chicken Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
raw chicken	41F	ambient unit temp	37F	hot water 3 bay	106F
raw chicken	10F	↳ cold unit that			
cheese	11F	want working		hot water	
humus	40F	(middle)		restroom	103F
raw lamb	39F			hot water handsink	116F
undercounter freezer	0F				
undercounter freezer	0F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this 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 by 3 bay not clean - clean mat/under mats
44c	lids stored behind faucet of 3 bay sink
8p	hand wash sink not accessible by prep sink
44pF	knives stored on side of undercounter unit next to trash ↳ discussed relocation of knives
16p	"clean" dishes on rack unclean
45c	To go containers stored under shelving (bare wood) - shelving by 9/25/24
22p	coleslaw in small non commercial cold unit at front counter at 47F - voluntarily discarded by pic
47c	non commercial unit to be removed
15p	Food stored under p.o.s. on floor - only approved for pre-packaged food - shelving to be put under p.o.s next week 9/25/24.
note	discussed wire area - no food/to go products to be stored
55c	Threshold missing on floor to dry storage - to be replaced 90 days
15p	Food stored on floor of dry storage room
47c	shelving must be 4" off ground in dry storage
49c	Floor unclean in dry storage
49c	Floor under mop sink not clean
52c	dirty stagnant water in mop bucket
45p	To go containers stored in unfinished basement ↳ not approved TO be removed by next inspection (a 9/19/24)
1pF	person in charge ^{STAFF} unaba to demonstrate food safety knowledge.

Person in Charge (Signature) Date 9/17/24
 Inspector (Signature) L. Grandy Date 9/17/24

Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 9/17/24

Establishment SOS Chicken

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.

owner to voluntarily close at 6pm this day to re-train staff. Must include cook temps, handwashing, good glove use, cross contamination, and sanitizer - how to make it and test correctly.

Health Dept to reinspect - refrigeration unit to be repaired this day after 5 pm. Health dept to inspect unit is functioning prior to use + putting food in unit. Health dept to be out prior to opening to check refrigeration. email lgrandy@manchesterct.gov once refrigeration repaired. Health Dept to be out 9/18/24 @ 10:30 AM if fixed/repair

dewalt scrapper used - discussed NSF/equivalent - to be removed cutting boards/containers stored behind grease trap. discussed shelving stainless steel NSF/equivalent above prep sink
Fruit flies in mop sink room - discussed licensed pest control for treatment

interior of cold prep unit @ 37F (ambient). Health Dept gave OK to use for food products. staff to take temps of food product + monitor unit multiple times during the day, at least every hour. Health Dept to review during reinspection

No storage of food, equipment, paper products in basement - **NOT approved!**


Person in Charge (Signature)

Date 9/17/24

Inspector (Signature) L. Grandy

Date 9/17/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/11/24
Establishment TGI FRIDAYS		Time In 11:15 AM/PM Time Out 12:30 AM/PM
Address 209 Hale Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder CFPM: Jeremy		Reinspection Other reinspection 9/30/24



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
Supervision				Protection from Contamination											
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties															
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Certified Food Protection Manager for Classes 2, 3, & 4															
Employee Health				Time/Temperature Control for Safety											
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Management, food employee and conditional employee; knowledge, responsibilities and reporting															
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															
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															
Good Hygienic Practices				Consumer Advisory											
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Proper eating, tasting, drinking, or tobacco products use															
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population								
No discharge from eyes, nose, and mouth															
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances								
Hands clean and properly washed															
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures								
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed															
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate handwashing sinks, properly supplied/accessible															
Approved Source				Highly Susceptible Population											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food obtained from approved source															
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities								
Food received at proper temperature															
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
Food in good condition, safe, and unadulterated															
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Required records available: molluscan shellfish identification, parasite destruction															

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

Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) _____	Date	9/11/24
Person in Charge (Printed) Jeremy LeGesse		
Inspector (Signature) L. Grandy	Date	9/11/24
Inspector (Printed) LAVIEN GRANDY		

Violations Documented	Date corrections due	#
Priority Item Violations	9/14/24	2
Priority Foundation Item Violations	9/21/24	7
Core Item Violations	12/11/24	17
Risk Factor/Public Health Intervention Violations		8
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		13
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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

reinspection: 9/21/24

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
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		
		rice	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.
	CFPM: Jeremy
<u>16pF</u>	interior 2 door cooler rusted shelves / not clean ↳ bottom not in use at this time
<u>16pF</u>	interior/exterior of microwave not clean
<u>49c</u>	gasket of ice cream lid not clean
✓ <u>45p</u>	single service to go container used as scoop in basil pesto (drawer) @s
note #	date marking discussed for individually packed condiments
<u>49c</u>	exterior handles of cookline equipment not clean
✓ <u>56c</u>	light shields / shatterproof lights not clean
<u>49c</u>	bun rack not clean (exterior)
<u>16pF</u>	saider bun toaster not clean
<u>16pF</u>	interior of idoor continental (end) not clean
<u>49c</u>	Floors under cookline equipment not clean
<u>49c</u>	walls behind cookline equipment not clean
✓ <u>49c</u>	Floor drains along cookline not clean
✓ <u>55c</u>	ceiling tile above Fried Food station damaged
<u>16pF</u>	saider shelf not clean
✓ <u>49c</u>	shelving throughout cookline not clean
✓ <u>49c</u>	mop sink not clean
<u>16pF</u>	cart by wic not clean
<u>48c</u>	nozzles of 3 bay sink not clean
✓ <u>55c</u>	Floor tiles cracked on cookline - corrected
✓ <u>49c</u>	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
✓ 49c	shelving in dry storage not clean
51c	Faucet in womens staff restroom leaking
✓ 10pF	no soap/paper towels at bar handsink (COS)
47c	soda gun in corner; shelving damaged
	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/ TGI Fridays.
	CFPM to be replaced.
	Steven gonzalez 1505@gmail.com
	copy of inspection report to be emailed to above. Reinspection scheduled for 9/30/24.

Person in Charge (Signature) _____ Date 9/11/24
 Inspector (Signature) L. Stancely Date 9/11/2024

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 8/27/24	
Establishment Wetzels Pretzels (store)	Time In 11:00 AM/PM Time Out 11:40 AM/PM	
Address 194 Buckland Hills Dr. #1176	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder Christopher Cordeiro	Reinspection Other _____	



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

GOOD RETAIL PRACTICES

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

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

Safe Food and Water				Proper Use of Utensils							
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pasteurized eggs used where required							In-use utensils: properly stored				
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used				
Food Temperature Control							Gloves used properly				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment				
Proper cooling methods used; adequate equipment for temperature control							47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used				
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plant food properly cooked for hot holding							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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used							Non-food contact surfaces clean				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities				
Thermometers provided and accurate							50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification							Hot and cold water available; adequate pressure				
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food properly labeled; original container							Plumbing installed; proper backflow devices				
Prevention of Food Contamination							52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed				
Insects, rodents, and animals not present							53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean				
Contamination prevented during food preparation, storage & display							54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained				
Personal cleanliness							55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean				
Wiping cloths: properly used and stored							56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used				
Washing fruits and vegetables							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 **8-27-24**

Person in Charge (Printed) _____

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

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	9-6-24	2
Core Item Violations	11-27-24	1
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		2
Requires Reinspection - check box if you intend to reinspect		<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 9/5/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3					
Establishment type: Permanent Temporary Mobile Other _____		Date: 9/3/24					
Establishment Chilis		Time In 3:45 AM/PM Time Out 5:15 AM/PM					
Address 250 Buckland St.		LHD Manchester					
Town/City Manchester		Purpose of Inspection: Routine Pre-op					
Permit Holder Debbie Curtis		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties				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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				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			
Good Hygienic Practices				Consumer Advisory			
<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"/>
6 Proper eating, tasting, drinking, or tobacco products use				25 Consumer advisory provided: raw/undercooked food			
7 No discharge from eyes, nose, and mouth				Highly Susceptible Population			
Preventing Contamination by Hands				26 Pasteurized foods used; prohibited foods not offered			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
8 Hands clean and properly washed				27 Food additives: approved and properly used			
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				28 Toxic substances properly identified, stored & used			
10 Adequate handwashing sinks, properly supplied/accessible				Conformance with Approved Procedures			
Approved Source				29 Compliance with variance/specialized process/ROP criteria/HACCP Plan			
<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							
Safe Food and Water				Proper Use of Utensils			
OUT	N/A	N/O		OUT			
<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"/>
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			
Food Temperature Control				46 Gloves used properly			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment			
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				Physical Facilities			
Food Identification				50 Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51 Plumbing installed; proper backflow devices			
37 Food properly labeled; original container				52 Sewage and waste water properly disposed			
Prevention of Food Contamination				53 Toilet facilities: properly constructed, supplied, & clean			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54 Garbage and refuse properly disposed; facilities maintained			
38 Insects, rodents, and animals not present				55 Physical facilities installed, maintained, and clean			
39 Contamination prevented during food preparation, storage & display				56 Adequate ventilation and lighting; designated areas used			
40 Personal cleanliness				Natural rubber latex gloves not used per CGS §19a-36f			
41 Wiping cloths: properly used and stored				Violations documented		Date corrections due	
42 Washing fruits and vegetables				Priority Item Violations	COS		#
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Priority Foundation Item Violations	9/13/24		1
Person in Charge (Signature) <i>Debbie Curtis</i> Date 9/4/24				Core Item Violations	10/13/24		17
Person in Charge (Printed) Debbie Curtis				Risk Factor/Public Health Intervention Violations			11
Inspector (Signature) <i>Jose Ramirez</i> Date 9/3/24				Repeat Risk Factor/Public Health Intervention Violations			
Inspector (Printed) Jose Ramirez				Good Retail Practices Violations			19
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.				Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>			

Reinspection 9/16/24

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 9/3/24
 Establishment Chilis Town Manchester Reinspection 9/16/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Salsa Station		Cook line cold prep table		Hand Sink at warewash	88F
Salsa	37F	Pico	37F	Quat bucket	200ppm
Salsa	39F	Chicken	39F	Zone 1 cold prep	
Hot Hold Soup	180F	Sliced tomatoes	39F	Shred cheese	39F
under counter cooler expo		Shred cheese	41F	Hot Hold Marinara	153F
ranch	38F	Chicken	36F	Battering station chicken	35F
Cheese Cake cooler	38F	Ribs	39F	egg roll	39F
Hot Hold chili	153F	Shrimp	39F	Bar Hand Sink	127F

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.

WIC: Sliced Cheese 41F, Chicken 40F, Sausage 41F, Brisket 41F
 Ribs 41F, Pasta 41F, Steak 38F

- 47C/49C Salsa station gasket damaged & unclean
- ✓ 16PF Blue to-go container shelves unclean
- ✓ 16PF Soda station nozzles, back splash, and ice well unclean. Expo line
- 47C gasket damaged & unclean at under counter cooler at expo line
- ✓ 43C Spoon used as scoop in ice cream freezer buried in product
- ✓ 16PF interior of microwave at expo line unclean.
- ✓ 16PF interior of ice machine unclean
- ✓ 49C Shelving in dry storage unclean
- ✓ 49C ConvoTherm exterior unclean, shelf unclean (oven)
- 47PF ConvoTherm leaking heavily - PIC to check on status.
- 49C gaskets unclean throughout
- 49C interior of hand sink by WIC unclean
- ✓ 16PF interior of cookline coolers unclean throughout
- 49C exterior of salad cooler unclean
- * 16PF interior of microwaves throughout unclean
- 37C Squeeze bottles at cookline unlabeled
- ✓ 16PF interior of conveyor oven unclean
- 49C WIC Fan cover unclean
- 49C Speed racks in WIC unclean shelves in WIC unclean
- ✓ 49C lights in WIC unclean legs to be adjusted
- ✓ 16PF interior of produce sink unclean - need to be able to drain fully.

Person in Charge (Signature) David Date 9/4/24
 Inspector (Signature) Justin Date 9/3/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/3/24

Establishment Chilis Town Manchester

Reinspection 9/16/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
				Customer BR sink	107F

All PF violations must be corrected by 4:00pm today (9/16/24). Health Dept will be back to reinspect. If not completed, all equipment affected will be placed out of order. Accessible components of conveyor oven must be cleaned today, deep professional cleaning to be scheduled.
 * Clean all gaskets by 4:00pm
 * Shed must be free of all paper goods / single use items by 4:00pm

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.

note: warewash shelf needs deep cleaning by 4:00pm today. Do not oil pans here.

- 49c/47c Caulk around Warewash unclean & not cleanable
- ✓ 16P Dish machine chlorine at 0ppm. ~~100ppm~~ (COS) 100ppm
- ✓ 47PF Damaged hotel pans on drying shelf by warewash shelf needs to be replaced
- 44C Wet nesting of Hotel pans on drying shelf.
- ✓ 16PF Shelves in bar glass cooler rusted. glass rims on shelf.
- ✓ 16RF Soda gun nozzle at bar unclean
- 38C Shed used to store linens, single use items / to go containers had door open w/ no screen door. Holes in floor and walls of shed.

Note Shed door must be kept closed at all times. All holes must be sealed to prevent entry of pests. ~~repairs cannot be made~~
 * Food containers must be moved inside

Note Discussed increasing cleaning frequency of all cookline equipment; interior of conveyor oven has heavy build up.

Note Dish machine repaired by Ecolab.

* Note All core violations must be corrected within 30 days. Health Dept to reinspect. (10/3/24)


Note Thermometer and test strips available

Note PIC stated all gaskets are being replaced soon. To be cleaned in the meantime.

Note: Dipper well not in use. * Return 9/14/24 to review report

Person in Charge (Signature) D. Curtin Date 9/4/24

Inspector (Signature) Joe King Date 9/3/24

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____	Date: 8/27/24	Time In 12:15 AM/PM Time Out 1:30 AM/PM
Establishment Empire kitchen		LHD Manchester
Address 664 Center St.		Purpose of Inspection: Routine Pre-op
Town/City Manchester		Reinspection Other _____
Permit Holder Jian Lin	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS	
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	Supervision	V COS R
1 <input checked="" type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/>
2 <input checked="" type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/>
Employee Health		
3 <input checked="" type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf <input type="checkbox"/>
4 <input checked="" type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/>
5 <input checked="" type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf <input type="checkbox"/>
Good Hygienic Practices		
6 <input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/>
7 <input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C <input type="checkbox"/>
Preventing Contamination by Hands		
8 <input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/>
9 <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"/>
10 <input checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="checkbox"/>
Approved Source		
11 <input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/>
12 <input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/>
13 <input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/>
14 <input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/>
GOOD RETAIL PRACTICES		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A N/O	Safe Food and Water	V COS R
30 <input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/>
31 <input type="checkbox"/>	Water and ice from approved source	P/Pf/C <input type="checkbox"/>
32 <input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/>
Food Temperature Control		
33 <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/>
34 <input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/>
35 <input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/>
36 <input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/>
Food Identification		
37 <input checked="" type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/>
Prevention of Food Contamination		
38 <input checked="" type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/>
39 <input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/>
40 <input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/>
41 <input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/>
42 <input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) Jian Lin	Date 8/27/24	
Person in Charge (Printed) _____		
Inspector (Signature) Jose Ramirez	Date 8/27/24	
Inspector (Printed) Jose Ramirez		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		

reinspection 9/15/24

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	9-6-24	0-4
Core Item Violations	11-27-24	11
Risk Factor/Public Health Intervention Violations		5
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		10
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/27/24

Establishment Empire Kitchen Town Manchester

Reinspection 9/5/24

TEMPERATURE OBSERVATIONS

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

OBSERVATIONS AND CORRECTIVE ACTIONS


Violations cited in this 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 Jian Lin CFPM on site
- 10PF No soap at hand sink by WIC
- 10PF ^{cardboard} boxes stored in hand sink by 3 bay
- 15C Containers of Food in WIC not covered
- 49C WIC shelves unclean. WIC Fan cover unclean.
- 23PF Food not properly date marked in WIC
- 38C Back door open w/ no screen door
- 49C walls unclean throughout
- 37C Bins of white granulars in dry storage not labeled
- 49C interior of hand sink by register unclean
- 56C Hood baffles unclean. No sticker on hood w/ date last cleaned.
- 49C Floor under cookline equipment unclean cleaned 9/4/24
- 16PF interior of cold prep table unclean
- 37C Seasoning shakers at cookline not labeled
- 49C ceiling unclean throughout
- 49C exterior of all equipment unclean

- Note Discussed proper thawing procedure
- Note All prepared & refrigerated Foods must be date marked & used or discarded within 7 days.
- Note Thorough cleaning needed throughout. All 49c violations must be corrected by 9/27/24.
- Note PIC states Hood scheduled to be cleaned 8/31/24

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

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other		Date: 8/21/24
Establishment Ganymead		Time In 4:30 AM/PM Time Out 5:30 AM/PM
Address 360 MTW		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Benjamin Phillips		Reinspection Other reinspection 9/17/24



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																	
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																	
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection	R=repeat violation									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R				
Supervision																	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Person/Alternate Person in charge present, demonstrates knowledge and performs duties																	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Certified Food Protection Manager for Classes 2, 3, & 4																	
Employee Health																	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Management, food employee and conditional employee; knowledge, responsibilities and reporting																	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Proper use of restriction and exclusion																	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Written procedures for responding to vomiting and diarrhea events																	
Good Hygienic Practices																	
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Proper eating, tasting, drinking, or tobacco products use																	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
No discharge from eyes, nose, and mouth																	
Preventing Contamination by Hands																	
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Hands clean and properly washed																	
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed																	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Adequate handwashing sinks, properly supplied/accessible																	
Approved Source																	
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Food obtained from approved source																	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Food received at proper temperature																	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Food in good condition, safe, and unadulterated																	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R
Safe Food and Water																	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pasteurized eggs used where required																	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Water and ice from approved source																	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods																	
Food Temperature Control																	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper cooling methods used; adequate equipment for temperature control																	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Plant food properly cooked for hot holding																	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Approved thawing methods used																	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Thermometers provided and accurate																	
Food Identification																	
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food properly labeled; original container																	
Prevention of Food Contamination																	
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Insects, rodents, and animals not present																	
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Contamination prevented during food preparation, storage & display																	
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Personal cleanliness																	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Wiping cloths: properly used and stored																	
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Washing fruits and vegetables																	
Proper Use of Utensils																	
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
In-use utensils: properly stored																	
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Utensils/equipment/linens: properly stored, dried, & handled																	
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Single-use/single-service articles: properly stored & used																	
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Gloves used properly																	
Utensils and Equipment																	
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food and non-food contact surfaces cleanable, properly designed, constructed, and used																	
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available																	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Non-food contact surfaces clean																	
Physical Facilities																	
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hot and cold water available; adequate pressure																	
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Plumbing installed; proper backflow devices																	
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Sewage and waste water properly disposed																	
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Toilet facilities: properly constructed, supplied, & clean																	
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Garbage and refuse properly disposed; facilities maintained																	
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Physical facilities installed, maintained, and clean																	
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Adequate ventilation and lighting; designated areas used																	
Natural rubber latex gloves not used per CGS §19a-36f																	

Person in Charge (Signature) <i>[Signature]</i> Date 8/21/24		Person in Charge (Printed) Benjamin Phillips	
Inspector (Signature) <i>[Signature]</i> Date 8/21/24		Inspector (Printed) Jose Ramirez	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	8-31-24	2
Core Item Violations	11-21-24	5
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		3
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

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

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/21/24

Establishment Cyanymead

Town Manchester

Reinspection 9/17/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
door RIC				3 bay Quat	200ppm
mashed potatoes	38F	BBQ sauce	41F	handsink cookline	90F
ground beef	38F	Blv cheese	40F		
Chicken	38F	mashed potatoes	40F		
table top cold hold		raw chicken	39F		
shred cheese	37F				
ranch	37F				
Pasta	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 t
<u>49C</u>	WIC Floor, walls unclean
<u>49C</u>	interior of door RIC unclean
<u>15C</u>	Food in door RIC not covered
<u>6PF</u>	interior & exterior of ice machine unclean
<u>49C</u>	exterior of cookline equipment unclean
<u>6PF</u>	interior of handsink at cookline unclean
<u>2C</u>	No CFPM. - class has been taken. PIC says they're taking the exam this week.
	WIC parts ordered
	No trash service available. Dumpsters being delivered 9/18/24. ↳ trash needs to be removed by end of day tomorrow 9/18/24. Trash currently being stored in WIC.
	Heavy fly and maggots present.
	Excessive lime buildup in dishmachine
Note	Smoking must occur in designated areas only (and be approved)
Note	Must obtain CFPM certification by 9/21/24 from approved provider.
Note	Thorough cleaning needed throughout cookline.
Note	Do not cool foods until WIC is fixed and working properly at 41F or below.
Note	WIC stopped working last week. PIC searching for new compressor. Will purchase within 2 weeks once he finds one.



Person in Charge (Signature) <u>[Signature]</u>	Date <u>8/21/24</u>
Inspector (Signature) <u>[Signature]</u>	Date <u>8/21/24</u>



Manchester Health Department
479 Main Street
Manchester, CT 06040

Establishment: Ganymead	Date of Inspection: 9/18/24 3:00 pm
<p>JR on site for reinspection. All trash has been removed from restaurant. Ben (owner) is using Fish N Tings dumpster with their permission. Ganymead will continue to use their dumpster until Ganymead's dumpster is delivered. All violations from 8/21/24 inspection have been corrected. Ben instructed to obtain CFPM certification by 9/21/24. Failure to obtain CFPM by 9/21/24 will result in voluntary closure. Ben instructed to provide pest control for flies by 9/28/24. If self performed pest control does not work, licensed pest control service must be used.</p>	
Initial (Inspector) JR	Initial (Person in Charge) Benjamin Phillips

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

Establishment type: **Permanent** Temporary Mobile Other _____ Date: **8/27/24**

Establishment **Hana sushi** Time In **9:00 AM/PM** Time Out **5:00 AM/PM**

Address **248 Broad St.** LHD **Manchester**

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

Permit Holder **Xin Yi Kwong** Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection			R=repeat violation			
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
Supervision													
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	15	<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							Food separated and protected				P/C	<input type="checkbox"/>	<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"/>		P/Pf/C	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized					<input type="checkbox"/>	<input type="checkbox"/>
Employee Health													
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"/>		P	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food					<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>	Time/Temperature Control for Safety						
Proper use of restriction and exclusion							18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Good Hygienic Practices													
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>
No discharge from eyes, nose, and mouth							24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
Preventing Contamination by Hands													
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Consumer Advisory						
Hands clean and properly washed							25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Highly Susceptible Population						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/C	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pf/C	<input type="checkbox"/>	Food/Color Additives and Toxic Substances						
Adequate handwashing sinks, properly supplied/accessible							27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P	<input type="checkbox"/>
Approved Source													
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
Food obtained from approved source							Food additives: approved and properly used					<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
Food received at proper temperature							Toxic substances properly identified, stored & used					<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf	<input type="checkbox"/>	Conformance with Approved Procedures						
Food in good condition, safe, and unadulterated							29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		P/Pf/C	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan						
Required records available: molluscan shellfish identification, parasite destruction													

GOOD RETAIL PRACTICES

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

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

OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
Safe Food and Water									
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>
Pasteurized eggs used where required						Proper Use of Utensils			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>
Water and ice from approved source						45	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	46	<input type="checkbox"/>	C	<input type="checkbox"/>
Variance obtained for specialized processing methods						Single-use/single-service articles: properly stored & used			
Food Temperature Control									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Proper cooling methods used; adequate equipment for temperature control						Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>
Plant food properly cooked for hot holding						Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>
Approved thawing methods used						Non-food contact surfaces clean			
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	Physical Facilities			
Thermometers provided and accurate						50	<input type="checkbox"/>	Pf	<input type="checkbox"/>
Food Identification									
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
Food properly labeled; original container						Plumbing installed; proper backflow devices			
Prevention of Food Contamination									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	52	<input checked="" type="checkbox"/>	P/Pf/C	<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"/>	53	<input type="checkbox"/>	Pf/C	<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"/>	54	<input type="checkbox"/>	C	<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"/>	55	<input type="checkbox"/>	P/Pf/C	<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"/>	56	<input type="checkbox"/>	C	<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.									

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

Person in Charge (Printed) **Xin Yi Kwong**

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

Inspector (Printed) **Jose Ramirez**

Violations documented	Date corrections due	#
Priority Item Violations	8-30-24	3
Priority Foundation Item Violations	9-6-24	4
Core Item Violations	11-27-24	7
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		12
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

reinspection 9/10/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 8/27/24

Establishment Hana Sushi

Town Manchester

reinspection 9/10/24

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
RIC tuna	41	hot hold rice	135°F	handsink	138°F
salmon	40			sanitizer bucket (bleach)	50ppm
cold prep shrimp	41			customer bathroom	145°F
front sushi tuna	41				
spicy salmon mix	41				
2 door reach in egg	41				
tofu	37				
carrellope	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	Description
	CPM on site.
47pf	cutting board by 3-bay heavily gauged
47pf	Knife on metal wall hanger missing handle (COS)
49c/16pf	exterior and interior of microwave unclean
48PF	dishmachine reading 0 for sanitizer
52C	standing water in interior of cold prep unit on cookline
37C	unlabeled squeeze bottles and granulars throughout
49C	prep table lower shelving along cookline unclean
28P	unlabeled bottle w/ bleach water (COS)
49c	handsink by sushi station unclean. Hand wash only
49e	exterior of equipment unclean (chest freezer especially)
45P	paper goods / to-go containers stored in employee bathroom
49C	wall behind 3-bay and back storage area unclean
51P	customer bathroom hot water @ 145°F max allowed 115°F

Note: Dishmachine requires ~~sanitizing~~ servicing. Use 3-bay to sanitize dishes.

Note: Test strips and thermometer available

Note: Discussed proper cooling w/ PIC

Person in Charge (Signature)

Date

8/27/24

Inspector (Signature)

Date

8/27/24

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

Establishment type: Permanent Temporary Mobile Other _____ Date: 9/13/2024

Establishment peppers indian cuisine Time In 11:20 AM/PM Time Out _____ AM/PM

Address 238 Tolland Tpke LHD Manchester

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

Permit Holder Sharat Reinspection Other reinspection 9/15/24



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	P/C	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures	P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding	P	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures	P	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures	P	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed	P/Pf	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures	P	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition	P/Pf	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	P/Pf	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food/Color Additives and Toxic Substances		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food additives approved and properly used	P	<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 checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toxic substances properly identified, stored & used	P/Pf/C	<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 checked="" type="radio"/>	<input checked="" 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	P	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	In-use utensils: properly stored	C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled	P/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	Pf	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gloves used properly	C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding	Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Utensils and Equipment		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container	Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Non-food contact surfaces clean	C	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present	P/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Physical Facilities		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Hot and cold water available; adequate pressure	Pf	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness	Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored	C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Adequate ventilation and lighting; designated areas used	C	<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	C	<input type="radio"/>	<input type="radio"/>

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

Person in Charge (Signature) Amit Das Date 9/13/24

Person in Charge (Printed) AMIT DAS

Inspector (Signature) L. Kennedy Date 9/13/24

Inspector (Printed) Carven Grandy

Violations documented	Date corrections due	#
Priority Item Violations	<u>9/15/24</u>	<u>9</u>
Priority Foundation Item Violations	<u>9/13/24</u>	<u>13</u>
Core Item Violations	<u>12/3/24</u>	<u>22</u>
Risk Factor/Public Health Intervention Violations		<u>13</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>13</u>
Good Retail Practices Violations		<u>31</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 9/3/24

Establishment peppers Indian cuisine Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC		hot basmati rice	143F	quat sanitizer	200 ppm
chicken (raw)	40F				
cooked chicken	40F	cooking rice	170F		
cheese ball	39F				
WIC - raw chicken	40F				
cauliflower	39F				
curry goat	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	Floor in wic not clean
49c	gasket of wic damaged - provide invoice to health dept
✓ 15p	Food not covered in wic
✓ 43c	strainers stored on gas line on cookline
✓ 44c	large pans to be discarded/removed - must be able to be w/k/s in 3 bay /dish machine
✓ 10pF	no soap in dispenser by handsink near 3 bay
✓ 49c	Floors along cookline not clean
✓ 16pF	interior of Magic chet microwave not clean - removed
✓ 38c	Fly zapper (tennis racket) on prep table
✓ 38pF	cockroaches observed in dry storage room - pest control 9/5/24
52pF	stagnant water on floor in dry storage room - This weekend
✓ 43c	scoops stored in product of spices in dry storage room
52c	ice machine draining into tin pan - not approved
✓ 15p	Food uncovered in wif
✓ 39pF	Food on floor of wif
49c	Floor not clean of wif
45c	to go containers stored on floor / milk crates - to purchase NSF shelving
✓ 39c	camprol tin foil / cart stored in utility rm - must be moved
✓ 10pF	handsink at bar not draining properly
49c	Floor drains not clean in kitchen
	note: pic provided pest control reports

Person in Charge (Signature) Amit Dhal

Date 9/3/24

Inspector (Signature) A. Grandy

Date 9/3/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/3/24

Establishment peppers indian cuisine Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in cooler		tandoori(humus)	40F	dish machine	50-100ppm
chicken masala	39F	basmati rice	150F		
samosa Filling	38F	basmati rice (out)	145F		
cut tomato	39F				
Chicken	39F				
Masala Filling	39F				
SOUP - hot	135F				

OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM: <u>Amitdas</u>
✓ 33pF	cooked cauliflower out at room temperature cooling @ 125F ↳ person in charge to put in w/c
✓ 10pF	no paper towels at hand sink
✓ 44pF	scoop w/o lid in batter in reach in cooler
✓ 15p	Food uncovered in reach in units
✓ 15p/37pF	spices uncovered / not labeled along cookline
✓ 49c	hood not clean - overolve - scheduled / baffles need to be cleaned
✓ 16p	Cutting boards on reach in units not clean / heavily gauged ↳ ordered
✓ 55c	Tin Foil used as wrap on oven
✓ 37pF	liquids in squeeze bottles not labeled
✓ 15p	Food uncovered in 3 door reach in unit
✓ 15p	storing food on top of exposed food - discarded
✓ 49c	exterior of cookline equipment not clean
✓ 16p	knives unclean near prep sink - moved to 3 bay to w/r/s. (COS)
✓ 49c	black cart exterior not clean
✓ 43c	spoon stored in basmati rice hot holding unit (COS) ↳ discussed container to store utensils
✓ 43c	dish racks stored on floor
✓ 49c	caulking behind dish machine not clean
(55C)	grout on floor tiles beginning to fade - discussed timeline for repairs - to be done overnight - 30 days (October 5th)
(49C)	3 bay caulking not clean

Person in Charge (Signature) Amit Das

Date 9/3/24

Inspector (Signature) Z. Shindiy

Date 9/3/24

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 9/3/2024

Establishment peppers indian cuisine 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.
<p>✓ 53C 50pF</p>	<p>Floor mats / FLOOR under mats in restroom not clean hot water at 75°F in restroom - must be 85°F minimum but less than 115°F</p>
<p>✓ 38pF</p>	<p>live cockroaches in womens restroom</p>
<p>✓ 11p</p>	<p>pompano, edible camphor, misri threaded, swad red food color, viola Food flavor to be and compounded asafetida powder Must be verified by health dept for approved sources. Health Dept to follow-up.</p>
	<p>Reinspection: 9/5/24 Health dept discussed proper cooling procedures with CFPM and will bring posters for cooling Food thermometer available Test strips available</p>
	<p>* email pest control weekly from Terminix - Lgrandy@manchesterct.gov hot water to be fixed this weeking ↳ issue with mixing valve ice machine - plumber to be out this weekend email grout pictures for floor once completed email invoice of gasket purchased for wic email invoice of cutting board to Health Dept.</p>
Person in Charge (Signature)	Date <u>9/3/24</u>
Inspector (Signature) <u>L. Cherry</u>	Date <u>9/3/24</u>

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet

Date 9/27/24

Establishment Wetzels Pretzels 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.
	KP on site to follow up on ice machine.
	Ice machine is still actively leaking.
	PIC to unplug ice machine. Ice machine is not to be used since it is leaking heavily, causing flooding.
	Ice can be purchased in sealed bags from an approved source temporarily until ice machine is fixed or replaced.
	Voicemail was left for owner, Susan, regarding ice machine being put out of order.
	Marta, PIC, voluntarily unplugged ice machine.
	mail management made aware.
	Spoke w/ manager Vraj on phone to inform him of ice machine as well. Email Jose, with where ice will be from.

Person in Charge (Signature) <u>Marta Rivus</u>	Date <u>9/27/24</u>
Inspector (Signature) <u>Katelyn Perra</u>	Date <u>9/27/24</u>