



## Manchester Health Department

479 Main Street  
Manchester, CT 06040

Establishment: <span style="font-size: 1.2em;">Burger Class</span>	Date of Inspection: <span style="font-size: 1.2em;">12/3/24</span>
<p>KP and JR on site w/ Bill, the Facilities Manager to complete a spot check after pest control.</p>	
<p>Prep sink   3-bay sink area had a lot of standing water. Prep sink is backing up from air gap and spilling on floor. Plumber is to be called out this day. Do not use prep sink until repaired. Utilize the 3-bay -rinse bay to prepare produce for the day. must w/r/s prior to using as a prep sink. Dipper well also leaking into bucket on front line. Plumber must address this as well this day. Failure to repair issues may result in closure.</p>	
<p>All food must be stored at least 6" off the floor and be covered.</p>	
<p>Health Dept. to reinspect tomorrow morning. Plumbing must be fixed. Inspect grease trap for issues.</p>	
Initial (Inspector)	Initial (Person in Charge)
<span style="font-size: 1.2em;">Katelynn Person</span> <span style="font-size: 1.2em;">Katelynn Person</span>	<div style="text-align: center;"> </div> <span style="font-size: 1.2em; font-family: monospace;">HARRY LIM</span>



Manchester Health Department

479 Main Street  
Manchester, CT 06040

Establishment:	Date of Inspection:
Charleys Subs	12/3/24
RP and JR on site w/ Bill, Facilities manager for spot check after pest control.	
Food in WIF must be moved from off the floor.	
Several live roaches observed under soda station by POS system up front. Cabinets are very dirty w/ lots of grease build up and food debris. This area must be cleaned properly by 3pm this day. Health Dept to come back to reinspect @ 3pm.	
Initial (Inspector)	Initial (Person in Charge)
Katelyn Person Katelyn Person	[Signature]



Manchester Health Department

479 Main Street

Manchester, CT 06040

Initial Construction Inspection

Establishment: Poke Moto	Date of Inspection: Dec 17, 2024
Food service application & fee due - Class 3 250 <sup>00</sup>	
All equipment + surfaces to be washed-rinsed-sanitized	
- remove frp "stickers"	
Provide processes : Bubble tea	
: cooked chicken	
: vegetarian items/vegetable	
* provide documentation for tuna/salmon - parasite destruction	
All refrig/freezers require visible thermometer	
plastic wrap on stainless steel tables - remove (All)	
tea sink out front - caulk not clean/secured	
Front hand sink - paper towel should not be over equipment ice machine	
Ninja air fryer - Not on plan review. Not commercial	
- provide spec sheet or spec on new equipment	
Cambros w/ stickers remove + clean / cracked, discard	
Covers not present on toppings	
Discussed labeling - unclear / clean scoops/laddles	
Kitchen clean out - needs to be finished (floor)	
Escheons needed on mop sink faucet	
All sinks at wall juncture require caulk	
Hole in FRP/wall at hand sink - cover	
* storage next to mop sink not approved	
Black ceiling tiles not approved	
Define drying space vs storage space for wares in kitchen	
"Dry storage" existing shelving/desk Not commercial - Not approved	

Initial (Inspector) D Payne

Initial (Person in Charge) Helen

Helen LOC



Manchester Health Department  
479 Main Street  
Manchester, CT 06040

Initial Construction Cont.

Establishment: Poke Moto	Date of Inspection: Dec 17, 24
Which dumpsters yours?	
Mop hanger required for air drying	
Back door - gap present	
Bathroom - paper towel dispenser required - Covered trash can needed	
Front doors - gaps present	
<p>provide documents defined above call for reinspection - No food to be ordered until final construction inspection</p>	
<p>Denise dpayne@manchesterct.gov 860 647 3180</p>	
Initial (Inspector) DPayne	Initial (Person in Charge) HCO

Helen COC



Manchester Health Department

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reinsp 12/17/24

Establishment: Rock Star Conv. Store	Date of Inspection: 12-15-24
Cove base in retail space require sealing Cove base required at all walls. close floor at wall juncture - @ counter step + Window	
Refrigeration has to be commercial "merchandisers"	
Request inspections for New Tenant permit Bldg/Fire Dpt	
Threshold needed at Vinyl/Tile junct	
✓ Fill holes in FRP	
✓ Mopsink - Bare wood not allowed	
Floor tile - front step loose, missing at mopsink Replace with Adhesive, Tile & grout	
grout needed	Wall at mopsink requires caulk - Remove excess @ handsink - tile not sealed/sink
✓ Metro shelving NSF/Commercial if needed for backup supplies - provide spec sheet to Health Dpt for approvals	
✓ Back wall by bathroom - not secured & gaps Bathroom door - bottom of door "sticks". Define who is responsible to clean + stock supplies for shared restroom' - cap floor water source lines	
Initial (Inspector) D Payne	Initial (Person in Charge) Jashua Acott

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/3/24

Establishment EA Teriyaki 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.
	<p><u>Malakia CFPM on site.</u></p> <p><u>JR on site w/ Bill, facilities manager of mall. Conducting follow up spot inspection. 23 40 pound boxes of raw chicken in WIC observed at 49F - 53F. PIC stated that these boxes were received 11/29/24 and held in WIC immediately upon receiving delivery. PIC stated that the chicken must be kept at 41F or below. PIC called Jerry (owner) and informed him of the temperature issues in the WIC. JR spoke w/ Jerry. Jerry agreed to voluntarily discard the 23 boxes of chicken. 25 remaining boxes of raw chicken in WIC observed at 41F - 45F. Jerry instructed to relocate the remaining 25 Boxes of chicken into <del>WIC</del><sup>RIF</sup>. Jerry agreed and stated that any boxes that don't fit in RIF will be stored in Charleys WIC. PIC stated that the remaining 25 boxes of chicken were received 12/2/24 and held in WIC immediately upon receiving. WIC ambient temperature observed at 51F. JR instructed Jerry to have WIC and RIC serviced today. JR instructed PIC to not store any TCS Foods in WIC until it is serviced and working properly. RIC raw chicken observed at 43F. PIC instructed to maintain temperature log for chicken in RIC. Check &amp; document internal chicken temperatures hourly. keep log on site. If temperatures are observed rising, relocate chicken to RIF or Charleys WIC. JR will reinspect today at 4pm.</u></p> <p><u>PIC / G Carr</u></p>

Person in Charge (Signature)	Date
Inspector (Signature) <u>[Signature]</u>	Date <u>12/3/24</u>

Risk Category: <b>1</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other		Date: <b>12/16/2024</b>
Establishment <b>Super 6 Convenience</b>		Time In <b>2:45</b> AM/PM Time Out <b>3:45</b> AM/PM
Address <b>706 Main St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Rachit</b>		Reinspection Other



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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) <b>Rachit Patel</b>	Date <b>12/16/24</b>
Person in Charge (Printed) <b>Rachit Patel</b>	Date <b>12/16/24</b>
Inspector (Signature) <b>L. Grandy</b>	Date <b>12/16/2024</b>
Inspector (Printed) <b>Lauren Grandy</b>	

Violations documented	Date corrections due	#
Priority Item Violations	<b>COS</b>	<b>1</b>
Priority Foundation Item Violations		<b>1</b>
Core Item Violations	<b>3/16/2024</b>	<b>6</b>
Risk Factor/Public Health Intervention Violations		<b>1</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>6</b>
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/16/2024

Establishment ~~Qatar~~ super 6 convenience Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk dispenser	38°F	WIC #2	40°F	hot water 3 bay	126°F
Milk	41°F	milk	42°F	hot water hand sink	132°F
Freezer w/ pre-package Food	0°F				
WIC #1	40°F				
↳ bottled drinks only					

### 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
	Rachit onsite
49c	interior of cabinet with non dairy creamer not clean at coffee station
37c	dispensers with white granular not labeled
✓ 55c	ice cream freezer blocking entrance to back of house - To be removed ASAP
55c	cove base missing in back of house by door
✓ 39c	<del>prepack</del> prepackaged drinks stored on floor in back of house - discussed shelving + dunnage racks
55c	clutter stored under 3 bays sink
*	discussed shelving in wic #1 + #2 to get pre-packaged drinks off floor
✓ 13 p	lando lakes heavy cream expired in wic # 2 - thrown out (cos)
	Thermometer available
	sanitizer onsite - quat / test strips onsite
	no test strips for chlorine onsite
	Health Dept to follow-up on WIC.
	- cooler ambient @ 39°F / heavy cream 40°F - okay by Health Dept. discussed with staff about keeping an eye on refrigeration unit
	- Health Dept to follow up 12/26/24 for other corrective actions

Person in Charge (Signature) [Signature] Date 12-16-24  
 Inspector (Signature) [Signature] Date 12/16/24

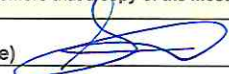
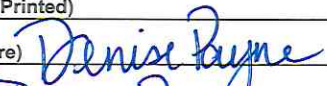


Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of ____
Establishment type: Permanent <b>0</b> Temporary Mobile Other	Date: <b>12/18/24</b>	
Establishment <b>April Time</b>	Time In <b>11</b> AM/PM Time Out AM/PM	
Address <b>91 Chestnut St</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: Routine <b>0</b> Pre-op	
Permit Holder	Reinspection Other	



Connecticut Department of Public Health

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																			
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																			
Supervision				Protection from Contamination															
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R						
<input 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 <b>X all not</b>															
<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															
Employee Health				Time/Temperature Control for Safety															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>						
3 Management, food employee and conditional employee; knowledge, responsibilities and reporting				18 Proper cooking time and temperatures															
<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"/>						
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"/>	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"/>						
5 Written procedures for responding to vomiting and diarrheal events				20 Proper cooling time and temperatures															
Good Hygienic Practices				Consumer Advisory															
<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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>						
6 Proper eating, tasting, drinking, or tobacco products use				25 Consumer advisory provided: raw/undercooked food															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>						
7 No discharge from eyes, nose, and mouth				26 Pasteurized foods used; prohibited foods not offered															
Preventing Contamination by Hands				Highly Susceptible Population															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>						
8 Hands clean and properly washed				27 Food additives: approved and properly used															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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				28 Toxic substances properly identified, stored & used															
<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				Approved Source				Food/Color Additives and Toxic Substances											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>						
11 Food obtained from approved source <b>discuss</b>				Good Retail Practices				Conformance with Approved Procedures											
<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"/>						
12 Food received at proper temperature				GOOD RETAIL PRACTICES															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.												
13 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															
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils								
14 Required records available: molluscan shellfish identification, parasite destruction				OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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				33 Proper cooling methods used; adequate equipment for temperature control				37 Food properly labeled; original container <b>discussed Date M/Krg.</b>				43 In-use utensils: properly stored							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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				34 Plant food properly cooked for hot holding				38 Insects, rodents, and animals not present				44 Utensils/equipment/linens: properly stored, dried, & handled							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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				35 Approved thawing methods used				39 Contamination prevented during food preparation, storage & display				45 Single-use/single-service articles: properly stored & used							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control				Food Identification				Prevention of Food Contamination				Utensils and Equipment							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33 Proper cooling methods used; adequate equipment for temperature control				37 Food properly labeled; original container <b>discussed Date M/Krg.</b>				38 Insects, rodents, and animals not present				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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
34 Plant food properly cooked for hot holding				39 Contamination prevented during food preparation, storage & display				40 Personal cleanliness				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35 Approved thawing methods used				40 Personal cleanliness				41 Wiping cloths: properly used and stored				49 Non-food contact surfaces clean							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36 Thermometers provided and accurate				41 Wiping cloths: properly used and stored				42 Washing fruits and vegetables				Physical Facilities							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37 Food properly labeled; original container <b>discussed Date M/Krg.</b>				42 Washing fruits and vegetables				43 Insects, rodents, and animals not present				50 Hot and cold water available; adequate pressure							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38 Insects, rodents, and animals not present				43 Insects, rodents, and animals not present				44 Utensils/equipment/linens: properly stored, dried, & handled				51 Plumbing installed; proper backflow devices							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39 Contamination prevented during food preparation, storage & display				44 Utensils/equipment/linens: properly stored, dried, & handled				45 Single-use/single-service articles: properly stored & used				52 Sewage and waste water properly disposed							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40 Personal cleanliness				45 Single-use/single-service articles: properly stored & used				46 Gloves used properly				53 Toilet facilities: properly constructed, supplied, & clean							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41 Wiping cloths: properly used and stored				46 Gloves used properly				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used				54 Garbage and refuse properly disposed; facilities maintained							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42 Washing fruits and vegetables				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				55 Physical facilities installed, maintained, and clean							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
43 Insects, rodents, and animals not present				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				49 Non-food contact surfaces clean				56 Adequate ventilation and lighting; designated areas used							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44 Utensils/equipment/linens: properly stored, dried, & handled				49 Non-food contact surfaces clean				50 Hot and cold water available; adequate pressure				Natural rubber latex gloves not used per CGS §19a-36f							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) 						Date <b>12/18/24</b>					
Person in Charge (Printed)											
Inspector (Signature) 						Date <b>12/18/24</b>					
Inspector (Printed) <b>Denise Payne</b>											
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.											

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/18/24

Establishment April Time Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Egg Nog	37F	Wongtons	173F	Hot Water	134F
Butter	41F	Pork	187F	Chlorine Sanitizer	100 ppm
Milk	41F			Dish Machine	>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

Hand Sink in Ware wash - leak identified and plumber called.

\* Discussed date marking of Refrig. items - date says 12-17-24 for Wednesday service - was it made 12-17 or was date incorrect for Wed - the 18<sup>th</sup>?

Holiday service - Lunch buffet \* This requires additional food protection.  
 - HDpt allows cover 1/2 pans to protect from residents in line. Kitchen staff will be serving.

Kitchen Clean & Organized.

\* plumber to address spray nozzle - replacing for air gap.



Person in Charge (Signature)

Date

Inspector (Signature) Denise Payne

Date 12/18/24

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 12/5/24

Establishment Artisanal Burger Company Time In 12:00 AM/PM Time Out 1:30 AM/PM

Address 1436 Pleasant Valley Rd. LHD Manchester

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

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



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

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

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

P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R	COS=corrected on-site during inspection	R=repeat violation
<b>Supervision</b>						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	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"/>
<b>Employee Health</b>						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	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"/>
<b>Good Hygienic Practices</b>						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>						
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"/>
<b>Approved Source</b>						
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 checked="" type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
<b>Protection from Contamination</b>						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>
<b>Time/Temperature Control for Safety</b>						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P/Pf/C	<input checked="" type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>
<b>Consumer Advisory</b>						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
<b>Highly Susceptible Population</b>						
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
<b>Food/Color Additives and Toxic Substances</b>						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>
<b>Conformance with Approved Procedures</b>						
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) JK Date 12/5/24

Person in Charge (Printed) Jordan Krizenosky

Inspector (Signature) Katelyn Person Date 12/5/24

Inspector (Printed) Katelyn Person

Violations documented	Date corrections due	#
Priority Item Violations	<u>12/18/24</u>	<u>3</u>
Priority Foundation Item Violations	<u>12/15/24</u>	<u>3</u>
Core Item Violations	<u>3/5/25</u>	<u>14</u>
Risk Factor/Public Health Intervention Violations		<u>5</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>15</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/5/24

Establishment Artisanal Burger Company Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline pico	39	hot hold soup	147	handsink	96 F
cheese	40	butter	168	quat bucket	400ppm
shrimp	38	WIC raw burger	39	dishmachine	7160F
rice	40	raw chicken	39		
burger	38	sliced cheese	39		
salt	40	cooked wings	38		
tomatoes	40				
server fridge milk	37	hot hold marinara	135		



### 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
	CFPM <del>Atten</del> on site Jordan
47C	under grill   flat top coolers ambient too high. Move all TCS foods to other cold units until unit is serviced and holding at 41 or below.
47C	gaskets damaged on cold prep unit at start of cookline
10PF	interior of handsink by fryer unclean. Not for dumping
49C	floor underneath 3-bay prep sink unclean + Soda Syrups
16PF	interior of ice machine unclean
37C	unlabeled squeeze bottles throughout
49C	ceiling unclean on cookline   vents unclean throughout
49C	gasket on WIC unclean
49C	shelving in WIC very unclean
49C/47C	pipings in WIC unclean   uncleanable - need rewrapping
49/39C	WIF floor unclean. WIC shelving not 6" off floor
49C	dry storage shelving (green) unclean
13P	dented can of cream of coconut on shelving - (cos) ↳ voluntarily discarded
55C	wet mop not hung to dry
39P	re-use of seafood container for desserts. Not approved ↳ allergen contamination possible. Not reuseable
NOA	Discussed dented can policy. create designated area

Person in Charge (Signature) [Signature] Date 12/5/24  
 Inspector (Signature) [Signature] Date 12/5/24




Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>12/17/24</u>	
Establishment <u>Bennet Academy</u>		Time In <u>10:30</u> <u>AM</u> Time Out <u>11:15</u> <u>AM</u> <u>PM</u>	
Address <u>1151 Main Street</u>		LHD <u>Manchester</u>	
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Boe - Kim CFPM on site</u>		Reinspection Other _____	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed			
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>	
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input 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	
<b>Employee Health</b>			
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input 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	<b>Consumer Advisory</b>		
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	25 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food		
<b>Good Hygienic Practices</b>			
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	<b>Highly Susceptible Population</b>		
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered		
<b>Preventing Contamination by Hands</b>			
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	<b>Food/Color Additives and Toxic Substances</b>		
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used		
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used		
<b>Approved Source</b>			
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	<b>Conformance with Approved Procedures</b>		
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan		
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	<b>GOOD RETAIL PRACTICES</b>		
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O 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		
<b>Good Retail Practices</b>			
<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>	<b>Utensils and Equipment</b>	
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT In-use utensils: properly stored	47 <input type="checkbox"/> OUT Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
31 <input type="checkbox"/> OUT Water and ice from approved source	44 <input type="checkbox"/> OUT Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> OUT Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
32 <input type="checkbox"/> OUT Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT Single-use/single-service articles: properly stored & used	49 <input checked="" type="checkbox"/> OUT Non-food contact surfaces clean	
<b>Food Temperature Control</b>			
33 <input type="checkbox"/> OUT Proper cooling methods used; adequate equipment for temperature control	<b>Physical Facilities</b>		
34 <input type="checkbox"/> OUT Plant food properly cooked for hot holding	50 <input type="checkbox"/> OUT Hot and cold water available; adequate pressure	51 <input type="checkbox"/> OUT Plumbing installed; proper backflow devices	
35 <input checked="" type="checkbox"/> OUT Approved thawing methods used	52 <input type="checkbox"/> OUT Sewage and waste water properly disposed	53 <input type="checkbox"/> OUT Toilet facilities: properly constructed, supplied, & clean	
36 <input type="checkbox"/> OUT Thermometers provided and accurate	54 <input type="checkbox"/> OUT Garbage and refuse properly disposed; facilities maintained	55 <input type="checkbox"/> OUT Physical facilities installed, maintained, and clean	
<b>Food Identification</b>			
37 <input type="checkbox"/> OUT Food properly labeled; original container	56 <input type="checkbox"/> OUT Adequate ventilation and lighting; designated areas used	56 <input type="checkbox"/> OUT Natural rubber latex gloves not used per CGS §19a-36f	
<b>Prevention of Food Contamination</b>			
38 <input type="checkbox"/> OUT Insects, rodents, and animals not present	<b>Violations documented</b>		
39 <input type="checkbox"/> OUT Contamination prevented during food preparation, storage & display	Priority Item Violations	Date corrections due	
40 <input type="checkbox"/> OUT Personal cleanliness	Priority Foundation Item Violations	#	
41 <input type="checkbox"/> OUT Wiping cloths: properly used and stored	Core Item Violations		
42 <input type="checkbox"/> OUT Washing fruits and vegetables	Risk Factor/Public Health Intervention Violations		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature) <u>Kimberly S. Russell</u> Date <u>12/17/24</u>	Repeat Risk Factor/Public Health Intervention Violations		
Person in Charge (Printed) <u>Kimberly S. Russell</u>	Good Retail Practices Violations		
Inspector (Signature) <u>R. Grandy</u> Date <u>12/17/24</u>	Requires Reinspection - check box if you intend to reinspect		
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.



Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>12/10/24</u>	
Establishment <u>Big Sky</u>	Time In <u>3:00</u> AM/PM Time Out <u>4:00</u> AM/PM	
Address <u>47 Hartford TPKE</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>AJ Schultz</u>	Reinspection Other _____	




FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 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 provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input 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 checked="" type="checkbox"/>	<input checked="" 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) <u>[Signature]</u>			Date <u>12/10/24</u>			Violations documented			Date corrections due			#
Person in Charge (Printed) <u>AJ Schultz</u>						Priority Item Violations			<u>12-20-24</u>			<u>3</u>
Inspector (Signature) <u>[Signature]</u>			Date <u>12/10/24</u>			Priority Foundation Item Violations			<u>3-10-25</u>			<u>1</u>
Inspector (Printed) <u>Jose Ramirez</u>						Core Item Violations						<u>3</u>
						Risk Factor/Public Health Intervention Violations						<u>2</u>
						Repeat Risk Factor/Public Health Intervention Violations						
						Good Retail Practices Violations						
						Requires Reinspection - check box if you intend to reinspect						

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





Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>															
Establishment type: Permanent Temporary Mobile Other _____		Date: <u>Nov 26, 24</u>															
Establishment: <u>Bogners Meats</u>	 <p>Connecticut Department of Public Health</p>	Time In <u>2:00</u> AM/PM Time Out _____ AM/PM															
Address: <u>320 Middle Tpk West</u>		LHD <u>Manchester</u>															
Town/City: <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op															
Permit Holder _____		Reinspection Other <u>12/11/24 Reinspection</u>															
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																	
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>																	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																	
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																	
	IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="radio"/>	<input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	P/C	<input type="radio"/>	<input type="radio"/>	
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="radio"/>	<input type="radio"/>	16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized	P/P/C	<input type="radio"/>	<input type="radio"/>	
<b>Employee Health</b>									<b>Time/Temperature Control for Safety</b>								
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"/>	18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	P	<input type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding	P	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures	P	<input type="radio"/>	<input type="radio"/>	
<b>Good Hygienic Practices</b>									<b>Consumer Advisory</b>								
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"/>	21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures	P	<input type="radio"/>	<input type="radio"/>	
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth	C	<input type="radio"/>	<input type="radio"/>	22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures	P	<input type="radio"/>	<input type="radio"/>	
<b>Preventing Contamination by Hands</b>									<b>Highly Susceptible Population</b>								
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"/>	23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition	P/Pf	<input type="radio"/>	<input type="radio"/>	
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="radio"/>	<input type="radio"/>	24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="radio"/>	<input type="radio"/>	
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="radio"/>	<input type="radio"/>	<b>Food/Color Additives and Toxic Substances</b>								
<b>Approved Source</b>									<b>Conformance with Approved Procedures</b>								
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"/>	25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="radio"/>	<input type="radio"/>	
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	P/Pf	<input type="radio"/>	<input type="radio"/>	<b>Food/Color Additives and Toxic Substances</b>								
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"/>	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="radio"/>	<input type="radio"/>	
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"/>	27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used	P	<input type="radio"/>	<input type="radio"/>	
<b>GOOD RETAIL PRACTICES</b>									<b>Conformance with Approved Procedures</b>								
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>			Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
	OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R					
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	P	<input type="radio"/>	<input type="radio"/>	43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	In-use utensils: properly stored	C	<input type="radio"/>	<input type="radio"/>		
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source	P/Pf/C	<input type="radio"/>	<input type="radio"/>	44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="radio"/>	<input type="radio"/>		
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	Pf	<input type="radio"/>	<input type="radio"/>	45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="radio"/>	<input type="radio"/>		
<b>Food Temperature Control</b>									<b>Utensils and Equipment</b>								
33	<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"/>	46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gloves used properly	C	<input type="radio"/>	<input type="radio"/>		
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding	Pf	<input type="radio"/>	<input type="radio"/>	47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="radio"/>	<input type="radio"/>		
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used	Pf/C	<input type="radio"/>	<input type="radio"/>	48	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="radio"/>	<input type="radio"/>		
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate	Pf/C	<input type="radio"/>	<input type="radio"/>	49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Non-food contact surfaces clean	C	<input type="radio"/>	<input type="radio"/>		
<b>Food Identification</b>									<b>Physical Facilities</b>								
37	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container	Pf/C	<input type="radio"/>	<input type="radio"/>	50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hot and cold water available; adequate pressure	Pf	<input type="radio"/>	<input type="radio"/>		
<b>Prevention of Food Contamination</b>									<b>Plumbing</b>								
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present	Pf/C	<input type="radio"/>	<input type="radio"/>	51	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="radio"/>	<input type="radio"/>		
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="radio"/>	<input type="radio"/>	52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="radio"/>	<input type="radio"/>		
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Personal cleanliness	Pf/C	<input type="radio"/>	<input type="radio"/>	53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="radio"/>	<input type="radio"/>		
41	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored	C	<input type="radio"/>	<input type="radio"/>	54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="radio"/>	<input type="radio"/>		
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables	P/Pf/C	<input type="radio"/>	<input type="radio"/>	55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="radio"/>	<input type="radio"/>		
<b>Violations documented</b>									<b>Physical Facilities</b>								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.									56 Adequate ventilation and lighting; designated areas used C <input type="radio"/>								
									57 Natural rubber latex gloves not used per CGS §19a-36f <input type="radio"/>								
Person in Charge (Signature) <u>[Signature]</u> Date <u>11/26/24</u>			Person in Charge (Printed) <u>Sean Krueger</u>			Inspector (Signature) <u>[Signature]</u> Date <u>11/26/24</u>			Inspector (Printed) <u>Dense Payne</u>			Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.					
Violations documented			Date corrections due			#			Priority Item Violations			COS			1		
Priority Foundation Item Violations			10 days			4			Core Item Violations			2			5		
Risk Factor/Public Health Intervention Violations									Repeat Risk Factor/Public Health Intervention Violations								
Good Retail Practices Violations									Requires Reinspection - check box if you intend to reinspect								

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date Nov 26, 24

Establishment Bogners Town Manchester

12-11-24 Reinsp

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Macaroni Salad	37F			Hand sink	95.2F
Stewbeef	35F	Ambient Air			
Bisket Burger	32F	Meat Room		3 bay	112.5F
Meatballs	35F	Chicken Room			
Seasoned Ckn	41F			(Chlorox) Sanitizer	50-100 ✓
Cordon Blue Chicked	40F			Buck	
				Swell Simonizer Sanitizer 200	ppm

### OBSERVATIONS AND CORRECTIVE ACTIONS

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


- | Item Number | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code. |
|-------------|--|
|             | CFPM's on site <u>Sean Krueger</u>   |
|             | Discussed In house training for All staff. Recommended Not Required  |
| * 2A        | Cryovac meat process - Health Dpt to follow up. *DPH response in process   |
|             | Excess equipment not in use - to be removed.   |
|             | Large storage w/c - Milk crates not for storage of food containers   |
| 16p         | Clean All bleach is not Food grade - Chlorox unsented, Austin AI, Elite - OK   |
| 16c         | Discussed Deli slicer cleaning every 4 hrs.  |
|             | Do not reuse cardboard boxes - Knives should be in cleanable bin   |
|             | Remove cardboard from dry storage rack "feet"  |
|             | Dry goods delivered - discussed Dunnage racks - up off floor in dry stor   |
|             | Store grey bins inverted. Do not store/unclean green   |
| ✓ 47p       | Black deli trays - Chipped/cracked to be discarded   |
|             | Discussed table on wheels for bagging produce - No Comingling w/Raw Table  |
| ✓ 37p       | Label All Soap/sanitizer bucket + 3 bay  |
|             | 2 drainboards - discussed a drying rack  |
|             | Ø Fly swatters   |
|             | Discussed food bag storage + Windex stra   |
|             | Ø sanitizer bucket in deli or meat area  |
| * 41c       | Wet cloth unclean not in Sanitizer → "DIRTY" basket label bucket   |
|             | No glove storage under paper towel Dispenser - wet hand strip on gloves  |
|             | What sanitizer used on Meat room walls?  |
| * 51c       | Prep sink leaking  |
| 48c         | use of prep sink for washing   |

Person in Charge (Signature) [Signature]

Date 11/26/24

Inspector (Signature) Denise Payne

Date 11/26/24

Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>12/15/24</b>
Establishment: <b>Bright path</b>	 <p>Connecticut Department of Public Health</p>	Time In: <b>12</b> AM/PM Time Out: <b>12:45</b> AM/PM
Address: <b>452 Tolland Tpke</b>		LHD: <b>Manchester</b>
Town/City: <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder: _____		Reinspection Other _____

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

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

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

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

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

**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	IN	OUT	N/A	N/O	V	COS	R		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
Pasteurized eggs used where required							In-use utensils: properly stored								
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled								
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used								
<b>Food Temperature Control</b>							Gloves used properly								
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>								
Proper cooling methods used; adequate equipment for temperature control							47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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								
Plant food properly cooked for hot holding							48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available								
Approved thawing methods used							49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean								
Thermometers provided and accurate							<b>Physical Facilities</b>								
<b>Food Identification</b>							50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure								
Food properly labeled; original container							51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>							Plumbing installed; proper backflow devices								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<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"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/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"/>	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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): <i>[Signature]</i> Date: <b>12/15/24</b>	<b>Violations documented</b>	<b>Date corrections due</b>	<b>#</b>
Person in Charge (Printed): <b>Elizabeth Fusco</b>	Priority Item Violations	—	—
Inspector (Signature): <i>[Signature]</i> Date: <b>12/15/24</b>	Priority Foundation Item Violations	—	—
Inspector (Printed): <b>Lauren Grandy</b>	Core Item Violations	<b>3/15/24</b>	<b>3</b>
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	Risk Factor/Public Health Intervention Violations	—	1 - COS
	Repeat Risk Factor/Public Health Intervention Violations	—	—
	Good Retail Practices Violations	—	<b>3</b>
	Requires Reinspection - check box if you intend to reinspect	—	—



Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of ____
Establishment type: <input checked="" type="radio"/> Permanent <input type="radio"/> Temporary <input type="radio"/> Mobile <input type="radio"/> Other _____		Date: <u>12/20/24</u>
Establishment <u>Burger King</u>		Time In <u>11:30</u> AM/PM Time Out _____ AM/PM
Address <u>467 Center St</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <input checked="" type="radio"/> Routine <input type="radio"/> Pre-op
Permit Holder _____		Reinspection <input type="checkbox"/> Other _____



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

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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

Person in Charge (Signature) \_\_\_\_\_ Date 12/20/24

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

Inspector (Signature) Denise Payne Date 12/20/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		1
Priority Foundation Item Violations		1
Core Item Violations	<u>March 20, 25</u>	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 12-20-24

Establishment Burger King Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Scrambled Egg	37F	Hamburger	162F	Hot Water	137F
Cheese	41F	Whopper	183F		
Tomato	41F				
Tomato *WIC	41F	Chicken Breast	153F	Quat Sanitizer	200 ppm
Ranch Dressing	41F	Chicken Patty	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	Observations and Corrective Actions
	Date marking ✓ Time/Temp labels ✓
51C	odors, strong, when emptying 3 bay grease trap - evaluate + clean drains
36C	No visible therm. in Walk in Cooler - product temps just at 41F * reduce + monitor → repair if needed.
Note	- Fry cups not protected.
	Good Inspection
	* Repairs - not submitted
	Contact Health dept about drain/grease trap odor by Jan 1, 2025

Person in Charge (Signature)

Date


Inspector (Signature)

D Payne

Date

12/20/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>12/12/24</b>
Establishment <b>Center Perk</b>		Time In _____ AM/PM Time Out _____ AM/PM
Address <b>639 Main St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder _____		Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.																
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
Supervision				Protection from Contamination				Time/Temperature Control for Safety								
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R			
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected				Proper cooking time and temperatures								
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized				Proper reheating procedures for hot holding								
								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								
Employee Health				Consumer Advisory				Highly Susceptible Population								
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Consumer advisory provided: raw/undercooked food				Pasteurized foods used; prohibited foods not offered								
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	26	<input 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				Toxic substances properly identified, stored & used								
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>			
Written procedures for responding to vomiting and diarrheal events				Compliance with variance/specialized process/ROP criteria/HACCP Plan												
Good Hygienic Practices				GOOD RETAIL PRACTICES												
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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.									
Proper eating, tasting, drinking, or tobacco products use				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation												
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils					
No discharge from eyes, nose, and mouth				OUT	N/A	N/O	V	COS	R	OUT	V	COS	R			
				30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Preventing Contamination by Hands				Food Temperature Control				Utensils and Equipment								
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Proper cooling methods used; adequate equipment for temperature control				Food and non-food contact surfaces cleanable, properly designed, constructed, and used								
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	48	<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				Plant food properly cooked for hot holding				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available								
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Approved thawing methods used				Non-food contact surfaces clean								
Approved Source				Food Identification				Physical Facilities								
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	<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 obtained from approved source				Food properly labeled; original container				Hot and cold water available; adequate pressure								
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination						51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				38 <input type="checkbox"/> Insects, rodents, and animals not present Pf/C <input type="checkbox"/>						52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	39 <input type="checkbox"/> Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/>						53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				40 <input type="checkbox"/> Personal cleanliness Pf/C <input type="checkbox"/>						Toilet facilities: properly constructed, supplied, & clean						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	41 <input type="checkbox"/> Wiping cloths: properly used and stored C <input type="checkbox"/>						54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				42 <input type="checkbox"/> Washing fruits and vegetables P/Pf/C <input type="checkbox"/>						Garbage and refuse properly disposed; facilities maintained						
				43 <input checked="" type="checkbox"/> Thermometers provided and accurate Pf/C <input type="checkbox"/>						Physical facilities installed, maintained, and clean						
				44 <input type="checkbox"/> Food properly labeled; original container Pf/C <input type="checkbox"/>						Adequate ventilation and lighting; designated areas used						
				45 <input type="checkbox"/> Insects, rodents, and animals not present Pf/C <input type="checkbox"/>						Natural rubber latex gloves not used per CGS §19a-36f						
				46 <input type="checkbox"/> Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/>												
				47 <input type="checkbox"/> Personal cleanliness Pf/C <input type="checkbox"/>												
				48 <input type="checkbox"/> Wiping cloths: properly used and stored C <input type="checkbox"/>												
				49 <input type="checkbox"/> Washing fruits and vegetables P/Pf/C <input type="checkbox"/>												
				50 <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/>												
				51 <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>												
				52 <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/>												
				53 <input checked="" type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>												
				54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>												
				55 <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>												
				56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/>												
				57 <input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f C <input type="checkbox"/>												

Person in Charge (Signature) <b>Christie Bedrossian</b> Date <b>12/12/24</b> Person in Charge (Printed) <b>Christie Bedrossian</b> 12/12/24 Inspector (Signature) <b>Denise Payne</b> Date <b>12/12/24</b> Inspector (Printed) <b>Denise Payne</b>	Violations documented <b>9 today</b> Priority Item Violations <b>0</b> Priority Foundation Item Violations <b>0</b> Core Item Violations <b>0</b> Risk Factor/Public Health Intervention Violations <b>0</b> Repeat Risk Factor/Public Health Intervention Violations <b>0</b> Good Retail Practices Violations <b>5</b> Requires Reinspection - check box if you intend to reinspect <input 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.



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/12/24

Establishment Center Perk

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
<u>Tomatoes</u>	<u>39F</u>	<u>Half + Half</u>	<u>38F</u>	<u>Hot Water</u>	<u>118F</u>
<u>Ham</u>	<u>37F</u>				
<u>Sausage</u>	<u>36F</u>				
<u>Honeydew</u>	<u>37F</u>				
<u>Eggs</u>	<u>*42F</u>				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
<u>47c</u>	<u>Gasket torn on small cold prep (bain marie)</u>
<u>43c</u>	<u>jumbled scoops in dry product - removed</u>
<u>36c</u>	<u>No visible thermometer in Foster unit *Monitor</u>
	<u>Buckets on floor in dry storage - roller okay</u>
<u>153c</u>	<u>Bathroom door must be self closing (Employee + Public)</u>
<u>48c</u>	<u>Dish machine Not sanitizing - OK to wash then use a clean bay of the 2 bay to Sanitize 60 sec soak then air dry</u>
	<u>Reviewed 50-100ppm Chlorine service call made.</u>

- Maintain 3' access to mop room
- Discussed CFPM training (books purchased) Staff Knowledgeable
- Discussed hallow stirrers → Do not have up right
- Imperial freeze - thawing schedule
- Bacon at room temp
- Discussed ill food worker - restriction
- Additional cleaning on ice machine ext lip


Person in Charge (Signature) Christine Belcher

Date 12/12/2024

Inspector (Signature) Denise Payne

Date 12/12/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>12/4/24</b>
Establishment <b>chez Ben</b>		Time In <b>9:30 AM</b> Time Out <b>10:45 AM</b>
Address <b>927 Center St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op _____
Permit Holder <b>Joel Guiron</b>		Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	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"/>	<b>Consumer Advisory</b>			
<b>Approved Source</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>			
<b>GOOD RETAIL PRACTICES</b>															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	IN	OUT	N/A	N/O	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Identification</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Prevention of Food Contamination</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Violations documented</b>															
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <i>Anne Guiron</i> Date <b>12/4/24</b>															
Person in Charge (Printed) <b>Anne Guiron</b>															
Inspector (Signature) <i>Katelyn Person</i> Date <b>12/1/24</b>															
Inspector (Printed) <b>Katelyn Person</b>															
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.															

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	1/4/25	7
Risk Factor/Public Health Intervention Violations		1
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"/>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/4/24

Establishment Chez Ben

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep tomatoes	40	hot hold potatoes	186 F	handsink	120 F
ham	39	gravy	140 F	chlorine dishmachine	100ppm
cheese	41			customer bathroom	98 F
raw burger	38				
WIC potatoes	39				
ham	40				
turkey	38				
reach in server milk	39				

## OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
	Annie, CFPM on site
56C	hood overdue for cleaning. Last done in April.
44C	utensils stored under hand sink. splash guard required
49C	shelving throughout unclean, including WIC shelving
49C	ceiling unclean, hood piping greasy
49C	floor behind equipment unclean
37C	unlabeled squeeze bottles on cookline
10C	handwash signage required in bathrooms / all handsinks
NOTE	good glove use observed. Discussed proper handwashing.
	discussed rotating creamers on counter more frequently
	pest control cones 1x a month. No issues observed.
	Discussed replacing equipment when no longer cleanable
	Overall clean and organized.
	Date marking done properly observed
	Discussed adding allergen statement to menu / table tents.
	Annie scheduled Fire Inspection this day. Schedule hood cleaning ASAP.
	Discussed only keeping a few eggs for cooking out at a time.
	Address all core violations w/ in 30 days. HDet to follow up.
Person in Charge (Signature)	<u>Annie Curran</u> Date <u>12-4-24</u>
Inspector (Signature)	<u>Katelyn Roman</u> Date <u>12/4/24</u>

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>																																																																																																																																																																																																																																																																																																																															
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Preventing Contamination by Hands</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Approved Source</b>																																																																																																																																																																																																																																																																																																																																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Time/Temperature Control for Safety</b>																																																																																																																																																																																																																																																																																																																																	
<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Consumer Advisory</b>																																																																																																																																																																																																																																																																																																																																	
<input 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"/>																																																																																																																																																																																																																																																																																																																										
<b>Highly Susceptible Population</b>																																																																																																																																																																																																																																																																																																																																	
<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"/>																																																																																																																																																																																																																																																																																																																										
<b>Food/Color Additives and Toxic Substances</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>Conformance with Approved Procedures</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																										
<b>GOOD RETAIL PRACTICES</b>																																																																																																																																																																																																																																																																																																																																	
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																																																																																																																																																																																																																																																																																																																																	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																																																																																																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>N/A</th><th>N/O</th><th>Safe Food and Water</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pasteurized eggs used where required</td><td>P</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Water and ice from approved source</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Variance obtained for specialized processing methods</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;"><b>Food Temperature Control</b></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Proper cooling methods used; adequate equipment for temperature control</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Plant food properly cooked for hot holding</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Approved thawing methods used</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Thermometers provided and accurate</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;"><b>Food Identification</b></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Food properly labeled; original container</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="7" style="text-align: center;"><b>Prevention of Food Contamination</b></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Insects, rodents, and animals not present</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contamination prevented during food preparation, storage &amp; display</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal cleanliness</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wiping cloths: properly used and stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Washing fruits and vegetables</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	OUT	N/A	N/O	Safe Food and Water	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th><th>Proper Use of Utensils</th><th>V</th><th>COS</th><th>R</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td>In-use utensils: properly stored</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Utensils/equipment/linens: properly stored, dried, &amp; handled</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Single-use/single-service articles: properly stored &amp; used</td><td>P/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Gloves used properly</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Utensils and Equipment</b></td> </tr> <tr> <td><input type="checkbox"/></td><td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Non-food contact surfaces clean</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td colspan="5" style="text-align: center;"><b>Physical Facilities</b></td> </tr> <tr> <td><input type="checkbox"/></td><td>Hot and cold water available; adequate pressure</td><td>Pf</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Plumbing installed; proper backflow devices</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Sewage and waste water properly disposed</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Toilet facilities: properly constructed, supplied, &amp; clean</td><td>Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Garbage and refuse properly disposed; facilities maintained</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input checked="" type="checkbox"/></td><td>Physical facilities installed, maintained, and clean</td><td>P/Pf/C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Adequate ventilation and lighting; designated areas used</td><td>C</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td><input type="checkbox"/></td><td>Natural rubber latex gloves not used per CGS §19a-36f</td><td></td><td></td><td></td></tr> </tbody> </table>	OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>					<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>					<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; 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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"/>																																																																																																																																																																																																																																																																																																																											
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OUT	Proper Use of Utensils	V	COS	R																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<b>Utensils and Equipment</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<b>Physical Facilities</b>																																																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f																																																																																																																																																																																																																																																																																																																																
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Person in Charge (Signature) <i>[Signature]</i> Date <b>12/9/24</b>	Violations documented	Date corrections due																																																																																																																																																																																																																																																																																																																															
Person in Charge (Printed) <b>Ryan Miller</b> Date <b>12/9/24</b>	Priority Item Violations	#																																																																																																																																																																																																																																																																																																																															
Inspector (Signature) <i>[Signature]</i> Date <b>12/9/24</b>	Priority Foundation Item Violations																																																																																																																																																																																																																																																																																																																																
Inspector (Printed) <b>Kathleen Person</b>	Core Item Violations	<b>1/9/25</b>																																																																																																																																																																																																																																																																																																																															
	Risk Factor/Public Health Intervention Violations	<b>8</b>																																																																																																																																																																																																																																																																																																																															
	Repeat Risk Factor/Public Health Intervention Violations																																																																																																																																																																																																																																																																																																																																
	Good Retail Practices Violations	<b>8</b>																																																																																																																																																																																																																																																																																																																															
	Requires Reinspection - check box if you intend to reinspect																																																																																																																																																																																																																																																																																																																																

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/9/24

Establishment Cumberland Farms Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC Cheese	39F	hot hold		handsink	100F
hot dog	39F	tater tots	147F	3 bay sanitizer	200ppm
milk	39F	hot dog	175F	3 bay hot	115F
WIF ambient	-6	nachos cheese	145F	bathroom hot	98F
milk dispenser	41F				
cheese stick	40				

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Ryan AFPM on site - expires 10/26
49c	Floor in WIC unclean, ceiling by vents, shelving unclean (by milk)
55c	Excess clutter throughout, if unused remove.
49c	AGRU unclean
49c	sugar dispenser tray unclean. monitor more frequently
49c	counter + counter drains by slushie machines unclean
49c	Floors, generally, unclean throughout
49c	cold food display air vent unclean
49c	interior of cabinets behind counter unclean
	email Kperson@manchesterct.gov w/ corrective action by 1/9/24.
	DPH allergen poster observed ✓
	Discussed need for more organization + routine cleaning
	Test strips available
	Bodily Fluid Kit available
	pest control comes 1x a month - Terminex
	Discussed pizza procedure. Held for 2 hrs then discarded.
Person in Charge (Signature)	<i>[Signature]</i> Date <u>12/9/24</u>
Inspector (Signature)	<i>[Signature]</i> Date <u>12/9/24</u>

Risk Category: <b>1</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>12/5/24</b>	
Establishment <b>Dollar General</b>	Time In <b>2:15 AM/PM</b> Time Out <b>3:00 AM/PM</b>	
Address <b>260 N Main St.</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder _____	Reinspection _____ Other _____	



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

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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
33 Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<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 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 checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
42 Washing fruits and vegetables				55 Physical facilities installed, maintained, and clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
				56 Adequate ventilation and lighting; designated areas used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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) Steliana Estes Date 12/5/24

Person in Charge (Printed) Steliana Estes

Inspector (Signature) Katelynn Person Date 12/5/24

Inspector (Printed) Katelynn Person


Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<u>3/5/25</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.



Risk Category: <u>3</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>12/16/24</u>
Establishment <u>EA Teriyaki</u>		Time In <u>11:00</u> AM/PM Time Out <u>12:30</u> AM/PM
Address <u>194 Buckland Hills Dr. unit 2056</u>		LHD <u>Manchester</u>
Town/City <u>Manchester M</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>ma/c</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 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"/>
<b>Employee Health</b>															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper 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"/>	<b>Time/Temperature Control for Safety</b>			
<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 cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>															
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper 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"/>	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 cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No 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 cold holding temperatures	P	<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"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<b>Approved Source</b>															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food 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"/>	<b>Consumer Advisory</b>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>			
<b>GOOD RETAIL PRACTICES</b>															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<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"/>				
<b>Food Temperature Control</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Identification</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Prevention of Food Contamination</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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) <u>ma/c</u> Date <u>16</u>				Violations documented											
Person in Charge (Printed)				Date corrections due				#							
Inspector (Signature) <u>Jose Ramirez</u> Date <u>12/16/24</u>				Priority Item Violations				0							
Inspector (Printed) <u>Jose Ramirez</u>				Priority Foundation Item Violations				0							
				Core Item Violations				3-16-25							
				Risk Factor/Public Health Intervention Violations				0							
				Repeat Risk Factor/Public Health Intervention Violations				0							
				Good Retail Practices Violations				3							
				Requires Reinspection - check box if you intend to reinspect											

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





Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>				Page 1 of <u>2</u>																																																																																																	
Establishment type: <b>Permanent</b> Temporary Mobile Other _____				Date: <b>12/2/24</b>																																																																																																			
Establishment <b>El Sol Deli</b>				Time In <b>11:15</b> AM/PM		Time Out <b>12:45</b> AM/PM																																																																																																	
Address <b>631 Main St</b>				LHD <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op																																																																																																	
Town/City <b>Manchester</b>				Reinspection _____		Other _____																																																																																																	
Permit Holder <b>Lizbeth - Janet CFPM on site</b>																																																																																																							
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>																																																																																																							
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>																																																																																																							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item    IN=in compliance    OUT=not in compliance    N/A=not applicable    N/O=not observed																																																																																																							
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adequate pressure</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" 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 checked="" type="checkbox"/></td> <td><input checked="" 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><input type="checkbox"/></td> <td>Toilet facilities: properly constructed, supplied, &amp; clean</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><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><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 checked="" type="checkbox"/></td> <td><input checked="" 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><input type="checkbox"/></td> <td>Natural rubber latex gloves not used per CGS §19a-36f</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Physical Facilities	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>								
IN	OUT	N/A	N/O	Food Identification	V	COS	R																																																																																																
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IN	OUT	N/A	N/O	Physical Facilities	V	COS	R																																																																																																
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																							
Person in Charge (Signature) <i>[Signature]</i>		Date <b>12-2-24</b>		Violations documented		Date corrections due																																																																																																	
Person in Charge (Printed)				Priority Item Violations		12/5/24																																																																																																	
Inspector (Signature) <i>[Signature]</i>		Date <b>12/2/24</b>		Priority Foundation Item Violations		12/12/24																																																																																																	
Inspector (Printed) <b>Lauren Grandy</b>				Core Item Violations		3/2/24																																																																																																	
				Risk Factor/Public Health Intervention Violations		=																																																																																																	
				Repeat Risk Factor/Public Health Intervention Violations		=																																																																																																	
				Good Retail Practices Violations		10																																																																																																	
				Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>																																																																																																	
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																																																																																																							

reinspection: 12/5/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/2/24

Establishment El Sol Deli

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
undercounter freezer	0F	Bay Mare		hot water	118F
Bay Mare - pico	39F	milk	39F	hot water 3 bay	115F
cooked chicken	40F	empanada	40F	sanitizer 3 bay	50-100ppm
ground beef	40F				
Tomato	41F	prep pork on table	41F	w/c	38F
guac	41F			ground beef	39F
				chicken	39F
1 door freezer	0F	internal empanada	175F	empanada	39F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	CFPM: Janet Rangel
51c	handsink leaking when turned "off"
38pF	Fruit Flies by front prep table
45p	single use utensils stored up right (discussed inverting/protecting)
47c	Tin Foil wrapped above stove top
47pF	grocery bags - not food grade to store food
note	good glove use by staff
note	Ice Machine not in use at this time
note	Test strips available
51c	prep sink faucet leaking
37c	containers with white granulars not labeled throughout
39pF	Food in containers stored on floor at w/c
56c	mops/cleaning equipment stored on floor in mop room and by prep sink
52pF	pan under Fryer with stagnant/dirty water
note	overall clean + organized
	reinspection for "p" + "pF" violations on 12/5/24

Person in Charge (Signature) Janet Rangel

Date 12-2-24

Inspector (Signature) K. Randal

Date 12/2/24

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

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

Establishment Fairfield Inn + Suites Time In 8:30 AM/PM Time Out 9:30 AM/PM

Address 121 Pavillions Dr. LHD Manchester

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

Permit Holder Daniel Cornell Reinspection Other \_\_\_\_\_



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

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

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

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

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

Person in Charge (Signature) Angel Ortiz Date 12/4/24

Person in Charge (Printed) Angel Ortiz

Inspector (Signature) Kate Lynn Person Date 12/4/24

Inspector (Printed) Kate Lynn Person

Violations documented	Date corrections due	#
Priority Item Violations	<u>12/7/24</u>	<u>2</u>
Priority Foundation Item Violations	<u>12/14/24</u>	<u>1</u>
Core Item Violations	<u>3/4/24</u>	<u>3</u>
Risk Factor/Public Health Intervention Violations		<u>3</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>3</u>
Requires Reinspection - check box if you intend to reinspect		<u>email</u>

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/4/24  
 Establishment Fairfield Im + Suites Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in - egg	40F	hot hold scrambled	135F	handsink	114F
butter	41F	hard boiled eggs	41F	customer bathroom	95F
		yogurt	40F	3-bay hot	124F
Reach In Freezer	9F	oatmeal	150F	quat bucket	7500 ppm
				↳ remade	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	Observations and Corrective Actions
	Angel CFPM on site, manager
10PF	no paper towels at handsink in kitchen
49C	floor in kitchen unclean
28P	sanitizer bucket 7500 ppm - remade to 400 ppm (COS)
15P	apples not protected for self-service
45C	loose single-use spoons in drawer in serving cabinets
54C	no covered trash can in women's bathroom in lobby
	email kperson@manchesterct.gov w/ corrective action via pictures and plan for apples. by 12/14/24
	Discussed taking food out as needed.
	Discussed proper sanitizer concentration w/ kitchen staff <span style="float: right;">↗ 200-400 ppm</span>
	Discussed either washing + wrapping apples or providing tongs for self-service.
	test strips available
	Breakfast served 6-9am M-F 7-10 S+Sunday ↳ sometimes 10am weekday.

Person in Charge (Signature) Angel [Signature] Date 12/4/24  
 Inspector (Signature) Kathlyn Person Date 12/4/24

# ServSafe® CERTIFICATION

## LINDSEY STRUCK

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

18971613

CERTIFICATE NUMBER

2/19/2020

DATE OF EXAMINATION  
Local laws apply. Check with your local regulatory agency for recertification requirements.

10726

EXAM FORM NUMBER

2/19/2025


DATE OF EXPIRATION



*Lindsey Struck*  
Sherman, Illinois  
Exam Date: 2/19/2020  
Exam Location: National Restaurant Association Solutions



In accordance with ANSI Accredited Program #0665, the ServSafe logo and the arc design are trademarks of the NRAEF, National Restaurant Association® and the arc design

Risk Category: <u>2</u>		<b>Food Establishment Inspection Report</b>				Page 1 of <u>2</u>								
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>12/10/24</u>										
Establishment <u>Living Middle School</u>				Time In <u>1130</u> AM/PM		Time Out _____ AM/PM								
Address <u>227 Middle Tpk East</u>				LHD <u>Manchester</u>										
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op										
Permit Holder <u>MPS</u>				Reinspection _____ Other _____										
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>														
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.														
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed														
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
<b>Supervision</b>				<b>Protection from Contamination</b>										
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"/>	<input type="radio"/>			15	<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"/>	Food separated and protected				P/C	<input type="radio"/>	<input type="radio"/>	
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			16	<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"/>	Food-contact surfaces: cleaned & sanitized				P/Pf/C	<input type="radio"/>	<input type="radio"/>	
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>										
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf	<input type="radio"/>	<input type="radio"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food				P	<input type="radio"/>	<input type="radio"/>	
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			18	<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"/>	Proper cooking time and temperatures				P/Pf/C	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			19	<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"/>	Proper reheating procedures for hot holding				P	<input type="radio"/>	<input type="radio"/>	
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>										
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Proper eating, tasting, drinking, or tobacco products use				P/C	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food				Pf	<input type="radio"/>	<input type="radio"/>	
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<b>Highly Susceptible Population</b>							
No discharge from eyes, nose, and mouth				C	<input type="radio"/>	<input type="radio"/>	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
<b>Preventing Contamination by Hands</b>				<b>Food/Color Additives and Toxic Substances</b>										
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			27	<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"/>	Food additives: approved and properly used				P	<input type="radio"/>	<input type="radio"/>	
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			28	<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"/>	Toxic substances properly identified, stored & used				P/Pf/C	<input type="radio"/>	<input type="radio"/>	
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<b>Conformance with Approved Procedures</b>							
Adequate handwashing sinks, properly supplied/accessible				Pf/C	<input type="radio"/>	<input type="radio"/>	29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
<b>Approved Source</b>				<b>GOOD RETAIL PRACTICES</b>										
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Food obtained from approved source				P/Pf/C	<input type="radio"/>	<input type="radio"/>	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			OUT	N/A	N/O	V	COS	R		
Food received at proper temperature				P/Pf	<input type="radio"/>	<input type="radio"/>	<b>Safe Food and Water</b>							
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			30	<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"/>	Pasteurized eggs used where required				P	<input type="radio"/>	<input type="radio"/>	
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			31	<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"/>	Water and ice from approved source				P/Pf/C	<input type="radio"/>	<input type="radio"/>	
<b>GOOD RETAIL PRACTICES</b>				<b>Proper Use of Utensils</b>										
<b>Safe Food and Water</b>				<b>Utensils and Equipment</b>										
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			43	<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"/>	In-use utensils: properly stored				C	<input type="radio"/>	<input type="radio"/>	
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			44	<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"/>	Utensils/equipment/linens: properly stored, dried, & handled				Pf/C	<input type="radio"/>	<input type="radio"/>	
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			45	<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"/>	Single-use/single-service articles: properly stored & used				P/C	<input type="radio"/>	<input type="radio"/>	
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Approved thawing methods used				Pf/C	<input type="radio"/>	<input type="radio"/>	Gloves used properly				C	<input type="radio"/>	<input type="radio"/>	
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<b>Physical Facilities</b>							
Thermometers provided and accurate				Pf/C	<input type="radio"/>	<input type="radio"/>	50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
<b>Food Identification</b>				<b>Prevention of Food Contamination</b>				51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Hot and cold water available; adequate pressure				Pf	<input type="radio"/>	<input type="radio"/>	
Food properly labeled; original container				Pf/C	<input type="radio"/>	<input type="radio"/>	52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
<b>Prevention of Food Contamination</b>				<b>Physical Facilities</b>				53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Plumbing installed; proper backflow devices				P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Insects, rodents, and animals not present				Pf/C	<input type="radio"/>	<input type="radio"/>	54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Sewage and waste water properly disposed				P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Contamination prevented during food preparation, storage & display				P/Pf/C	<input type="radio"/>	<input type="radio"/>	55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Toilet facilities: properly constructed, supplied, & clean				Pf/C	<input type="radio"/>	<input type="radio"/>	
Personal cleanliness				Pf/C	<input type="radio"/>	<input type="radio"/>	56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Garbage and refuse properly disposed; facilities maintained				C	<input type="radio"/>	<input type="radio"/>	
Wiping cloths: properly used and stored				C	<input type="radio"/>	<input type="radio"/>	57	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			Physical facilities installed, maintained, and clean				P/Pf/C	<input type="radio"/>	<input type="radio"/>	
Washing fruits and vegetables				P/Pf/C	<input type="radio"/>	<input type="radio"/>	Adequate ventilation and lighting; designated areas used				C	<input type="radio"/>	<input type="radio"/>	
<b>Violations documented</b>				<b>Date corrections due</b>										
Person in Charge (Signature) <u>See Sign. page 2</u>				Violations documented										
Person in Charge (Printed) <u>Theresa Miffitt</u>				Priority Item Violations										
Inspector (Signature) <u>Denise Payne</u> Date <u>12/10/24</u>				Priority Foundation Item Violations										
Inspector (Printed) <u>D Payne</u>				Core Item Violations										
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.				Risk Factor/Public Health Intervention Violations										
				Repeat Risk Factor/Public Health Intervention Violations										
				Good Retail Practices Violations										
				Requires Reinspection - check box if you intend to reinspect										



Manchester Health Department

479 Main Street  
Manchester, CT 06040

Establishment: ILLING Middle School		Date of Inspection: 12/10/24	
	Hot Water 112F		
	Spray bottle 200-300ppm	Dish Machine > 160F	
Hot -	Mashed Potatoes 157F		
	Chicken Nuggets 136F		
	Mashed Potatoes 162F		
Cold -	Cut cake 37F	Milk 39 / 38F	
	Cheese 36F	Margarine 38F	
	Cream Cheese 39F		
Reheat	Chicken Nuggets . 183F		
Kitchen Clean + Organized			
Date Marking			
14 fooder - discussed			
Initial (Inspector)		Initial (Person in Charge)	
J Payne		Theresa Muffitt THERESA MUFFITT	



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 12/10/24

Establishment Keeney School Time In 11 AM/PM Time Out 12 AM/PM

Address 179 Keeney St LHD Manchester

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

Permit Holder CFPM: Ctaci Reinspection Other \_\_\_\_\_



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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

Person in Charge (Signature) Stacy Ctaci Date 12/10/24

Person in Charge (Printed) Stacy

Inspector (Signature) L. Grandy Date 12/10/24

Inspector (Printed) Lauren Grandy

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

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/10/24  
 Establishment Keeney School Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot: Macaroni	155F	dairy cooler milk	38F	handsink - Front	98F
Chicken nugget	145F			handsink - 3 bay	110F
Carrots	140F	hot holding unit ↳ Macaroni	180F 160F	3 bay	115F
cold - pears cut	41F			quat spray	400ppm
cold standing - peach	39F	wif	-5F	↳ test strip	
		wic - Milk	36F/39F		
internal chicken nugget	193F	Tomato	39F	handsink bathroom	86F

### 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: Ctaci
	Thermometers + alcohol wipes ✓
	Knowledgeable staff / actively taking temps
	dedicated can - designated area available ✓
	good temp logs on all units
	ice tray (at home in wif) - per person in charge only used to calibrate thermometers (no stove; ice machine)
	Health Dept to follow up on w/r/s milk cartons for PTA to use making gingerbread houses
	good handwashing by staff
39c	Boxes stored on floor in wif
	Test strips available for quat sanitizer
	discussed test strips for dish machine
	discussed laundering process - Tide / lysol laundry or bleach for white towels
	condensation from pipe in wic - work order placed + actively going to be fixed/worked on
	very clean + organized
	good labeling
	good equipment / utensil storage



Person in Charge (Signature) Ctaci Date 12/10/24  
 Inspector (Signature) L. Bronay Date 12/10/24

Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>12/9/24</b>
Establishment <b>Kinder care</b>		Time In <b>11:30</b> AM/PM Time Out <b>12:30</b> AM/PM
Address <b>481 Spring St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Fiona Maylan Jessenia</b>		Reinspection Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input 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"/>
<b>Employee Health</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<b>Time/Temperature Control for Safety</b>			
<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"/>
<b>Good Hygienic Practices</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Preventing Contamination by Hands</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Approved Source</b>															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<b>Consumer Advisory</b>			
<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"/>	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"/>	<b>Highly Susceptible Population</b>			
<b>GOOD RETAIL PRACTICES</b>															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<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"/>				
<b>Food Temperature Control</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<b>Utensils and Equipment</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Food Identification</b>															
<input 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"/>				
<b>Prevention of Food Contamination</b>															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <b>Jessenia Seel</b> Date <b>12/9/24</b>															
Person in Charge (Printed) <b>JL</b>															
Inspector (Signature) <b>Katelyn Person</b> Date <b>12/9/24</b>															
Inspector (Printed) <b>Katelyn Person</b>															
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.															

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<b>3/9/25</b>	<b>1</b>
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>1</b>
Requires Reinspection - check box if you intend to reinspect		

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/9/24

Establishment Kinder care Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
milk	40 F	pasta	162 F	handsink	116 F
Shredded cheese	39 F			3-bay sanitizer	150 ppm
				3-bay hot	118 F
				dishmachine	7160 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 c

Item Number	Observations and Corrective Actions
	Janet CFPM on site
47c	cutting boards heavily gauged. needs replacing
Note	test strips + thermometer available
Note:	maintenance to be scheduled to get to hard to reach places for cleanliness
	Discussed dented can policy. Returned for credit
	Discussed employee health policy and reportable symptoms.
	Ritchen overall very clean + organized!
	Discussed CFPM requirements w/ new Director, Jessenia.

Person in Charge (Signature)

Inspector (Signature) Katelina Person

Date 12/9/24

Date 12/9/24

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 12/9/24

Establishment La Plazita Del Mofongo Time In 4:00 AM/PM Time Out 5:15 AM/PM

Address 425 Broad St LHD Manchester

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

Permit Holder Yazmen Martinez Reinspection Other \_\_\_\_\_



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

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

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

**GOOD RETAIL PRACTICES**

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

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

Person in Charge (Signature) [Signature] Date 12/9/2024

Person in Charge (Printed) Yazmen Martinez

Inspector (Signature) [Signature] Date 12/9/24


Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>12-19-24</u>	1
Core Item Violations	<u>2-9-25</u>	1
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or 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>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>12/27/24</u>	
Establishment <u>Manchester High Mart</u>	Time In <u>10:30</u> AM/PM Time Out <u>11:30</u> AM/PM	
Address <u>252 Spencer St.</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Soubhi Toma</u>	Reinspection Other _____	



### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

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

### GOOD RETAIL PRACTICES

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

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

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

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

Person in Charge (Signature) <u>Ashley P</u>	Date <u>12/27/24</u>
Person in Charge (Printed) <u>Ashley P</u>	<u>12/27/24</u>
Inspector (Signature) <u>Kathryn Person</u>	Date <u>12/27/24</u>
Inspector (Printed) <u>Kathryn Person</u>	

Violations documented	Date corrections due	#
Priority Item Violations	<u>12/30/24</u>	<u>2</u>
Priority Foundation Item Violations	<u>1/17/25</u>	<u>2</u>
Core Item Violations	<u>1/27/25</u>	<u>2</u>
Risk Factor/Public Health Intervention Violations		<u>0</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>0</u>
Good Retail Practices Violations		<u>0</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 12/27/24

Establishment manchester High Mart Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC ambient	39°F			handsink	116°F
butter	37°F			bathroom handsink	87°F
milk dispenser	41°F			3-bay hot	115°F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
49C	Smoothie machine not clean, not in use. To be removed per person in charge
49C	interior of cabinet below handsink unclean. (throughout)
16PF	interior of microwave unclean
16PF	nozzles of coffee creamer unclean
38PF	mouse droppings present in cabinets under coffee machines ↳ open sleeve of lids voluntarily discarded
49C	floor in WIC unclean, lots of spilled milk   1/2 empty containers and shelving unclean in WIC
55C	hole in wall by WIC door and gap along WIC
51/52 C	3-bay sink leaking. Bucket of stagnant water under sink
16P/16P	3-bay sink very unclean. cigarettes in sink
16PF	no paper towels or soap at handsink in back by 3-bay
51C	faucet on bathroom sink loose, needs to be served
16PF	no soap in bathroom
54C	no covered trash can in bathroom
	Discussed need for cleaning. All food to be discarded should be together.
	professional pest control needed
	Report to be discussed w/ Mike - manager (over the phone)
	All "C" (core) violations to be addressed by 1/27/24

Person in Charge (Signature) Ashley P Date 12/27/24  
 Inspector (Signature) Natalyn Penn Date 12/27/24



Risk Category: <u>4</u>		<b>Food Establishment Inspection Report</b>			Page 1 of <u>2</u>										
Establishment type: <u>Permanent</u> Temporary Mobile Other _____				Date: <u>12/18/2024</u>											
Establishment <u>Manchester High School</u>				Time In <u>10</u> <u>AM</u> PM Time Out _____ AM/PM											
Address <u>134 Middle Tpke</u>				LHD <u>Manchester</u>											
Town/City <u>Manchester</u>				Purpose of Inspection: <u>Routine</u> Pre-op											
Permit Holder <u>Board of Ed / Bridget - PIC</u>				Reinspection _____ Other _____											
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils and Equipment						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Physical Facilities						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>			
Violations documented			Date corrections due		#										
Priority Item Violations			=		=										
Priority Foundation Item Violations			=		=										
Core Item Violations			3/18/24		4										
Risk Factor/Public Health Intervention Violations			=		=										
Repeat Risk Factor/Public Health Intervention Violations			=		=										
Good Retail Practices Violations			=		4										
Requires Reinspection - check box if you intend to reinspect			=		=										
Person in Charge (Signature) <u>Anna Mazzeo</u> Date <u>12/18/2024</u>															
Person in Charge (Printed) <u>Anna Mazzeo</u>															
Inspector (Signature) <u>L. Grandy</u> Date <u>12/18/2024</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.															



## Denise Payne

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**From:** Lauren Grandy  
**Sent:** Wednesday, December 18, 2024 2:52 PM  
**To:** efeenstra@mpspride.org  
**Cc:** Denise Payne  
**Subject:** FW: Manchester High School  
**Attachments:** IMG\_2734.jpg; IMG\_2733.jpg; IMG\_2732.jpg

Hi Elisha,

I was out doing an inspection of Manchester High School today. Just so you are aware, along the cookline/prep line, the ceiling/tiles are missing on each side in the back near the prep sinks of the café. I pointed them out to Anna, so she is aware (see pictures attached).

Also, the grout along the floor tiles across from the prep sink (same area) are starting to become damaged (see picture attached). If the grout can be repaired so that way the floor tiles do not begin to pop up or crack.

I know you have holiday break coming up, if both these issues can get addressed during that time, that would be great.


Any questions, please let me know.

Thank you,

Lauren Grandy  
Environmental Health Inspector  
Manchester Health Department  
479 Main Street  
Manchester, CT 06040  
860-647-3173

*Please be aware of our new hours of operation beginning Monday, 8/5/24. We will be open until 7PM on Tuesdays and closing 1PM on Fridays, all other days will be 8:00 – 4:30 PM.*

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>12/3/24</b>
Establishment <u>Manchester Middle Academy</u>		Time In <b>1030</b> AM/PM Time Out _____ AM/PM
Address <u>65 N School St</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>MPS</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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food separated and protected	P/C	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="radio"/>	<input type="radio"/>																				
<b>Employee Health</b>																																			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures	P/Pf/C	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion	P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding	P	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures	P	<input type="radio"/>	<input type="radio"/>																				
<b>Good Hygienic Practices</b>																																			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper hot holding 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper cold holding temperatures	P	<input type="radio"/>	<input type="radio"/>																				
<b>Preventing Contamination by Hands</b>																																			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed	P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition	P/Pf	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Consumer Advisory</b>																							
<b>Approved Source</b>																																			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature	P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Highly Susceptible Population</b>																							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>Food/Color Additives and Toxic Substances</b>																							
<input type="radio"/>	<input 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"/>									Toxic substances properly identified, stored & used	P/Pf/C	<input type="radio"/>	<input type="radio"/>																				
<b>GOOD RETAIL PRACTICES</b>																																			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																																			
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																			
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R																								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	P	<input type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="radio"/>	<input type="radio"/>																								
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	Pf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="radio"/>	<input type="radio"/>																								
<b>Food Temperature Control</b>																																			
<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"/>	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"/>	<b>Utensils and Equipment</b>																											
<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"/>																								
<b>Food Identification</b>																																			
<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"/>	Non-food contact surfaces clean	C	<input type="radio"/>	<input type="radio"/>																								
<b>Prevention of Food Contamination</b>																																			
<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"/>	<b>Physical Facilities</b>																											
<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"/>	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 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 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 type="radio"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="radio"/>	<input type="radio"/>																								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																			
Person in Charge (Signature) <u>Lynn Pardi</u> Date <u>12/3/24</u>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Violations documented</th><th>Date corrections due</th><th>#</th></tr> </thead> <tbody> <tr> <td>Priority Item Violations</td><td></td><td></td></tr> <tr> <td>Priority Foundation Item Violations</td><td></td><td></td></tr> <tr> <td>Core Item Violations</td><td></td><td></td></tr> <tr> <td>Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr> <tr> <td>Repeat Risk Factor/Public Health Intervention Violations</td><td></td><td></td></tr> <tr> <td>Good Retail Practices Violations</td><td></td><td></td></tr> <tr> <td>Requires Reinspection - check box if you intend to reinspect</td><td></td><td></td></tr> </tbody> </table>										Violations documented	Date corrections due	#	Priority Item Violations			Priority Foundation Item Violations			Core Item Violations			Risk Factor/Public Health Intervention Violations			Repeat Risk Factor/Public Health Intervention Violations			Good Retail Practices Violations			Requires Reinspection - check box if you intend to reinspect		
Violations documented	Date corrections due											#																							
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Repeat Risk Factor/Public Health Intervention Violations																																			
Good Retail Practices Violations																																			
Requires Reinspection - check box if you intend to reinspect																																			
Person in Charge (Printed) <u>Lynn Pardi</u>																																			
Inspector (Signature) <u>Denise Payne</u> Date <u>12/3/24</u>																																			
Inspector (Printed) <u>Denise Payne</u>																																			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																																			

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/3/24

Establishment Manchester Middle Acad. Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
milk	39F	Hamburger sauce	163F	HOT water	130F
Margarine	39F			Dishmachine	160F
Cheese Stuf	38F			Sani Spraybottle	✓
Yogurt	38F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
	<p>Kitchen provides Odyssey, St Bridgets &amp; Child Guidance                      Reviewed Allergen process                      No ill food workers.</p>
	<p>Test strips avail ✓                      Kitchen Clean &amp; Organized!</p>
	<p>Discussed Employee storage - dedicate on lowest shelf</p>
	<p>Discussed Kitchen sink layout / use.                      If ware wash hands sink needs to be used to Rinse dishes - OK → but then remove them &amp; clean sink</p>



Person in Charge (Signature) Laura Pardi

Date 12/3/24

Inspector (Signature) D Payne

Date 12/3/24

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 12/3/24

Establishment Manchester Regional Academy Time In 1200 AM/PM Time Out \_\_\_\_\_ AM/PM

Address 665 Wetherell St LHD Manchester

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

Permit Holder MPS 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							15						
							16						
2							17						
							18						
3							19						
4							20						
5							21						
6							22						
7							23						
8							24						
9							25						
10							26						
11							27						
12							28						
13							29						
14													

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
30						43			
31						44			
32						45			
33						46			
34						47			
35						48			
36						49			
37						50			
38						51			
39						52			
40						53			
41						54			
42						55			

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

Person in Charge (Signature) \_\_\_\_\_ Date 12/3/24

Person in Charge (Printed) Patricia McEnaney

Inspector (Signature) Denise Payne Date 12/3/24

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations		
Core Item Violations	<u>90 days</u>	
Risk Factor/Public Health Intervention Violations		<u>2</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>1</u>
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 12/3/24

Establishment Manchester Regional Acad. Town Manchester

TEMPERATURE OBSERVATIONS					
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk	37F	No hot foods		Hot water	173F
dressing	41F				
margarine	40F			Dish machine	>160F
Cheese	40F			Sanitizer btl	300ppm
Uncooked mprnara	41F				

**OBSERVATIONS AND CORRECTIVE ACTIONS**


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

- | Item Number | Description   |
|-------------|---|
|             | CFPM on site  |
|             | - Large amounts of equipment to be removed during break         |
|             | Plumbing leak at dish machine + faucets on 3 bay - W.O in place |
| 49C         | Undersides of pans need to be cleaned to remove build-up        |
| 116C        | Raw meat over RTE bread in WIF (COS)                            |
|             | Dry storage - Corn starch dust on cans below                    |
| 116C        | Sugars / flour bags open - not sealed                           |
|             | Discussed labels on cleaning buckets. Sanitizer in Spray bottle |
| Note        | Additional cleaning on WIC floors at walls                      |
|             | Discussed IU food worker policy.                                |



Person in Charge (Signature)	Date <u>12/3/24</u>
Inspector (Signature)	Date <u>12/3/24</u>

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>12/18/24</b>	
Establishment <b>October kitchen</b>	Time In <b>11</b> AM/PM Time Out <b>12</b> AM/PM	
Address <b>309 Green Rd</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Mohammed - pic-kevin on site</b>	Reinspection Other _____	



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/>	<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"/>	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<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"/>	21	<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"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	25	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<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"/>	27	<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"/>	28	<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"/>	43	<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"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Food Identification															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment							
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"/>	50	<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"/>	51	<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"/>	52	<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"/>	53	<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"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Physical Facilities															
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# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/18/2024

Establishment October Kitchen

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
pre-packaged food in cold prep/freezer	38F/5F	WIF	5F	prep sink HOT	110F
WIF	1F	WIC	38F	Hand sink HOT	98F
WIC		Lasagna	40F	quat sanitizer	200ppm
orzo cooling/uncovered	49F	Shrimp	40F		
Meatball-cooked	40F	steak/potato	40F		
Fish-cooked	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: kevin on site
39c	v-boats/racks stored outside of establishment
* 15p	Tray of food in WIF on ground
49c	WIC shelving not clean
note	good labeling/date marking
note	good glove use of staff
* 16pF	heavily gauged cutting boards
* 16pF	can opener not clean
47c	tin foil holding pots/pans above prep sink
49c	exterior of cookline equipment not clean
note	hood to be cleaned this Friday - last cleaned June 24 - 180 day frequency
49c	granular holders not clean
note	thermometers/alcohol wipes on site
note	Test strips on site
← 2c	CFPM expired - 30 days to renew / email to lgrandy@manchesterct.gov
note	overall good equipment / utensil storage
note	on vacation next week - Health Dept to follow-up the week after for reinspection
note	no cooking - only prep/scooping into containers during inspection
note	cooling actively in WIC on speed racks
	reinspection 12/30/2024

Person in Charge (Signature) [Signature]

Date

Inspector (Signature) L. Grandy

Date 12/18/24

# Connecticut Department of Public Health

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>12/2/24</b>	
Establishment: <b>Olive Garden</b>	Time In: <b>1:30 AM</b> (PM) Time Out: <b>2:30 AM</b> (PM)	
Address: <b>1550 Pleasant Valley Rd.</b>	LHD: <b>Manchester</b>	
Town/City: <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder: <b>Lauren Kienzler</b>	Reinspection Other _____	



### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Supervision				Protection from Contamination										
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected										
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized										
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>										
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Written procedures for responding to vomiting and diarrheal events				Proper cooling time and temperatures										
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>										
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>	
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food										
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
No discharge from eyes, nose, and mouth				Time as a public health control: procedures and records										
<b>Preventing Contamination by Hands</b>				<b>Highly Susceptible Population</b>										
8	<input 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"/>	
Hands clean and properly washed				Pasteurized foods used; prohibited foods not offered										
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<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"/>	
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				<b>Food/Color Additives and Toxic Substances</b>										
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				Food additives: approved and properly used										
<b>Approved Source</b>				<b>Conformance with Approved Procedures</b>										
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	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				Compliance with variance/specialized process/ROP criteria/HACCP Plan										
12	<input type="checkbox"/>	<input checked="" 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				<b>GOOD RETAIL PRACTICES</b>										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</b>							
Food in good condition, safe, and unadulterated				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation										
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe Food and Water</b>							
Required records available: molluscan shellfish identification, parasite destruction				30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>				31				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safe Food and Water</b>				32				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>							
Pasteurized eggs used where required				33				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>							
Water and ice from approved source				34				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>							
Variance obtained for specialized processing methods				35				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Temperature Control</b>				36				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>							
Proper cooling methods used; adequate equipment for temperature control				37				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>							
Plant food properly cooked for hot holding				38				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Date corrections due</b>							
Approved thawing methods used				39				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>#</b>							
Thermometers provided and accurate				40				<b>Priority Item Violations</b>						
<b>Food Identification</b>				41				<b>Priority Foundation Item Violations</b>						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Core Item Violations</b>							
Food properly labeled; original container				42				<b>Risk Factor/Public Health Intervention Violations</b>						
<b>Prevention of Food Contamination</b>				43				<b>Repeat Risk Factor/Public Health Intervention Violations</b>						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good Retail Practices Violations</b>							
Insects, rodents, and animals not present				44				<b>Requires Reinspection - check box if you intend to reinspect</b>						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</b>							
Contamination prevented during food preparation, storage & display				45				<b>Violations documented</b>						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Date corrections due</b>							
Personal cleanliness				46				<b>#</b>						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Priority Item Violations</b>							
Wiping cloths: properly used and stored				47				<b>Priority Foundation Item Violations</b>						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Core Item Violations</b>							
Washing fruits and vegetables				48				<b>Risk Factor/Public Health Intervention Violations</b>						
<b>Food Identification</b>				49				<b>Repeat Risk Factor/Public Health Intervention Violations</b>						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good Retail Practices Violations</b>							
Food properly labeled; original container				50				<b>Requires Reinspection - check box if you intend to reinspect</b>						
<b>Prevention of Food Contamination</b>				51				<b>Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</b>						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>							
Insects, rodents, and animals not present				52				<b>Date corrections due</b>						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>#</b>							
Contamination prevented during food preparation, storage & display				53				<b>Priority Item Violations</b>						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Priority Foundation Item Violations</b>							
Personal cleanliness				54				<b>Core Item Violations</b>						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Risk Factor/Public Health Intervention Violations</b>							
Wiping cloths: properly used and stored				55				<b>Repeat Risk Factor/Public Health Intervention Violations</b>						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good Retail Practices Violations</b>							
Washing fruits and vegetables				56				<b>Requires Reinspection - check box if you intend to reinspect</b>						
<b>Food Identification</b>				57				<b>Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</b>						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>							
Food properly labeled; original container				58				<b>Date corrections due</b>						
<b>Prevention of Food Contamination</b>				59				<b>#</b>						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Priority Item Violations</b>							
Insects, rodents, and animals not present				60				<b>Priority Foundation Item Violations</b>						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Core Item Violations</b>							
Contamination prevented during food preparation, storage & display				61				<b>Risk Factor/Public Health Intervention Violations</b>						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Repeat Risk Factor/Public Health Intervention Violations</b>							
Personal cleanliness				62				<b>Good Retail Practices Violations</b>						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Requires Reinspection - check box if you intend to reinspect</b>							
Wiping cloths: properly used and stored				63				<b>Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</b>						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>							
Washing fruits and vegetables				64				<b>Date corrections due</b>						
<b>Food Identification</b>				65				<b>#</b>						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Priority Item Violations</b>							
Food properly labeled; original container				66				<b>Priority Foundation Item Violations</b>						
<b>Prevention of Food Contamination</b>				67				<b>Core Item Violations</b>						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Risk Factor/Public Health Intervention Violations</b>							
Insects, rodents, and animals not present				68				<b>Repeat Risk Factor/Public Health Intervention Violations</b>						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good Retail Practices Violations</b>							
Contamination prevented during food preparation, storage & display				69				<b>Requires Reinspection - check box if you intend to reinspect</b>						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</b>							
Personal cleanliness				70				<b>Violations documented</b>						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Date corrections due</b>							
Wiping cloths: properly used and stored				71				<b>#</b>						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Priority Item Violations</b>							
Washing fruits and vegetables				72				<b>Priority Foundation Item Violations</b>						
<b>Food Identification</b>				73				<b>Core Item Violations</b>						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Risk Factor/Public Health Intervention Violations</b>							
Food properly labeled; original container				74				<b>Repeat Risk Factor/Public Health Intervention Violations</b>						
<b>Prevention of Food Contamination</b>				75				<b>Good Retail Practices Violations</b>						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Requires Reinspection - check box if you intend to reinspect</b>							
Insects, rodents, and animals not present				76				<b>Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</b>						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>							
Contamination prevented during food preparation, storage & display				77				<b>Date corrections due</b>						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>#</b>							
Personal cleanliness				78				<b>Priority Item Violations</b>						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Priority Foundation Item Violations</b>							
Wiping cloths: properly used and stored				79				<b>Core Item Violations</b>						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Risk Factor/Public Health Intervention Violations</b>							
Washing fruits and vegetables				80				<b>Repeat Risk Factor/Public Health Intervention Violations</b>						
<b>Food Identification</b>				81				<b>Good Retail Practices Violations</b>						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Requires Reinspection - check box if you intend to reinspect</b>							
Food properly labeled; original container				82				<b>Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</b>						
<b>Prevention of Food Contamination</b>				83				<b>Violations documented</b>						
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Date corrections due</b>							
Insects, rodents, and animals not present				84				<b>#</b>						
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Priority Item Violations</b>							
Contamination prevented during food preparation, storage & display				85				<b>Priority Foundation Item Violations</b>						
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Core Item Violations</b>							
Personal cleanliness				86				<b>Risk Factor/Public Health Intervention Violations</b>						
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Repeat Risk Factor/Public Health Intervention Violations</b>							
Wiping cloths: properly used and stored				87				<b>Good Retail Practices Violations</b>						
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Requires Reinspection - check box if you intend to reinspect</b>							
Washing fruits and vegetables				88				<b>Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.</b>						
<b>Food Identification</b>				89										

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/2/24

Establishment Olive Garden

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline shrimp	36 F	WIC salmon	38 F	handsink	103 F
pasta	38 F	steak tips	38 F	dishmachine	7160P
cheese	41 F	gnocchi	38 F	quat bucket	400ppm
mct + cheese	41 F	Salad station tm	38 F	customer bathroom	92 F
chicken ndr	36 F	hot hold soup	171 F	bar quat bucket	200ppm
lasagna	38 F				
raw chicken	38 F				
steak tips	36 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
	<u>Wilman, CFM on site</u>
55C	damaged floor tiles behind rethermalizer
47C	gaskets damaged on cookline - work orders placed for all.
55C	zone base under 3-bay by ice machine damaged
55C	holes in FRP by 3-bay - new shelving to be installed
49C	<del>ceiling</del> ceiling in WIC unclean
47C	ladels w/ burn marks hanging. go through and replace as needed
	work orders in place for floor tiles and regrouting per PIC. Notify health Dept for when work will occur.
	overall very organized and clean
	Great date marking and labeling throughout!
	Discussed ice machine routine maintenance.



Person in Charge (Signature) [Signature]


Date 12/2/24

Inspector (Signature) Kathryn Person

Date 12/2/24





Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>12/10/24</u>
Establishment <u>pretzel maker</u>	 <p>Connecticut Department of Public Health</p>	Time In <u>3</u> AM/PM Time Out <u>4</u> AM/PM
Address <u>194 Buckland Hills Dr. #2182</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Deepak/Laura on site</u>		Reinspection Other _____
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	<b>Supervision</b>	V COS R
15	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	P/C
16	Certified Food Protection Manager for Classes 2, 3, & 4	P/Pf/C
17		P
18		P/Pf/C
19		P
20		P
21		P
22		P
23		P/Pf
24		P/Pf/C
25		Pf
26		P/C
27		P
28		P/Pf/C
29		P/Pf/C
30		P
31		P/Pf/C
32		Pf
33		Pf/C
34		Pf
35		Pf/C
36		Pf/C
37		Pf/C
38		Pf/C
39		P/Pf/C
40		Pf/C
41		C
42		P/Pf/C
43		C
44		Pf/C
45		P/C
46		C
47		P/Pf/C
48		Pf/C
49		C
50		Pf
51		P/Pf/C
52		P/Pf/C
53		Pf/C
54		C
55		P/Pf/C
56		C
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <u>[Signature]</u>	Date <u>12/10/24</u>	
Person in Charge (Printed) <u>Laura Graves</u>		
Inspector (Signature) <u>[Signature]</u>	Date <u>12/10/24</u>	
Inspector (Printed) <u>Lauren Grandy</u>		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		
Violations documented Date corrections due #		
Priority Item Violations <u>COS - 12/10/24</u> <u>2</u>		
Priority Foundation Item Violations <u>12/20/24</u> <u>2</u>		
Core Item Violations <u>3/10/24</u> <u>5</u>		
Risk Factor/Public Health Intervention Violations <u>2</u>		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations <u>7</u>		
Requires Reinspection - check box if you intend to reinspect <u>✓</u>		

reinspection: 12/20/24  
19



Risk Category: <u>3</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>12/5/24</u>	
Establishment <u>285 East Center St</u>	Time In <u>4:00</u> AM/PM Time Out <u>5:15</u> AM/PM	
Address <u>Randy's Wooster St. Pizza</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Oca Sun</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
<b>Supervision</b>						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				V	COS	R
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				V	COS	R
<b>Employee Health</b>						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				V	COS	R
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				V	COS	R
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				V	COS	R
<b>Good Hygienic Practices</b>						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				V	COS	R
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				V	COS	R
<b>Preventing Contamination by Hands</b>						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				V	COS	R
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				V	COS	R
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				V	COS	R
<b>Approved Source</b>						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				V	COS	R
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				V	COS	R
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				V	COS	R
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				V	COS	R
<b>Protection from Contamination</b>						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food separated and protected				V	COS	R
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food-contact surfaces: cleaned & sanitized				V	COS	R
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food				V	COS	R
<b>Time/Temperature Control for Safety</b>						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooking time and temperatures				V	COS	R
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper reheating procedures for hot holding				V	COS	R
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cooling time and temperatures				V	COS	R
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper hot holding temperatures				V	COS	R
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper cold holding temperatures				V	COS	R
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper date marking and disposition				V	COS	R
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time as a public health control: procedures and records				V	COS	R
<b>Consumer Advisory</b>						
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer advisory provided: raw/undercooked food				V	COS	R
<b>Highly Susceptible Population</b>						
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurized foods used; prohibited foods not offered				V	COS	R
<b>Food/Color Additives and Toxic Substances</b>						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food additives: approved and properly used				V	COS	R
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic substances properly identified, stored & used				V	COS	R
<b>Conformance with Approved Procedures</b>						
29	<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				V	COS	R

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) <u>[Signature]</u>	Date _____
Person in Charge (Printed) <u>Sun Sun</u>	
Inspector (Signature) <u>[Signature]</u>	Date <u>12/5/24</u>
Inspector (Printed) <u>Jose Ramirez</u>	

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

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





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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 12/16/24

Establishment Red Robin Time In 11 AM/PM Time Out 12:15 AM/PM

Address 360 Buckland Hills Dr. LHD Manchester

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

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



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

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

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

P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R	COS=corrected on-site during inspection	R=repeat violation
<b>Supervision</b>						
1	<input 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"/>
<b>Employee Health</b>						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	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"/>
<b>Good Hygienic Practices</b>						
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
<b>Preventing Contamination by Hands</b>						
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"/>
<b>Approved Source</b>						
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"/>
<b>Protection from Contamination</b>						
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>
<b>Time/Temperature Control for Safety</b>						
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>
<b>Consumer Advisory</b>						
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
<b>Highly Susceptible Population</b>						
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
<b>Food/Color Additives and Toxic Substances</b>						
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>
<b>Conformance with Approved Procedures</b>						
29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) [Signature] Date 12/16/24

Person in Charge (Printed) Mike Carabotta

Inspector (Signature) [Signature] Date 12/16/2024

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>12/26/24</u>	<u>4</u>
Core Item Violations	<u>3/16/25</u>	<u>11</u>
Risk Factor/Public Health Intervention Violations		<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>11</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

reinspection: 12/26/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/16/2024

Establishment Red Robin

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline - burger raw	39F	WIF	-20F	quat at 3 bay	200-400 ppm
raw chicken	39F	WIC			
cold (lett)		raw chicken	30F	Bar - Milk	40F
coleslaw	38F	cut tomatoes	38F	strawberries	40F
tomato	37F	hamburger raw	38F		
Hard boiled egg	37F			hot water - h.s.	105F
avocado	37F	WIC (beer)	38F	hot water - 3 bay	115F
undercounter freezer	0F	standing freezer	-7F	internal burger	158F

### 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.
	CEPM: Mike onsite
16pF	4 drawer under grill top interior not clean + gaskets
16pF	6 drawer under burger station interior not clean
49c	under pass thru stainless steel not clean
16pF/49c	interior/exterior of microwave not clean
49c	Shelving with microwave not clean
49c	exterior of fryers not clean
49c	gaskets throughout not clean
16pF	undercounter freezer interior unclean
55c	caulk behind far right hand sink on cookline damaged/unclean
49c	Shelving with dry goods unclean (next to wic)
16pF	interior of ice machine not clean
49c	gasket of beer cooler unclean
49c	interior black cabinet at bar not clean
55c	Floors under cookline equipment not clean
note	Thermometers available
note	Test strips available (quat + chlorine)
55c	gap in back entrance (both doors)
note	good hierarchy / labeling / date-marking
note	good handwashing / glove use observed
	Frontline: creamer 39F / ranch 40F / campfire sauce 40F

Person in Charge (Signature)


Date 12/16/24

Inspector (Signature)

Date 12/16/24

# Connecticut Department of Public Health

Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>11-27-24</u>
Establishment <u>Residence Inn</u>		Time In <u>8:15</u> AM/PM Time Out _____ AM/PM
Address <u>201 Hale Rd</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder _____		Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food Temperature Control															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Food Identification															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>				
Prevention of Food Contamination															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <u>David Perry</u> Date <u>11/27/24</u>				Person in Charge (Printed) <u>David Perry</u>				Inspector (Signature) <u>Denise Payne</u> Date <u>11/27/24</u>				Inspector (Printed) <u>Denise Payne</u>			
Violations documented				Date corrections due				#							
Priority Item Violations															
Priority Foundation Item Violations															
Core Item Violations															
Risk Factor/Public Health Intervention Violations															
Repeat Risk Factor/Public Health Intervention Violations															
Good Retail Practices Violations															
Requires Reinspection - check box if you intend to reinspect															

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 11-27-24

Establishment Residence Inn

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk	37F			Hot water	120F
Bacon Veg Crumble	39F	Oatmeal	137F		
Yogurt	38F	Turkey Sausage	135F	Dish machine	
		Reheat Turkey	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	Observations and Corrective Actions
	CFPM onsite Dave Perry
47C	Microwave handle w/tape, not approved. Remove + clean
16P	Manual handwashing - No sanitizing observed Dish Machine - 15-20 min fill time. Wash-Rinse-Sanit 30-60 sec Dishware proposed → Dish machine must keep up or dishware cannot be used.
22D	Cream cheese @ 60F - discarded. Freezer containers no longer frozen.
	KITCHEN Clean + Organized
	Discussed Time vs Temp on Hot Foods 3hr service + discard → provide product, reheat temps + discard time for approval
	Test Strips ✓
37PF	Allergen Notice Not Posted for the Public No ingredient/allergen list available
	Ice Scoop - can't monitor top of unit put tray on top thru the scoop
	Define an office area - NOT on top of equipment Folders, purse, etc

Person in Charge (Signature) David Perry  
Inspector (Signature) Denise Payne

Date 11/27/24  
Date 11/27/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>12/19/24</b>
Establishment <b>Salsa Fresca</b>		Time In _____ AM/PM Time Out _____ AM/PM
Address <b>1500 D Pleasant Valley Rd</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder _____		Reinspection _____ Other _____



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

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

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

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

Supervision				Protection from Contamination									
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									
<b>Employee Health</b>				Proper disposition of returned, previously served, reconditioned, and unsafe food									
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				<b>Time/Temperature Control for Safety</b>									
4	<input 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									
<b>Good Hygienic Practices</b>				Proper hot holding temperatures									
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				Proper cold holding temperatures									
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				Proper date marking and disposition									
<b>Preventing Contamination by Hands</b>				Time as a public health control: procedures and records									
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>						
Hands clean and properly washed				Consumer advisory provided: raw/undercooked food				Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>						
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Pasteurized foods used; prohibited foods not offered				P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>						
Adequate handwashing sinks, properly supplied/accessible				Food additives: approved and properly used				P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Approved Source</b>				Toxic substances properly identified, stored & used				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>						
Food obtained from approved source				Compliance with variance/specialized process/ROP criteria/HACCP Plan				P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Food received at proper temperature													
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
Food in good condition, safe, and unadulterated													
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							
Required records available: molluscan shellfish identification, parasite destruction													

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) <i>[Signature]</i>	Date <b>12/19/24</b>
Person in Charge (Printed) <b>Hannah LaRose</b>	
Inspector (Signature) <i>[Signature]</i>	Date <b>12/19/24</b>
Inspector (Printed) <b>Denise Payne</b>	

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations		0
Core Item Violations	<b>90 days</b>	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.

*\*Floor + Hood Svc schedule required.*

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/19/24

Establishment Salsa Fresca Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Salsa	40F	Rice	173F	Hot Water	116F
Cheese	41F	Chicken	138F		
Guacamole	39F	Root Veg	153F	Sani spray	300ppm
Pico	40F	Rice	183F		
		Chicken	166F		
BBO beef	37F	Pork	156F		
Chicken	38F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
	Discussed CFPM - Violation if No CFPM on site during prep hours, sales hours. Manager certified - Additional certified staff required.
55C	*Floors generally unclean, cove base unclean, drains + areas under wheels + legs of equipment Bld-up? Floor must be easily cleanable - Management reports cleaned each day end of shift. - Review cleaning schedule and notify health dept.
49C	Extra cleaning on interior heat zone of rice cooker, underside of Cambros, black bean screen scoop.
	Discussed use of cart for soaking wares - Keep Wash-Rinse-Sanitize Ready Cold Prep unit 32°F lower 1/2, product @ 40/41F Check Unit/thermostat Alto sham gasket deteriorating - Replace. Hood system overdue - send schedule appointment

Person in Charge (Signature) [Signature] Date 12/19/24  
 Inspector (Signature) D Payne Date 12/19/24

# WEEKLY CLEANING TASKS

Week of: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM						
Ice Machine	Prep tables	Table legs	Detail Chip Shelf	Dust lights & walls	Detail Tractor Bev	Windows
Grab and go	Chair legs	Walls and Windowsills	Wipe down menus	Detail walkin	Detail grab and go	Shelves in BOH
Outside Entrance floor	Fryer 1	Hand sinks	Fryer 2	Wipe back door	Clean bakery rack	Wipe extinguisher
White Walls	White Walls	White Walls	White Walls	White Walls	White Walls	White Walls
PM						
Drains	Drains	Drains	Drains	Drains	Drains	Drains
Inside trashes	2 Hood Vents	Left oven	2 hood Vents	Right oven	2 Hood Vents	Trays in hot box
Mop sink and Wall	Chip Table	Stove top	Clean oil bin	Detail soda machine	Panini presses	Detail dish wall
Deck scrub line	Deck scrub boh/walk-in	Deck scrub back room	Deck scrub boh/walk-in	Deck scrub line	Deck scrub boh/walk-in	Deck scrub Back room



MEMBER N.F.P.A., MEMBER I.K.E.C.A., MEMBER N.F.S.A., MEMBER N.A.F.E.D.  
**INTERSTATE FIRE & SAFETY EQUIPMENT COMPANY, INC.**

194880

Remit to: P.O. Box 502  
 Harrison NY 10528

Correspondence to: P.O. Box 4165  
 Greenwich CT 06831

(914) 937-6100 • (203) 531-1333 • (914) 937-9723-FAX

<http://www.interstatefireandsfty.net>

NYC - 81754822  
 NYC - 218  
 NJ - PO1090  
 CT - F30002  
 CT - SM5-5598

**FIRE EXTINGUISHERS / FIRE SUPPRESSION SYSTEMS / RESTAURANT  
 HOOD INSTALLATIONS / RESTAURANT VENTILATION CLEANING  
 SALES & SERVICE**

NASSAU - AEL01260  
 NASSAU - 969977428  
 NASSAU - 72200004780  
 SUFFOLK - 122  
 HUNTINGTON - F0 15927  
 MA - QR4622

CUSTOMER NAME: <i>Salsa Fresca</i>	TECH ID:	DATE: <i>12/19/24</i>
PHYSICAL ADDRESS: <i>1500 D, Pleasant Valley Rd, Manchester, CT 06042</i>	PHYSICAL CITY, STATE, ZIP:	PHONE:
BILLING ADDRESS:	BILLING CITY, STATE, ZIP:	FAX:

**KITCHEN SERVICE INFORMATION**

**CHECK IN:**

- 1) Fans working properly?  YES  NO  N/A
- 2) Defects in fan wiring?  YES  NO  N/A
- 3) Hood lights working?  YES  NO  N/A
- 4) Hood globes present?  YES  NO  N/A
- 5) Hood globes undamaged?  YES  NO  N/A
- 6) All filters in hood?  YES  NO  N/A
- 7) Filters conform to code?  YES  NO  N/A
- 8) Grease build-up on fan *2195*
- 9) Grease build-up around fan
- 10) Grease build-up in ducts
- 11) Grease build-up in hood
- 12) Grease build-up on filters

**CHECK OUT:**

- 1) Fans working properly?  YES  NO  N/A
- 2) Hood wiped down?  YES  NO  N/A
- 3) Kitchen floor mopped?  YES  NO  N/A
- 4) Outside area clean?  YES  NO  N/A
- 5) Hood lights working?  YES  NO  N/A
- 6) All filters in hood?  YES  NO  N/A
- 7) Do inaccessible areas exist?  YES  NO  N/A
- 8) Frequency of cleaning ok?  YES  NO  N/A
- 9) Pilots lit?  YES  NO  N/A
- 10) Photos taken?  YES  NO  N/A
- 11) Fire system within service interval?  YES  NO  N/A
- 12) Fire extinguishers within service interval?  YES  NO  N/A

**COMMENTS:**

*- filters cleared  
 4:00 pm*

**SYSTEM SERVICE CYCLE REFERENCE PER N.F.P.A. STANDARDS**

(NOTE: CUSTOMER IS RESPONSIBLE FOR ENSURING SERVICES ARE COMPLETED AS REQUIRED. FOR MORE INFORMATION, PLEASE CONTACT THE N.F.P.A. AT (617) 770-3000)

Hood systems serving solid fuel operations - Inspected every month	Hood systems serving moderate operations - Inspected semi-annually
Hood systems serving high volume (wok, char broiler) - Inspected quarterly	Hood systems serving low-volume operations (church, etc.) - Inspected annually
Kitchen fire suppression systems - Inspected & serviced semi-annually	Fire Extinguishers - Inspected & serviced annually

QTY	DESCRIPTION	PRICE	EXTENDED
1	<i>Quarterly Steam Cleaning Service to the exhaust hood system over the cooking equipment per the applicable sections of the NFPA 96.</i>		
2			
3			
4			
5			
6			
7			
8			
9		SALES TAX - RATE: _____ % (TAX EXEMPT #: _____)	

**TOTAL DUE**

CLAIMS OF UNSATISFACTORY WORKMANSHIP MUST BE MADE WITHIN 48 HOURS OF SERVICE. INVOICES ARE SUBJECT TO AN INTEREST RATE OF THE GREATER OF 1.5% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 15 DAYS. IN THE EVENT OF DEFAULT, INTERSTATE FIRE & SAFETY EQUIPMENT CO. INC. SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY FEES. INTERSTATE FIRE & SAFETY EQUIPMENT CO. INC. IS NOT AN INSURER, OUR LIABILITY ON DAMAGES, NEGLIGENCE OR OTHERWISE ARE LIMITED PER THE TERMS LISTED ON THE REVERSE SIDE OF THIS DOCUMENT. THE CUSTOMER CAN REFUSE TO AGREE TO ALL TERMS BY CANCELLING THEIR SERVICE 48 HOURS PRIOR TO SERVICE. THE CUSTOMER IS RESPONSIBLE FOR ENSURING THAT FIRE PREVENTION EQUIPMENT AND KITCHEN HOOD SYSTEM SERVICE CYCLES ARE FOLLOWED.

CUSTOMER PRINTED NAME: <i>[Signature]</i>	TITLE:	DATE: <i>12/19/24</i>
CUSTOMER SIGNATURE: <i>[Signature]</i>	TECHNICIAN SIGNATURE: <i>[Signature]</i>	



YOUR SIGNATURE ABOVE INDICATES THAT YOU HAVE READ, UNDERSTOOD AND AGREED TO THE TERMS ON BOTH SIDES OF THIS DOCUMENT.

WHITE - OFFICE COPY

PINK - CUSTOMER COPY

YELLOW - ACCOUNTING COPY

Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>12/9/24</b>
Establishment <b>Snowfox</b>		Time In <b>12:00</b> AM/PM <b>AM</b> Time Out <b>1:00</b> AM/PM <b>PM</b>
Address <b>214 Spencer St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>MVA THAN DAR</b>		Reinspection Other _____



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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

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

Person in Charge (Signature) _____	Date <b>12/10/24</b>
Person in Charge (Printed) _____	
Inspector (Signature) _____	Date <b>12/9/24</b>
Inspector (Printed) <b>Jose Ramirez</b>	

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

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



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>12/2/24</b>	
Establishment <b>Sonic Drive-In</b>	Time In <b>11:30 AM/PM</b> Time Out <b>1:00 AM/PM</b>	
Address <b>90 Buckland st</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Soar-Ronak Parikh</b>	Reinspection Other _____	



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

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population						
Preventing Contamination by Hands				26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				Conformance with Approved Procedures									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>							
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>							

**GOOD RETAIL PRACTICES**

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

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

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

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

Person in Charge (Signature) <i>[Signature]</i>	Date <b>12/2</b>
Person in Charge (Printed) <b>Aliyah Roy es</b>	
Inspector (Signature) <i>[Signature]</i>	Date <b>12/2/24</b>
Inspector (Printed) <b>Katelyn Person</b>	

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<b>12/12/24</b>	<b>5</b>
Core Item Violations	<b>3/2/25</b>	<b>13</b>
Risk Factor/Public Health Intervention Violations		<b>5</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>13</b>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/2/24  
 Establishment Sonic # 6293 Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline cheese	40F	WIC tomatoes	38	handsink	85F
hot dog	41F	hot dogs	38	customer bathroom	102F
hot hold cheese	165F			3-bay hot	120F
chicken nug	160F				
sliced tomato	40F				
sliced cheese	41F				
hot hold burger	156F				
corn dog	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.
	Aliyah, manager, no CFM, new to role
49C	Floor unclean behind equipment on cookline and throughout
49C	ceiling unclean throughout
16PF	hot hold fryer holder unclean (fater tot hot hold)
49C	exterior of equipment on cookline unclean
55C	floor tiles missing on cookline, tiles damaged throughout
16PF	interior lid of cold prep unit unclean
49C	gaskets unclean throughout
Note:	1 door Avanto reach in not in use - to be repaired
49C	walls throughout unclean
55C	cove base damaged by back handsink and throughout
52C	floors w/ standing water by soda syrups, monitor for leaks
16PF	interior of ice machine unclean, deep clean required
16PF	interior of small 3-bay in front unclean, faucet loose
37C	unlabeled squeeze bottles on cookline
49C	shelving in WIC unclean
55C	threshold of WIC damaged, water collecting under
53PF	toilet paper not in dispenser / paper towels not in dispenser in customer bathrooms. Handwash sign needed in women's.
Note:	unused, broken stacked cooler to be removed per PIC
56C	hood on cookline dripping grease
Note:	hot dog warmer not in use - worse order placed
Person in Charge (Signature)	<u>[Signature]</u> Date <u>12/2</u>
Inspector (Signature)	<u>Katelyn Lewan</u> Date <u>12/2/24</u>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/2/24

Establishment Sonic #6293 Town Manchester

### TEMPERATURE OBSERVATIONS

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

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
2C	<p>NO CFPM on site. A CFPM must be on site during all hours of operation. Send more employees to course to cover all shifts. Sign up w/ in 30 days. Email certificate.</p>
	<p>Overall sanitary conditions poor. more routine and deep cleaning required throughout. Person in charge to email <a href="mailto:Kperson@manchesterct.gov">Kperson@manchesterct.gov</a> with plan for scheduled cleanings by 12/12/24.</p>
	<p>Discussed w/ PIC condition of flooring/cove base. Send quotes for repair to KP. This was noted on past several reports.</p>
	<p>Hood cleaning due in March 2024</p>
	<p>Discussed w/ PIC to remove all unused/broken equipment</p>
	<p>Discussed pest control w/ PIC. Logs reviewed. No issues</p>
	<p>Discussed covering food when it is not rush hour and not overfilling containers in prep unit.</p>

Person in Charge (Signature)

Date

12/2


Inspector (Signature)

Katelyn Benson

Date

12/2/24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: Permanent Temporary Mobile Other _____		Date: <b>12/3/24</b>
Establishment <b>St Bridget's Parochial Sch</b>		Time In <b>11:25</b> AM/PM Time Out _____ AM/PM
Address <b>74 Main St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: Routine Pre-op
Permit Holder _____		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.														
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed														
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation										
Supervision				V	COS	R	Protection from Contamination					V	COS	R
1	<input checked="" 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"/>	<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"/>	<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"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized					P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health							17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety							
Management, food employee and conditional employee; knowledge, responsibilities and reporting							18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion							Proper reheating procedures for hot holding					P	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures					P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices							21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<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"/>
Proper eating, tasting, drinking, or tobacco products use							Proper hot holding temperatures					P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<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"/>
No discharge from eyes, nose, and mouth							Proper cold holding temperatures					P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands							24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory							
Hands clean and properly washed							25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food					Pf	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Highly Susceptible Population							
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible							Pasteurized foods used; prohibited foods not offered					P/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source							Food/Color Additives and Toxic Substances							
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Food additives: approved and properly used					P	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							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"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures							
Food in good condition, safe, and unadulterated							29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan					P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction														

GOOD RETAIL PRACTICES																
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
OUT	N/A	N/O	Safe Food and Water			V	COS	R	OUT	Proper Use of Utensils			V	COS	R	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pasteurized eggs used where required							In-use utensils: properly stored					C	<input type="checkbox"/>	<input type="checkbox"/>		
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled					Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used					P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Food Temperature Control							46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
33	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	Pf	<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"/>
Plant food properly cooked for hot holding							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"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Approved thawing methods used							49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean					C	<input type="checkbox"/>	<input type="checkbox"/>
Thermometers provided and accurate							Physical Facilities									
Food Identification							50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure					Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food properly labeled; original container							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"/>	
Prevention of Food Contamination							Plumbing installed; proper backflow devices					P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed					P/Pf/C	<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"/>	<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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean					Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Contamination prevented during food preparation, storage & display							53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained					C	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness							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"/>	
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean					P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Wiping cloths: properly used and stored							55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used					C	<input type="checkbox"/>	<input type="checkbox"/>
Washing fruits and vegetables							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"/>	
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>Sarah</i> Date <b>12/3/24</b>						Violations documented			Date corrections due			#
Person in Charge (Printed) <b>Sarah Lofstrom</b>						Priority Item Violations						
Inspector (Signature) <i>Denise Payne</i> Date <b>12/3/24</b>						Priority Foundation Item Violations						
Inspector (Printed) <b>Denise Payne</b>						Core Item Violations			<b>90 days</b>			<b>1</b>
						Risk Factor/Public Health Intervention Violations						
						Repeat Risk Factor/Public Health Intervention Violations						
						Good Retail Practices Violations						
						Requires Reinspection - check box if you intend to reinspect						

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

# Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 12/3/24

Establishment St Bridgets

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
milk	36F	Hamburger in Sauce	147F	Hot Water hand sink	86F
Cream Cheese	38F	Hamburgers in Sauce Hot Holding	142F	Sanitizer	200-300ppm

## OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
2C	<p>Person-in-charge Not certified Food Protection Manager Person-in-charge Knowledgeable.</p> <p>Hot water @ 86F in hand sink → No dishes are washed at this satellite location. Back up utensils clean + stored in bags (FG) All unclean utensils are Returned to N School St Loc.</p> <p>* Discussed Staff vs Teacher access in kitchen. Separation of staff sinks + Teacher sinks/storage. HDpt to follow-up.</p> <p style="text-align: center; font-size: 1.5em;">Kitchens Clean + Orderly</p>

Person in Charge (Signature) [Signature]


Date 12/3/24

Inspector (Signature) [Signature]

Date 12/3/24



Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>12/11/24</b>	
Establishment <b>Starbucks - Spencer St.</b>	Time In <b>10</b> AM/PM Time Out <b>11</b> AM/PM	
Address <b>210 Spencer Street</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: Routine Pre-op	
Permit Holder <b>Tamra - on site</b>	Reinspection Other _____	



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

GOOD RETAIL PRACTICES											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input 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	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	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input 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 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) <b>Taura Adams</b>	Date <b>12/11/24</b>										
Person in Charge (Printed) <b>Taura Adams</b>											
Inspector (Signature) <b>L. Grandy</b>	Date <b>12/11/2024</b>										
Inspector (Printed) <b>Lauren Grandy</b>											

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<b>12/21/24</b>	<b>1</b>
Core Item Violations	<b>3/11/24</b>	<b>2</b>
Risk Factor/Public Health Intervention Violations		<b>1</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>2</b>
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/10/24  
 Establishment Starbucks - spencer st Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
True refrigerator 1	36F	undercounter-Milk	37F	restroom-hot water	102F
milk	39F	undercounter-Milk	40F		
True refrigerator 2	36F	undercounter-Milk	40F		
True Freezer	-7F				
True Freezer	-7F	drive thru-		handsink front	110F
		undercounter milk	40F	3 bay hot water	120F
		pre packaged food (egg bites)	41F	sanitizer quat 3 bay	200-400 ppm
				handwash sink	105F

### 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
	Tamara/Ethan on site - CFPM / Jimmy
note*	email copy of serv save to Lgrandy@manchesterct.gov
16 pf	interior of true refrigerator 2 (bottom shelf) unclean
55c	Trim missing by mop sink
49c	shelf with labels / sauce container across from fridge in back of house
note*	undercounter fridge at end of line working - no food product inside
note*	good utensil use by staff
note*	overall clean + organized
note*	good labeling of food product
note*	no sick employees per person in charge
note*	good handwashing by staff
	email Lgrandy@manchesterct.gov when violation corrected
	Nicole - Manager no longer on site
	Elise L - new Manager



Person in Charge (Signature) Tawra Adams Date 12/11/24  
 Inspector (Signature) L. Grandy Date 12/11/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: Permanent Temporary Mobile Other _____		Date: <b>12/4/24</b>
Establishment <b>Sukhothai</b>		Time In <b>2</b> AM/PM Time Out _____ AM/PM
Address <b>841 Main St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: Routine Pre-op
Permit Holder _____		Reinspection Other <b>3</b>
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A/N/O	<b>Supervision</b>	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
IN OUT N/A/N/O	<b>Protection from Contamination</b>	V COS R
15	Food separated and protected	P/C
16	Food-contact surfaces: cleaned & sanitized	P/P/C
17	Proper disposition of returned, previously served, reconditioned, and unsafe food	P
IN OUT N/A/N/O	<b>Time/Temperature Control for Safety</b>	V COS R
18	Proper cooking time and temperatures	P/Pf/C
19	Proper reheating procedures for hot holding	P
20	Proper cooling time and temperatures	P
21	Proper hot holding temperatures	P
22	Proper cold holding temperatures	P
23	Proper date marking and disposition	P/Pf
24	Time as a public health control: procedures and records	P/Pf/C
IN OUT N/A/N/O	<b>Consumer Advisory</b>	V COS R
25	Consumer advisory provided: raw/undercooked food	Pf
IN OUT N/A/N/O	<b>Highly Susceptible Population</b>	V COS R
26	Pasteurized foods used; prohibited foods not offered	P/C
IN OUT N/A/N/O	<b>Food/Color Additives and Toxic Substances</b>	V COS R
27	Food additives: approved and properly used	P
28	Toxic substances properly identified, stored & used	P/Pf/C
IN OUT N/A/N/O	<b>Conformance with Approved Procedures</b>	V COS R
29	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C
<b>GOOD RETAIL PRACTICES</b>		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A/N/O	<b>Safe Food and Water</b>	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
IN OUT N/A/N/O	<b>Food Temperature Control</b>	V COS R
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
IN OUT N/A/N/O	<b>Food Identification</b>	V COS R
37	Food properly labeled; original container	Pf/C
IN OUT N/A/N/O	<b>Prevention of Food Contamination</b>	V COS R
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
IN OUT N/A/N/O	<b>Proper Use of Utensils</b>	V COS R
43	In-use utensils: properly stored	C
44	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C
45	Single-use/single-service articles: properly stored & used	P/C
46	Gloves used properly	C
IN OUT N/A/N/O	<b>Utensils and Equipment</b>	V COS R
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
IN OUT N/A/N/O	<b>Physical Facilities</b>	V COS R
50	Hot and cold water available; adequate pressure	Pf
51	Plumbing installed; proper backflow devices	P/Pf/C
52	Sewage and waste water properly disposed	P/Pf/C
53	Toilet facilities: properly constructed, supplied, & clean	Pf/C
54	Garbage and refuse properly disposed; facilities maintained	C
55	Physical facilities installed, maintained, and clean	P/Pf/C
56	Adequate ventilation and lighting; designated areas used	C
	Natural rubber latex gloves not used per CGS §19a-36f	
Person in Charge (Signature) <b>Xiulan Lin</b> Date <b>12/4/24</b>		<b>Violations documented</b>
Person in Charge (Printed) <b>Xiulan Lin</b>		<b>Date corrections due</b>
Inspector (Signature) <b>Denise Payne</b> Date <b>12/4/24</b>		Priority Item Violations <b>COS</b>
Inspector (Printed) <b>Denise Payne</b>		Priority Foundation Item Violations <b>10 days</b>
		Core Item Violations <b>90 days</b>
		Risk Factor/Public Health Intervention Violations <b>2</b>
		Repeat Risk Factor/Public Health Intervention Violations <b>2</b>
		Good Retail Practices Violations <b>2</b>
		Requires Reinspection - check box if you intend to reinspect <b>X</b>

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

*See note*

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/4/24

Establishment Sukhothia

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken	41F	Broth	159F	Hot water	128F
Pork	41F	Burn Rice	1168F	Dish Machine	100ppm
Chicken fingers	41F	White Rice	1166F	Sanibucket	150ppm
Cooked pork	41F			(reduced to 100ppm)	
Chicken finger	41F				
Wings	40F				
Egg rolls	40F				

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
	Avantco EG 24N Elec. Griddle - ETL Sanitation
22P	Wings @ 61F / garlic in oil @ 55F Discarded (cos)
* 37PF	Multiple containers not labelled / bottles not labelled (water/soap) → Pot in back unclean exterior. (Employee)
55C	Broken slicer / cuisinat Food processor - Remove.
	Note: Additional dunnage rack for Soybucket/oil bucket needed.
* 116PF	Unclean can opener blade.
	Discussed IA/IB forms - update for all new staff maintain with existing employees.
	Discussed 2nd serve safe employee
	Good Inspection
	* correct within 10 day and email <a href="mailto:d.payne@manchesterct.gov">d.payne@manchesterct.gov</a>
Person in Charge (Signature)	<u>Xinlan Lin</u> Date <u>12/4/24</u>
Inspector (Signature)	<u>D Payne</u> Date <u>12/4/24</u>

## Denise Payne

---

**From:** Amy lin <yulin8407@gmail.com>  
**Sent:** Friday, December 13, 2024 11:56 AM  
**To:** Denise Payne  
**Subject:** From sukhothai restaurant  
**Attachments:** image\_50446081.JPG; image\_67189761.JPG; image\_67183105.JPG

**EXTERNAL MESSAGE - Think Before You Click!**



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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 12/10/24

Establishment Summit Rock Cafe Time In 2:15 AM/PM Time Out \_\_\_\_\_ AM/PM

Address 421 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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<b>Supervision</b>													
1				Pf			15				P/C		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							<b>Protection from Contamination</b>						
2				C			16				P/Pf/C		
Certified Food Protection Manager for Classes 2, 3, & 4							Food separated and protected						
<b>Employee Health</b>													
3				P/Pf			17				P		
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Food-contact surfaces: cleaned & sanitized						
4				P			<b>Time/Temperature Control for Safety</b>						
Proper use of restriction and exclusion							18				P/Pf/C		
5				Pf			Proper cooking time and temperatures						
Written procedures for responding to vomiting and diarrheal events							19				P		
<b>Good Hygienic Practices</b>													
6				P/C			20				P		
Proper eating, tasting, drinking, or tobacco products use							Proper reheating procedures for hot holding						
7				C			21				P		
No discharge from eyes, nose, and mouth							Proper cooling time and temperatures						
<b>Preventing Contamination by Hands</b>													
8				P/Pf			22				P		
Hands clean and properly washed							Proper hot holding temperatures						
9				P/Pf/C			23				P/Pf		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Proper cold holding temperatures						
10				Pf/C			24				P/Pf/C		
Adequate handwashing sinks, properly supplied/accessible							Proper date marking and disposition						
<b>Approved Source</b>													
11				P/Pf/C			Time as a public health control: procedures and records						
Food obtained from approved source							<b>Consumer Advisory</b>						
12				P/Pf			25				Pf		
Food received at proper temperature							Consumer advisory provided: raw/undercooked food						
13				P/Pf			<b>Highly Susceptible Population</b>						
Food in good condition, safe, and unadulterated							26				P/C		
14				P/Pf/C			Pasteurized foods used; prohibited foods not offered						
Required records available: molluscan shellfish identification, parasite destruction							<b>Food/Color Additives and Toxic Substances</b>						
<b>GOOD RETAIL PRACTICES</b>													
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>													
Mark OUT if numbered item is not in compliance V=violation type				Mark in appropriate box for COS and/or R				COS=corrected on-site during inspection R=repeat violation					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
<b>Safe Food and Water</b>										<b>Proper Use of Utensils</b>			
30			P			43				C			
Pasteurized eggs used where required							In-use utensils: properly stored						
31			P/Pf/C			44				Pf/C			
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled						
32			Pf			45				Pf/C			
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used						
<b>Food Temperature Control</b>													
33			Pf/C			46				C			
Proper cooling methods used; adequate equipment for temperature control							Gloves used properly						
34			Pf			<b>Utensils and Equipment</b>							
Plant food properly cooked for hot holding							Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
35			Pf/C			47				P/Pf/C			
Approved thawing methods used							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
36			Pf/C			48				Pf/C			
Thermometers provided and accurate							Non-food contact surfaces clean						
<b>Food Identification</b>													
37			Pf/C			<b>Physical Facilities</b>							
Food properly labeled; original container							Hot and cold water available; adequate pressure						
<b>Prevention of Food Contamination</b>													
38			Pf/C			51				P/Pf/C			
Insects, rodents, and animals not present							Plumbing installed; proper backflow devices						
39			P/Pf/C			52				P/Pf/C			
Contamination prevented during food preparation, storage & display							Sewage and waste water properly disposed						
40			Pf/C			53				Pf/C			
Personal cleanliness							Toilet facilities: properly constructed, supplied, & clean						
41			C			54				C			
Wiping cloths: properly used and stored							Garbage and refuse properly disposed; facilities maintained						
42			P/Pf/C			55				P/Pf/C			
Washing fruits and vegetables							Physical facilities installed, maintained, and clean						
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) <u>[Signature]</u> Date <u>12/10/24</u>				Violations documented				Date corrections due				#	
Person in Charge (Printed) <u>Coree Michalowski</u>				Priority Item Violations				<u>June 2024</u>				<u>0</u>	
Inspector (Signature) <u>[Signature]</u> Date <u>12/10/24</u>				Priority Foundation Item Violations									
Inspector (Printed) <u>Denise Payne</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									

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





Risk Category: <b>1</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other		Date: <b>12/16/2024</b>
Establishment: <b>Super 6 Convenience</b>		Time In: <b>2:45 AM/PM</b> Time Out: <b>3:45 AM/PM</b>
Address: <b>706 Main St</b>		LHD: <b>Manchester</b>
Town/City: <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder: <b>Rachit</b>		Reinspection Other



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

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

Person in Charge (Signature) <b>Rachit Patel</b> Date <b>12/16/24</b>	Person in Charge (Printed) <b>Rachit Patel</b>	Inspector (Signature) <b>L. Grundy</b> Date <b>12/16/2024</b>	Inspector (Printed) <b>Lauren Grundy</b>
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Violations documented	Date corrections due	#
Priority Item Violations	COS	1
Priority Foundation Item Violations		1
Core Item Violations	3/16/2024	6
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		6
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/16/2024  
 Establishment ~~Starbucks~~ super 6 convenience Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk dispenser	38°F	WIC #2	40°F	hot water 3 bay	126°F
Milk	41°F	milk	42°F	hot water hand sink	132°F
Freezer w/pre-package Food	0°F				
WIC #1 ↳ bottled drinks only	40°F				


### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	Rachit onsite
49c	interior of cabinet with non dairy creamer not clean at coffee station
37c	dispensers with white granular not labeled
55c	ice cream freezer blocking entrance to back of house - To be removed ASAP
55c	cove base missing in back of house by door
39c	<del>prep</del> prepackaged drinks stored on floor in back of house - discarded shelving + dunnage racks
55c	clutter stored under 3 bays sink
*	discussed shelving in WIC #1 + #2 to get pre-packaged drinks off floor
13 p	lando lakes heavy cream expired in WIC # 2 - thrown out (cos)
	Thermometer available
	sanitizer on site - quat / test strips on site
	no test strips for chlorine on site
	Health Dept to follow-up on WIC.

Person in Charge (Signature) [Signature] Date 12-16-24  
 Inspector (Signature) [Signature] Date 12/16/24

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <b>12/16/24</b>
Establishment <u>Sweetwater Salad Bar</u>		Time In <b>11:00</b> AM/PM Time Out <b>12:30</b> AM/PM
Address <u>194 Buckland Hills Dr. # 2078</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Mark Schand</u>		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Food separated and protected				<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 checked="" type="checkbox"/>	16 Food-contact surfaces: cleaned & sanitized				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health</b>				<b>Time/Temperature Control for Safety</b>									
<input checked="" type="checkbox"/>	<input checked="" 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"/>
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20 Proper cooling time and temperatures				<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"/>	21 Proper hot holding temperatures				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22 Proper cold holding temperatures				<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"/>	23 Proper date marking and disposition				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>				<b>Consumer Advisory</b>									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Time as a public health control: procedures and records				<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"/>	<b>Highly Susceptible Population</b>						
<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"/>
7 No discharge from eyes, nose, and mouth				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>						
<b>Preventing Contamination by Hands</b>				<b>Conformance with Approved Procedures</b>									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26 Pasteurized foods used; prohibited foods not offered				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Hands clean and properly washed				<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 checked="" type="checkbox"/>	<input checked="" 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"/>
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"/>	29 Compliance with variance/specialized process/ROP criteria/HACCP Plan				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>GOOD RETAIL PRACTICES</b>						
10 Adequate handwashing sinks, properly supplied/accessible				<b>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</b>									
<b>Approved Source</b>				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Safe Food and Water</b>						
11 Food obtained from approved source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 Pasteurized eggs used where required				<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"/>	31 Water and ice from approved source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Food received at proper temperature				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32 Variance obtained for specialized processing methods				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control				<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	34 Plant food properly cooked for hot holding				<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"/>	35 Approved thawing methods used				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>				<b>Utensils and Equipment</b>									
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation				<b>Proper Use of Utensils</b>									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43 In-use utensils: properly stored				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46 Gloves used properly				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50 Hot and cold water available; adequate pressure				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52 Sewage and waste water properly disposed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53 Toilet facilities: properly constructed, supplied, & clean				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54 Garbage and refuse properly disposed; facilities maintained				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56 Adequate ventilation and lighting; designated areas used				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) <u>Karla S Flores</u> Date <u>12/16/24</u> Person in Charge (Printed) <u>Karla S. Flores</u> Inspector (Signature) <u>Kate Lynn Person</u> Date <u>12/16/24</u> Inspector (Printed) <u>Kate Lynn Person</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Violations documented</th> <th style="width:25%;">Date corrections due</th> <th style="width:25%;">#</th> </tr> <tr> <td>Priority Item Violations</td> <td></td> <td>1</td> </tr> <tr> <td>Priority Foundation Item Violations</td> <td><u>12/26/24</u></td> <td>5</td> </tr> <tr> <td>Core Item Violations</td> <td><u>3/16/24</u></td> <td>3</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>4</td> </tr> <tr> <td colspan="3">Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/></td> </tr> </table>	Violations documented	Date corrections due	#	Priority Item Violations		1	Priority Foundation Item Violations	<u>12/26/24</u>	5	Core Item Violations	<u>3/16/24</u>	3	Risk Factor/Public Health Intervention Violations		1	Repeat Risk Factor/Public Health Intervention Violations		1	Good Retail Practices Violations		4	Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		
Violations documented	Date corrections due	#																							
Priority Item Violations		1																							
Priority Foundation Item Violations	<u>12/26/24</u>	5																							
Core Item Violations	<u>3/16/24</u>	3																							
Risk Factor/Public Health Intervention Violations		1																							
Repeat Risk Factor/Public Health Intervention Violations		1																							
Good Retail Practices Violations		4																							
Requires Reinspection - check box if you intend to reinspect <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 12/16/24

Establishment Sweet Water Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
reach in cooler				handsink	120 F
chicken salad	40 F			3-bay hot	115 F
yogurt	36 F			3-bay quat	200 ppm
Salad bar					
shrimp	46				
tomatoes	38				
shredded cheese	40				

### OBSERVATIONS AND CORRECTIVE ACTIONS


Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	manager, carla, arrived after being called in. CFPM
51C	3-bay faucet leaking
10PF	no soap at handsink in back - (COS)
10PF	no paper towels at handsink in front - (COS)
1PF/2C	no CFPM on site, no one knowledgeable.
15C	frozen fruit in reach in cooler not protected - (COS)
37C	unlabeled squeeze bottles throughout - (COS)
16PF	interior of microwave unclean (COS) keeping outside
16PF/4H	interior of ice machine unclean, ice scoop buried
15C	rolls stored in plastic bag - not food grade (COS)
55C	holes in FRP by back prep table and behind 3-bay.
8P	no handwashing observed. no soap to wash properly
*	A CFPM must be on site during all operating hours. sign up more employees to take manager course to cover all shifts within 30 days. (1/16/24)
*	Test strips available - Thermometer available
*	Discussed proper date marking w/ PIC. Any ready to eat, TCS foods must be date-marked for 7 days.
*	Allergen poster observed.
*	Discussed preparation of salmon w/ PIC, cooked to order
*	Discussed employee designated area
*	Discussed proper use for single-use items
*	Clara, manager, on site

Person in Charge (Signature) Karla S. Fleus

Date 12/16/24

Inspector (Signature) Natalyn Person

Date 12/16/24

Risk Category: <u>2</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>12/4/24</u>	Time In <u>2:00</u> AM/PM Time Out <u>3:30</u> AM/PM
Establishment <u>Taco Bell</u>	 <p>Connecticut Department of Public Health</p>	LHD <u>Manchester</u>
Address <u>1524 Pleasant Valley Rd</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Town/City <u>Manchester</u>		Reinspection _____ Other _____
Permit Holder <u>Rosa Colon</u>		

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

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

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

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

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	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: 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"/>	18 Time/Temperature Control for Safety: 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/Pf/C	<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"/>	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"/>
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 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"/>
6 Good Hygienic Practices: Proper eating, tasting, drinking, or tobacco products use				21 Proper hot holding temperatures									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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				22 Proper cold 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/Pf	<input type="checkbox"/>	<input type="checkbox"/>
8 Preventing Contamination by Hands: Hands clean and properly washed				23 Proper date marking and disposition									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<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"/>
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				24 Time as a public health control: procedures and records									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25 Consumer Advisory: Consumer advisory provided: raw/undercooked food						
10 Adequate handwashing sinks, properly supplied/accessible				26 Highly Susceptible Population: Pasteurized foods used; prohibited foods not offered									
<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"/>
11 Approved Source: Food obtained from approved source				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/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"/>
12 Food received at proper temperature				28 Toxic substances properly identified, stored & used									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
13 Food in good condition, safe, and unadulterated				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"/>
14 Required records available: molluscan shellfish identification, parasite destruction													

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input 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					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Food Temperature Control: Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47 Utensils and Equipment: Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Plant food properly cooked for hot holding				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Approved thawing methods used				49 Non-food contact surfaces clean					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50 Physical Facilities: Hot and cold water available; adequate pressure			
36 Thermometers provided and accurate				51 Plumbing installed; proper backflow devices					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Food Identification: Food properly labeled; original container				52 Sewage and waste water properly disposed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Prevention of Food Contamination: Insects, rodents, and animals not present				53 Toilet facilities: properly constructed, supplied, & clean					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 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) Rosa Colon Date 12/4/24

Person in Charge (Printed) Rosa Colon

Inspector (Signature) Jose Ramirez Date 12/4/24

Inspector (Printed) Jose Ramirez

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>12-4-24</u>	1
Core Item Violations	<u>3-4-25</u>	4
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		4
Requires Reinspection - check box if you intend to reinspect		

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



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>12/16/24</b>
Establishment <b>Teriyaki Madness</b>		Time In <b>10:15</b> AM/PM Time Out <b>11:15</b> AM/PM
Address <b>172 Deming St. Unit D</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Ken S. / CFPM - Yvonne</b>		Reinspection Other _____
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	<b>Supervision</b>	V COS R
1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/> <input type="checkbox"/>
2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/> <input type="checkbox"/>
<b>Employee Health</b>		
3 <input checked="" type="checkbox"/> <input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf <input type="checkbox"/> <input type="checkbox"/>
4 <input checked="" type="checkbox"/> <input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/> <input type="checkbox"/>
5 <input checked="" type="checkbox"/> <input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf <input type="checkbox"/> <input type="checkbox"/>
<b>Good Hygienic Practices</b>		
6 <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/> <input type="checkbox"/>
7 <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> No discharge from eyes, nose, and mouth	C <input type="checkbox"/> <input type="checkbox"/>
<b>Preventing Contamination by Hands</b>		
8 <input checked="" type="checkbox"/> <input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/> <input type="checkbox"/>
9 <input checked="" type="checkbox"/> <input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
10 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C <input type="checkbox"/> <input type="checkbox"/>
<b>Approved Source</b>		
11 <input checked="" type="checkbox"/> <input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
12 <input checked="" type="checkbox"/> <input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/> <input type="checkbox"/>
13 <input checked="" type="checkbox"/> <input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/> <input type="checkbox"/>
14 <input type="checkbox"/> <input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A N/O	<b>Safe Food and Water</b>	V COS R
30 <input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/> <input type="checkbox"/>
31 <input type="checkbox"/>	Water and ice from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
32 <input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/> <input type="checkbox"/>
<b>Food Temperature Control</b>		
33 <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/> <input type="checkbox"/>
34 <input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/> <input type="checkbox"/>
35 <input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/> <input type="checkbox"/>
36 <input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/> <input type="checkbox"/>
<b>Food Identification</b>		
37 <input checked="" type="checkbox"/>	Food properly labeled; original container	P/C <input checked="" type="checkbox"/>
<b>Prevention of Food Contamination</b>		
38 <input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/> <input type="checkbox"/>
39 <input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
40 <input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/> <input type="checkbox"/>
41 <input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/> <input type="checkbox"/>
42 <input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>[Signature]</i>		Date <b>12/16/24</b>
Person in Charge (Printed) <b>Yvonne Robles</b>		
Inspector (Signature) <i>[Signature]</i>		Date <b>12/16/24</b>
Inspector (Printed) <b>Lauren Grandy</b>		
<b>Violations documented</b>		
	<b>Date corrections due</b>	<b>#</b>
Priority Item Violations		-
Priority Foundation Item Violations	<b>12/26/24</b>	<b>1</b>
Core Item Violations	<b>3/16/25</b>	<b>5</b>
Risk Factor/Public Health Intervention Violations		<b>1</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>5</b>
Requires Reinspection - check box if you intend to reinspect		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		





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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 12/19/24

Establishment The Hollow Time In 1130 AM/PM Time Out \_\_\_\_\_ AM/PM

Address 305 S 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	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
<b>Supervision</b>														
1				Pf			15				P	C		
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected							
2				C			16				P/Pf/C			
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized							
<b>Employee Health</b>														
3				P/Pf			17				P			
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food							
4				P			<b>Time/Temperature Control for Safety</b>							
Proper use of restriction and exclusion							18				P/Pf/C			
5				Pf			Proper cooking time and temperatures							
Written procedures for responding to vomiting and diarrheal events							19				P			
<b>Good Hygienic Practices</b>														
6				P/C			Proper reheating procedures for hot holding							
Proper eating, tasting, drinking, or tobacco products use							20				P			
7				C			Proper cooling time and temperatures							
No discharge from eyes, nose, and mouth							21				P			
<b>Preventing Contamination by Hands</b>														
8				P/Pf			Proper hot holding temperatures							
Hands clean and properly washed							22				P			
9				P/Pf/C			Proper cold holding temperatures							
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							23				P/Pf			
10				Pf/C			Proper date marking and disposition							
Adequate handwashing sinks, properly supplied/accessible							24				P/Pf/C			
<b>Approved Source</b>														
Food obtained from approved source							Time as a public health control: procedures and records							
11				P/Pf/C			<b>Consumer Advisory</b>							
Food received at proper temperature							25				Pf			
12				P/Pf			Consumer advisory provided: raw/undercooked food							
Food in good condition, safe, and unadulterated							<b>Highly Susceptible Population</b>							
13				P/Pf			26				P/C			
Required records available: molluscan shellfish identification, parasite destruction							Pasteurized foods used; prohibited foods not offered							
<b>GOOD RETAIL PRACTICES</b>														
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.														
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
OUT/N/A/N/O	V	COS	R	OUT	V	COS	R							
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>										
30				P										
Pasteurized eggs used where required				In-use utensils: properly stored										
31				P/Pf/C										
Water and ice from approved source				Utensils/equipment/linens: properly stored, dried, & handled										
32				Pf										
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used										
<b>Food Temperature Control</b>														
33				Pf/C										
Proper cooling methods used; adequate equipment for temperature control				Gloves used properly										
34				Pf										
Plant food properly cooked for hot holding				<b>Utensils and Equipment</b>										
35				Pf/C										
Approved thawing methods used				Food and non-food contact surfaces cleanable, properly designed, constructed, and used										
36				Pf/C										
Thermometers provided and accurate				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available										
<b>Food Identification</b>														
37				P/C										
Food properly labeled; original container				Non-food contact surfaces clean										
<b>Prevention of Food Contamination</b>														
38				Pf/C										
Insects, rodents, and animals not present				<b>Physical Facilities</b>										
39				P/Pf/C										
Contamination prevented during food preparation, storage & display				Hot and cold water available; adequate pressure										
40				Pf/C										
Personal cleanliness				Plumbing installed; proper backflow devices										
41				C										
Wiping cloths: properly used and stored				Sewage and waste water properly disposed										
42				P/Pf/C										
Washing fruits and vegetables				Toilet facilities: properly constructed, supplied, & clean										
Permit Holder shall notify customers that a copy of the most recent inspection report is available.														
Person in Charge (Signature) <u>TJ Stiglian</u> Date <u>12-18-24</u>				Violations documented				Date corrections due				#		
Person in Charge (Printed) <u>Todd Stigliano</u>				Priority Item Violations				<u>3 days</u>				<u>2</u>		
Inspector (Signature) <u>Denise Payne</u> Date <u>12/19/25</u>				Priority Foundation Item Violations				<u>10 days</u>				<u>5</u>		
Inspector (Printed) <u>Denise Payne</u>				Core Item Violations				<u>90 days</u>				<u>6</u>		
				Risk Factor/Public Health Intervention Violations								<u>2</u>		
				Repeat Risk Factor/Public Health Intervention Violations										
				Good Retail Practices Violations								<u>4</u>		
				Requires Reinspection - check box if you intend to reinspect										

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/19/24

Establishment The Hollow

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Wings	38F	Chili	40F	Quatspray bottle	200ppm
Butter	39F	Slaw	39F		
Cheese	40F	Tomato	38F	Ecolab sanit. ✓	
Butter	40F	Steamed Tomato	41F	Hot Water	115F*
Chicken	40F	Chili	152F		
Wings	36F	Vodka Sauce	167F		
Hamburger	34F				

### 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
	CFCM ✓
3a	Thermometers Calibrated this day - Kitchen therm High
22P	Pasta at 46-49°F from 12/18/24 Discarded
51C	Prep sink drain leaking
37C	Multiple containers (salt, sugar, oils; Red liquid) Not labeled
47C	Multiple single scoops w/out handles used as scoops
49C	Can opener with unclear.
over	
49c	Window Screens unclear (windows open)
47c	Gaskets torn
15p	Multiple items stored jumbled in R/cooler & freezers

Note: Mussels - tags properly stored

Kitchen Generally Clean.

Response - Retrain staff on cooling & monitoring temps.  
 - Retrain staff on hierarchy of storing raw/RTE items  
 Notify Health Dept of training within 3 days.

Person in Charge (Signature) D. Payne      dpayne@manchestertown.gov      Date 12-18-24  
 Inspector (Signature) Debra Payne      Date 12/18/24



Manchester Health Department  
479 Main Street  
Manchester, CT 06040

Establishment: <i>The Hollow</i>	Date of Inspection: <i>12/19/24</i>
Note	<p><i>Family Restroom - Paper towel dispenser required if keeping paper towels - Air dryer is compliant</i></p> <p><i>Doors automatic closer arm missing</i></p> <p><i>Ice machines clean - slight bld-up on upstairs unit</i></p> <p><i>Discharge pipes next to fog unit upstairs unclear</i></p> <p><i>Reviewed filter storage, ice bath setup</i></p> <p><i>Reviewed date marking process - ie Chili labeled 12/12/24 -&gt; Discard date?</i></p> <p><i>Small freezer chest in dry storage NOT commercial Not approved.</i></p> <p><i>Walls in dry storage unclear/damaged. Create a repair for drywall - FRP.</i></p>
Initial (Inspector) <i>D Payne</i>	Initial (Person in Charge) <i>J Stylian</i>

## Denise Payne

---

**From:** Todd Stigliano <todd@thehollowatmcc.com>  
**Sent:** Thursday, December 26, 2024 9:56 AM  
**To:** Denise Payne  
**Subject:** Hollow

### **EXTERNAL MESSAGE - Think Before You Click!**

Denise,

Good morning and Merry Christmas! I hope that you enjoyed the time with family/friends as well as the food!

I wanted to let you know that our head Chef Luca Avanzo and our Sous Chef Mike Piscatelli reviewed both of the items you requested after our last inspection.

- 1) They discussed with both the banquet cooks and the Hollow line cooks the proper procedures for cooling items properly using the correct methods and in the correct amount of time.
- 2) Moreover they discussed with the entire kitchen staff the process of storing raw items versus ready to eat items. This was pointed out for refrigerated areas in the kitchen, the walk-in coolers, and the freezers.

Todd Stigliano  
The Hollow at Manchester Country Club  
Director of Business Operations  
Cell: 860-280-5849  
Office: 860-646-0104

## Denise Payne

---

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**Sent:** Thursday, December 26, 2024 9:56 AM  
**To:** Denise Payne  
**Subject:** Hollow

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I wanted to let you know that our head Chef Luca Avanzo and our Sous Chef Mike Piscatelli reviewed both of the items you requested after our last inspection.

- 1) They discussed with both the banquet cooks and the Hollow line cooks the proper procedures for cooling items properly using the correct methods and in the correct amount of time.
- 2) Moreover they discussed with the entire kitchen staff the process of storing raw items versus ready to eat items. This was pointed out for refrigerated areas in the kitchen, the walk-in coolers, and the freezers.

Todd Stigliano  
The Hollow at Manchester Country Club  
Director of Business Operations  
Cell: 860-280-5849  
Office: 860-646-0104

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <b>12/3/24</b>	
Establishment <b>Trattoria Toscano</b>	Time In <b>4:00</b> AM/PM Time Out <b>6:00</b> AM/PM	
Address <b>706 Hartford Rd.</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Cameron Clayton</b>	Reinspection Other	



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

# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 12/13/24

Establishment Trattoria Toscano Town manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep units		reheating meatballs	165 F	handsink	120 F
sliced tomato	38 F	↳ hot hold	142 F	dishmachine	>160 F
calamari	37 F	potatoes	154 F	WIC malt balls	42 F
shredded cheese	46 F	cooked pasta	41 F		
raw chicken	39 F	WIC prepped mozz	38 F		
salmon	40 F	rodka sauce	46 F		
cod	41 F	WIC prep - onions	41 F		
shrimp	38 F	cheese	41 F		



## OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Description
	Cameron CFM on site and Luke
	<u>Main Kitchen</u>
10PF	hard boiled eggs cooling in handsink
45C	single use containers used as scoop
37C	unlabeled squeeze bottles on cookline
44C	pots on floor under handsink
47C	aluminum foil used as shelf liner under stove
56C	hood on cookline unclean. Due in February.
55C	stainless steel wall behind grill separating from wall
10PF	handsink by mop sink used as dump sink
56C	employee sweatshirt on storage shelves w/ to-go boxes (COS)
49C	wall in warewash area unclean
28P	sanitizer in 3-bay 7500 ppm. Remade to 400 ppm, Monitor!
52C	standing water in WIC cooler on <del>prep</del> cookline
48C	dishmachine leaking - work order in place
49C	shelving throughout unclean, including WIC. ↳ if uncleanable start to phase in new ones
	<u>Prep Kitchen</u>
10PF/47	ice machine interior unclean and white shield damaged
47C	lower shelf of prep table w/ cutting boards uncleanable
49C	flour bins exterior unclean. Keep scoops out of product
44C	

Person in Charge (Signature)	Date <u>12/13/24</u>
Inspector (Signature)	Date <u>12/13/24</u>

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/3/24

Establishment Trattoria Toscano Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
(A large blue scribble is present across this table area)					


### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	<u>Bar</u>
45C	hollow straws un protected
	<u>Bathroom</u>
10c	womens bathroom needs handwashing sign
	Discussed proper cooling parameters. 135-70 in 2 hrs 70-41 in 4hrs
	Discussed shellfish tag records. keep tags w/ working batch then save in chronological order for 90 days.
	Discussed reheating procedures. Reheat on stove to 165F then hot hold @ 135°F
	Relocate mixer in prep kitchen to be in actual FRP or equivalent area.
	monitor temps in WIC in prep kitchen. @ 41°F now
	Discussed defrost cycles on Reach-In Freezers ↳ If ice build up is reoccurring have it serviced.
	Date marking observed! All ready-to-eat TCS food must be labeled for 7 days.
	No ill food workers. Discussed employee reporting Test strips + thermometer available.

Person in Charge (Signature)	Date <u>12/3/24</u>
Inspector (Signature) <u>Katelyn Person</u>	Date <u>12/3/24</u>



Risk Category: <b>4</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>12/3/24</b>
Establishment <b>Wee Care</b>		Time In <b>12:00</b> AM/PM Time Out <b>1:00</b> AM/PM
Address <b>726 N. Main St</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder _____		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item	PF=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			COS=corrected on-site during inspection	R=repeat violation					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
				<b>Supervision</b>									
								<b>Protection from Contamination</b>					
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
								16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<b>Employee Health</b>									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
								19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
								20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
								21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
								22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
								24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
				<b>Good Hygienic Practices</b>									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>Time/Temperature Control for Safety</b>						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
								<b>Consumer Advisory</b>					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>Highly Susceptible Population</b>						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
								<b>Food/Color Additives and Toxic Substances</b>					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
								28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								<b>Conformance with Approved Procedures</b>					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										

GOOD RETAIL PRACTICES													
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
				<b>Safe Food and Water</b>									
30	<input type="checkbox"/>	<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"/>			44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				<b>Food Temperature Control</b>									
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<b>Utensils and Equipment</b>							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				<b>Food Identification</b>									
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				<b>Prevention of Food Contamination</b>									
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<b>Physical Facilities</b>							
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			53	<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) _____						Violations documented			Date corrections due			#	
Person in Charge (Printed) _____						Priority Item Violations			COS			1	
Inspector (Signature) _____						Priority Foundation Item Violations						1	
Inspector (Printed) <b>Katelynn Person</b>						Core Item Violations						1	
Date <b>12/3/24</b>						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						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.

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/3/24

Establishment Wee Care Day Care Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
1% milk	41°F			handsink	85°F
				bathroom not	85°F

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	CFPM - Mrs. Bert
	no meals prepared in kitchen. All meals brought in from families. Ice packs utilized in lunch boxes.
	Friggs + Brown pest control comes routinely, no issues
	Heat strips for dishwasher available. Test strips / them ✓
	only disposable utensils used, stored properly!
16PF	interior of microwave unclean. (COS) cleaned immediately
	Overall very clean and organized
	Selling soon per Mrs. Bert.

Person in Charge (Signature)		Date <u>12/3/24</u>
Inspector (Signature)		Date <u>12/3/24</u>

Risk Category: <b>1</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>12/3/24</b>
Establishment <b>West Hill Gardens</b>		Time In <b>10</b> AM/PM Time Out <b>11</b> AM/PM
Address <b>10 Ada Lane</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Kamal - Wayne (CFPM)</b>		Reinspection Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Employee Health</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Good Hygienic Practices</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No 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"/>	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"/>	<b>Preventing Contamination by Hands</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Population</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Approved Source</b>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Conformance with Approved Procedures</b>			
<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"/>	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"/>	<b>Food Temperature Control</b>				<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>				<input type="checkbox"/>	<b>Physical Facilities</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>				<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Permit Holder shall notify customers that a copy of the most recent inspection report is available.</b>				<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f				

Person in Charge (Signature) <i>Kamal Wayne</i> Date <b>12/3/24</b>	
Person in Charge (Printed) _____	
Inspector (Signature) <i>Lauren Grandy</i> Date <b>12/3/24</b>	
Inspector (Printed) <b>Lauren Grandy</b>	

Violations documented	Date corrections due	#
Priority Item Violations		-
Priority Foundation Item Violations	<b>12/13/24</b>	1
Core Item Violations	<b>3/3/25</b>	1
Risk Factor/Public Health Intervention Violations		1
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

LHD Manchester

Inspection Report Continuation Sheet

Date 12/3/2024

Establishment West Hill Gardens

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door cold prep				prep sink	119F
cheese	41F			hot water sink	122F
butter	41F				
1 door cold prep	0F			sanitizer	200 ppm
hard boiled egg	210F				
↳ internal					

### 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
	CFPM: Wayne on site
1b PF	interior 1 door freezer unclean
note	vfd nit available
note	Test strips / Thermometer available
49c	bucket w/ oils not clean under prep table
note	prepping only at time of visit
note	very clean + organized
note	good organization of equipment / utensils



Person in Charge (Signature)		Date	12/3/24
Inspector (Signature)		Date	12/3/2024

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

**Establishment type:** Permanent Temporary Mobile Other \_\_\_\_\_ **Date:** 12/10/24

**Establishment:** Z Mart **Time In:** 10:30 AM/PM **Time Out:** 11 AM AM/PM

**Address:** 286 W. Middle Tpke **LHD:** Manchester

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

**Permit Holder:** PIC - Vibul **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 checked="" type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected						
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						
<b>Employee Health</b>							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							<b>Time/Temperature Control for Safety</b>						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	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						
<b>Good Hygienic Practices</b>							Proper cooling time and temperatures						
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Proper hot holding temperatures						
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth							Proper cold holding temperatures						
<b>Preventing Contamination by Hands</b>							Proper date marking and disposition						
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							Time as a public health control: procedures and records						
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<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							<b>Consumer Advisory</b>						
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible							Consumer advisory provided: raw/undercooked food						
<b>Approved Source</b>							<b>Highly Susceptible Population</b>						
11	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Pasteurized foods used; prohibited foods not offered						
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							<b>Food/Color Additives and Toxic Substances</b>						
13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
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						
<b>GOOD RETAIL PRACTICES</b>							<b>Conformance with Approved Procedures</b>						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							Compliance with variance/specialized process/ROP criteria/HACCP Plan						
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation							Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation						

Safe Food and Water				Proper Use of Utensils									
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pasteurized eggs used where required							In-use utensils: properly stored						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled						
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used						
<b>Food Temperature Control</b>							Gloves used properly						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control							<b>Utensils and Equipment</b>						
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Plant food properly cooked for hot holding							Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Approved thawing methods used							Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Thermometers provided and accurate							Non-food contact surfaces clean						
<b>Food Identification</b>							<b>Physical Facilities</b>						
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>				
Food properly labeled; original container							Hot and cold water available; adequate pressure						
<b>Prevention of Food Contamination</b>							Plumbing installed; proper backflow devices						
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"/>				
Insects, rodents, and animals not present							Sewage and waste water properly disposed						
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>				
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"/>				
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"/>				
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 checked="" 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) V. Patel Date 12/10/24

Person in Charge (Printed) V. Patel

Inspector (Signature) R. Brandy Date 12/10/24

Inspector (Printed) Lauren Brandy

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	12/17/24	4
Core Item Violations	3/10/24	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"/>

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or 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 12/10/24

Establishment Z-Mart

Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk in dairy dispenser	41F			handsink - Front	109F
WIC	38F			handsink - back	110F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this 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	just coffee at time of visit - no other slushies
note	remove pre-packaged refrigeration cooler
* 10 pF	no paper towels in back room by handsink
55c	excess clutter in employee room - blocking back entrance
* 48 pF	sanitizer pump at 3 bay not working correctly. - owner to go purchase bleach epa registered - health dept provided test strips for a few days.
* 48 pF	no test strips available
47c	bare wood exposed at 3 bays sink wall
49c	gaskets of blue bunny ice cream case not clean
* 39 pF	lahabra container stored in wic - to be removed
* 3b pF	no thermometer / alcohol wipes available
	due to no sanitizer/thermometers discussed with person in charge no coffee to be sold to public. Reach out to Health Dept when purchased + will follow up with reinspection. until reinspection no coffee to be sold.
	lgrandy@manchesterct.gov
	860-647-3173
	Reinspection: Monday 12/16/24 - for all violations

Person in Charge (Signature) <u>U. Peley</u>	Date <u>12/10/2024</u>
Inspector (Signature) <u>L. Grandy</u>	Date <u>12/10/24</u>



**Manchester Health Department**

479 Main Street

Manchester, CT 06040

Construction Final

Establishment: Pasha	Date of Inspection: 12/26/24
	Tea/Coffee Counter
	soap dispenser to be installed - Falvey
	hot/cold water lines to hand sink up front to be
	enclosed
	add escutcheons / coverings to plumbing in tea/coffee
	counter
	handwashing signage at all hand sinks required
	finish underside of tea/coffee counter
	add trim to FRP by counter
	add FRP or seal bare wood by display case
	Wash room/dish wash area
	add escutcheons to plumbing / cover water lines
	↳ LG to send example
	Service One to provide sanitizer
	seal wall/ceiling juncture
	FRP walkthru from warewash to kitchen
	fill holes/gap in FRP in kitchen
	Kitchen
	Wall by ice machine needs to be finished
	Small floor mixer to be removed
	Trim @ pizza table wall on FRP
	All exterior clutter to be removed
	Trash + oil receptacles to be ordered
Initial (Inspector) LG	Initial (Person in Charge) JSA



## Manchester Health Department

479 Main Street

Manchester, CT 06040

Construction Final

Establishment:	Pasha	Date of Inspection:	12/26/24
	Kitchen		
	gaskets and interior of all coolers to be cleaned		
	Remove all plastic wrap on new equipment		
	all wooden "cutting" boards to be removed		
	All latex gloves to be removed per CT General Statutes. Not allowed in Food Service		
	V/D Kit / supplies with procedures needed		
	Bathroom		
	small core base needed between doors in Womens		
	employee storage in office/lockers		
	Building + Fire to be out on Monday - reach out to health once approved - okay if building / Fire okay to order food product / training.		
	Food service license Fee - \$250.00 required prior to pre-operation / Food service license to be issued		
	Employee training sheets to be emailed + FDA handout		
	Thermometers available. Chlorine test strips ✓		
	Pest control 1x month - Yale pest elimination (Ansonia)		
	sanitizer to be installed - service one.		
Initial (Inspector)	L.G.	Initial (Person in Charge)	TEA



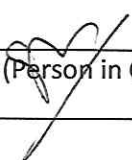


## Manchester Health Department

479 Main Street


Manchester, CT 06040

★ Fire call

Establishment:	Date of Inspection:
Peppers indian cuisine	12/30/2024
<ul style="list-style-type: none"> <li>- Health Dept called by Fire Marshall at 10 AM about ansui system going off / Fire alarm at peppers</li> <li>- Ansui system went off</li> <li>- All to go containers, spices, condiments, opened food product to be discarded</li> <li>- Exterior of all cookline equipment to be cleaned</li> <li>- Floors/walls/ceiling all to be cleaned prior to open</li> <li>- professional hood company to come out to clean + recharged system - William Hood - Exhaust cleaning services to be contacted this day</li> <li>- Fryer to be emptied + wash rinse sanitized prior to refilling with oil</li> <li>- all refrigeration/cold prep to be w/r/s</li> <li>- Building Dept tagged electrical for hood system - must be repaired/approved by building dept prior to re-opening</li> <li>- peppers to remain closed until <del>the</del> electrical repairs fixed, all cookline equipment to be w/r/s prior to re-opening. Health Dept to reinspection prior to re-opening. contact health dept to schedule reinspection at 860-647-3173.</li> </ul>	
Initial (Inspector)	Initial (Person in Charge)
L.G.	




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

Establishment: peppers indian cuisine	Date of Inspection: 12/30/2024
<ul style="list-style-type: none"> <li>- stove, Fryer, Tandoor, cook top all to be cleaned</li> <li>- All cutting boards to be cleaned</li> <li>- exterior of microwave to be cleaned</li> <li>- cockroach observed on cutting board of blue air refrigeration - person in charge to contact pest control this day. All exposed food disposed of on refrigeration.</li> <li>- sides / gaskets of refrigeration to be cleaned</li> <li>- all utensils by ware wash to be w/R/S</li> <li>- pest control to come out prior to opening.</li> <li>- Building to tag front of door</li> </ul>	
peppers to remain closed. Health / building / Fire must all be contacted prior to re-opening for inspections.	
- copies of reports required for electrical, pest control, to be provided.	
Initial (Inspector) L.G.	Initial (Person in Charge) 



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

Establishment: Peppers Indian Cuisine	Date of Inspection: 12-31-24
	Shafat Munukuntla - owner on site
	Cookline + Counters / surface clean No spices or pan out. Fryer drained & clean
CM	All product on Cold prep topline discarded this day - w/r/s all containers Clean interior surfaces / lids of cold prep.
	Pest Control report received - LG to review
	DP spoke with Seth E. w/ bldg Bldg + Fire are okay
	OK to re-open
Initial (Inspector) D Payne	Initial (Person in Charge) 

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>12/5/24</b>	Time In <b>12:00 AM/PM</b> Time Out <b>1:30 AM/PM</b>
Establishment <b>Artisanal Burger Company</b>	 <p>Connecticut Department of Public Health</p>	LHD <b>Manchester</b>
Address <b>1436 Pleasant Valley Rd.</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Town/City <b>Manchester</b>		Reinspection Other <b>Reinspection 12/16/24</b>
Permit Holder _____	<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>	
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
<b>Supervision</b>	<b>Protection from Contamination</b>	<b>Time/Temperature Control for Safety</b>
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Employee Health</b>		
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures P <input type="checkbox"/> 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Good Hygienic Practices</b>		
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Consumer Advisory</b>	
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
<b>Preventing Contamination by Hands</b>		
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed P/Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Highly Susceptible Population</b>	
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	26 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
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 P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>	
<b>Approved Source</b>		
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
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"/>	<b>Conformance with Approved Procedures</b>	
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
<b>GOOD RETAIL PRACTICES</b>		
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
<b>Safe Food and Water</b>	<b>Proper Use of Utensils</b>	<b>Utensils and Equipment</b>
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required P <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	44 <input 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/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	45 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>
<b>Food Temperature Control</b>		
33 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<b>Physical Facilities</b>	
34 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	50 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure Pf <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
35 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	51 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
36 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	52 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
<b>Food Identification</b>		
37 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container P/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	53 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
<b>Prevention of Food Contamination</b>		
38 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	54 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
39 <input checked="" type="checkbox"/> IN <input 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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
40 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	56 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	
41 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>	<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f	
42 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables P/Pf/C <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/>		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <i>JL</i> Date <b>12/5/24</b>	<b>Violations documented</b>	
Person in Charge (Printed) <b>Jordan Krizenosky</b>	<b>Date corrections due</b>	
Inspector (Signature) <i>Katelynn Person</i> Date <b>12/5/24</b>	Priority Item Violations <b>12/8/24</b>	# <b>3</b>
Inspector (Printed) <b>Katelynn Person</b>	Priority Foundation Item Violations <b>12/15/24</b>	# <b>3</b>
	Core Item Violations <b>3/5/25</b>	# <b>14</b>
	Risk Factor/Public Health Intervention Violations	# <b>5</b>
	Repeat Risk Factor/Public Health Intervention Violations	# <b>0</b>
	Good Retail Practices Violations	# <b>15</b>
	Requires Reinspection - check box if you intend to reinspect	<input checked="" type="checkbox"/>
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or 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 12/5/24

Establishment Artisonal Burger Compagny Manchester *Reinspection 12/16/24*

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline pico	39	hot hold soup	147	handsink	96 F
cheese	40	butter	168	quat bucket	400ppm
shrimp	38	WIC raw burger	39	dishmachine	7160 F
rice	40	raw chicken	39		
burger	38	sliced cheese	39	turkey burger	40
sausage	40	cooked wings	38	roast beef	41
tomatoes	40				
server fridge milk	37	hot hold marinara	135		



### 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

- ✓ CFPM ~~Attn~~ on site Jordan
- ✓ 47C under grill / flat top coolers ambient too high. Move all TCS foods to other cold units until unit is serviced and holding at 41 or below.
- ✓ 47C gaskets damaged on cold prep unit at start of cookline *gasket ordered*
- ✓ 10PF interior of handsink by fryer unclean. Not for dumping floor underneath 3-bay prep sink unclean + Soda Syrups
- ✓ 16PF interior of ice machine unclean *needs to be cleaned this day.*
- ✓ 37C unlabeled squeeze bottles throughout
- ✓ 49C ceiling unclean on cookline *vents unclean throughout*
- ✓ 49C gasket on WIC unclean
- ✓ 49C shelving in WIC very unclean *to be done w/ gasket company*
- ✓ 49C/47C piping in WIC unclean / uncleanable - need rewapping *need to cover fries / cooling foods in meat air*
- ✓ 49/39C WIF floor unclean. ✓ WIC shelving not 6" off floor *course sheet*
- ✓ 49C dry storage shelving (green) unclean
- ✓ 13P dented can of cream of coconut on shelving - cos  
↳ voluntarily discarded - designated area to be made *per Jordan.*
- ✓ 55C wet mop not hung to dry
- ✓ 39P re-use of seafood container for desserts. Not approved  
↳ allergen contamination possible. Not reuseable

NOTE Discussed dented can policy. create designated area

Person in Charge (Signature) [Signature] Date 12/5/24  
 Inspector (Signature) [Signature] Date 12/5/24

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/5/24  
 Establishment ABC Town Manchester Reinspection 12/16/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
bar - creamer	38 F			bar quat bucket	200ppm
				bar dishwasher	
				chlorine	100ppm
				custome bathroom	96 F

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
44C ✓ 16PF	plates by coffee machine not protected. - covering w/ napkin soda nozzle and nozzle holder at bar unclean
✓ 19P	Discussed reheating procedure. PIC stated reheats to 145 then hot holds. Corrected by reheating marinara on stove again to 165 since w/ in 2 hours. Once @ 165 F hot hot @ 135 F
	Test strips and thermometer available
	Discussed more deep cleaning required. General cleanliness good. Address hard to reach places more frequently.

Person in Charge (Signature) [Signature] Date 12/5/24  
 Inspector (Signature) Kathlyn Person Date 12/5/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>11/19/24</b>
Establishment <b>Crab Catcher</b>		Time In <b>1:30 AM/PM</b> Time Out <b>3:00 AM/PM</b>
Address <b>410 Middle Pike West</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Jeff Chen</b>		Reinspection Other _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.														
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed														
P=Priority item PF=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
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"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/P/C	<input type="checkbox"/>	<input type="checkbox"/>	
	<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"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Health				Good Hygienic Practices				Consumer Advisory						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/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"/>	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
Approved Source				Preventing Contamination by Hands				Highly Susceptible Population						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
GOOD RETAIL PRACTICES				Food Temperature Control				Food/Color Additives and Toxic Substances						
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"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Food Identification				Physical Facilities				Violations documented						
37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	11/22/24	1
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations	11/29/24	8
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations	2/19/25	10
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations		7
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations		
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices Violations		12
Permit Holder shall notify customers that a copy of the most recent inspection report is available.														
Person in Charge (Signature) _____ Date <b>11/19/24</b>						Violations documented								
Person in Charge (Printed) <b>Xiangbin Chen</b>						Date corrections due								
Inspector (Signature) <b>Katelyn Person</b> Date <b>11/19/24</b>						#								
Inspector (Printed) <b>Katelyn Person</b>						Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>								

Reinspection 12/4/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 11/19/24

Establishment Crab Catcher

Town Manchester

Reinspection 12/4/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cold Prep table		W/C Shrimp	36F	Hand Sink by warewash	122F
Shrimp	41F	Corn	41F	Chlorine Bucket	100ppm
Crab	41F	Potatoes	40F	Dish Machine chlorine	50ppm
lobster	41F	Crab legs	41F	3 bay sink	120F
Sausage	40F			customer bathroom	115F
Boiled egg	40F				
Hot Hold rice	140F				
W/F ambient	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.
2c	no CFPM on site. submit certificate to Health Dept.
✓ 50PF	No Hot water in employee Bathroom - (COS) 120°F
55C	Cove base missing behind W/C
✓ 16PF	interior of ice machine unclean
✓ 41C	Wet rag stored on prep table at cookline
16PF	interior of cold prep table unclean
49c	gaskets unclean throughout
49C	W/C Shelves unclean
47C	W/C gasket damaged
✓ 23PF	Containers of Food not properly datemarked throughout *
✓ 47c	Rice Bin damaged/melted - (COS) discarded new container
✓ 44PF	unclean veg. peeler stored w/ clean utensils above 3 bay (50)
✓ 16PF	Shelving & Food prep tables unclean throughout
✓ 52P	White PVC pipe in basement leaking oil/fat/grease. Pipe repaired w/ duct tape. emailed photos. renewed invoice
55C	excess clutter in basement, unused equipment on main Floor
49c	Floor under 3 bay & dish machine unclean - improvement
16PF	Bar Soda gun nozzle unclean (holder)
49c	Bar gaskets unclean
✓ 25PF	No consumer advisory present on current menu. KP to email.
Note	Braman Pest control monthly <span style="color: red;">added table tents!</span>
Note	Test strips & thermometer available

Person in Charge (Signature)

Date 11/19/24

Inspector (Signature) Natlynn Penna

Date 11/19/24



# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 11/19/24

Establishment Crab Catcher Town Manchester

Reinspection 12/4/24

### 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.
	Discussed w/ PIC general cleaning required. Increase frequency of deep cleaning.
	cold prep table ambient @ 41°F monitor temperatures.
	Discussed w/ PIC to not fill hot pans past fill line.
	Plumber called this day. Update Health Dept on repair in basement. Kperson@manchester.ct.gov
	Minimum temperature of 85°F required in employee bathrooms.
	No activity at time of visit.
	Discussed need of de-cluttering of all unused / broken equipment, throughout establishment including basement
	Raw-frozen oysters served. Tags reviewed and kept for 90 days.

Person in Charge (Signature)

Date 11/19/24

Inspector (Signature)

Date 11/19/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other	Date: <b>12/2/24</b>	
Establishment: <b>El Sol Deli</b>	Time In: <b>11:15</b> AM/PM	Time Out: <b>12:45</b> AM/PM
Address: <b>631 Main St</b>	LHD: <b>Manchester</b>	
Town/City: <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder: <b>Lizbeth - Janet CFPM on site</b>	Reinspection: <b>reinspection 12/5/24</b>	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"/>	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 obtained from approved source				Food additives: approved and properly used														
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input 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				Food received at proper temperature				Toxic substances properly identified, stored & used														
Good Hygienic Practices				Approved Source				Conformance with Approved Procedures														
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 in good condition, safe, and unadulterated				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				Required records available: molluscan shellfish identification, parasite destruction																		
Preventing Contamination by Hands				GOOD RETAIL PRACTICES																		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Hands clean and properly washed				Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																		
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Safe Food and Water				Proper Use of Utensils											
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				30	<input type="checkbox"/>	<input type="checkbox"/>	OUT															
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	OUT									
Adequate handwashing sinks, properly supplied/accessible				32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	OUT						
				Variance obtained for specialized processing methods				44	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	OUT					
				Proper cooling methods used; adequate equipment for temperature control				45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OUT					
				Plant food properly cooked for hot holding				46	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	OUT					
				Approved thawing methods used				47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OUT					
				Thermometers provided and accurate				48	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	OUT					
Food Identification				Prevention of Food Contamination				Utensils and Equipment														
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>	<input type="checkbox"/>	OUT						
Food properly labeled; original container				Insects, rodents, and animals not present				49	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	OUT					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OUT						
Contamination prevented during food preparation, storage & display				Personal cleanliness				39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	OUT					
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	OUT						
Wiping cloths: properly used and stored				Washing fruits and vegetables				41	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	OUT					
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>	<input type="checkbox"/>	OUT						
				Permit Holder shall notify customers that a copy of the most recent inspection report is available.				43	<input type="checkbox"/>	<input type="checkbox"/>	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OUT					
				Person in Charge (Signature) <i>[Signature]</i> Date <b>12-2-24</b>				44	<input type="checkbox"/>	<input type="checkbox"/>	Violations documented				Date corrections due				#			
				Person in Charge (Printed)				45	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations	<b>12/5/24</b>				<b>1</b>						
				Inspector (Signature) <i>[Signature]</i> Date <b>12/2/24</b>				46	<input type="checkbox"/>	<input type="checkbox"/>	Priority Foundation Item Violations	<b>12/12/24</b>				<b>4</b>						
				Inspector (Printed) <b>Lauren Grandy</b>				47	<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations	<b>3/2/24</b>				<b>5</b>						
				Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.				48	<input type="checkbox"/>	<input type="checkbox"/>	Risk Factor/Public Health Intervention Violations					<b>—</b>						
				<b>reinspection: 12/5/24</b>				49	<input type="checkbox"/>	<input type="checkbox"/>	Repeat Risk Factor/Public Health Intervention Violations					<b>—</b>						
								50	<input type="checkbox"/>	<input type="checkbox"/>	Good Retail Practices Violations					<b>10</b>						
								51	<input type="checkbox"/>	<input type="checkbox"/>	Requires Reinspection - check box if you intend to reinspect					<input checked="" type="checkbox"/>						

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/2/24  
 Establishment El Sol Deli Town Manchester reinspection 12/5/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
undercounter freezer	0F	Bay Marie		hot water	118F
Bay Marie - pico	39F/40F	milk	39F/40F	hot water 3 bay	115F
cooked chicken	40F	empanada	40F/39F	sanitizer 3 bay	50-100 ppm 50-100 ppm
ground beef	40F/40F			wic	38F
tomato	41F	prep pork on table	41F	ground beef	39F
quac	41F			chicken	39F
1 door freezer	0F	internal empanada	175F	empanada	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: **CFPM: Janet Rangel**
- ✓ 51c handsink leaking when turned "off" - scheduled per owner
  - ✓ 38pF Fruit Flies by front prep table - reach via email
  - ✓ 45p single use utensils stored up right (discussed inverting/protecting)
  - ✓ 47c Tin Foil wrapped above stove top
  - ✓ 47pF Grocery bags - not food grade to store food
  - ✓ note good glove use by staff
  - ✓ note ice machine not in use at this time
  - ✓ note Test strips available
  - ✓ 51c prep sink faucet leaking - scheduled by owner
  - ✓ 37c containers with white granulars not labeled throughout - front prep table
  - ✓ 39pF Food in containers stored on floor of wic
  - ✓ 56c mops/cleaning equipment stored on floor in mop room and by prep sink
  - ✓ 52pF pan under Fryer with stagnant/dirty water
  - ✓ note overall clean + organized

reinspection for "p" + "pF" violations on 12/5/24

wic 38F / ground beef 40F / empanada 39F

discuss date marking

discussed pest control w/ pic - will talk to owner regarding licensed pest control officer

Person in Charge (Signature) [Signature] Date 12-2-24  
 Inspector (Signature) [Signature] Date 12/2/24

\* Reinspection  
#2 Follow-up

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/3/24

Establishment peoples choice 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
CFPM:	David on site
56c	Lights in wic too dim
47c	Rusted shelving in wic
55c	Kickplate damaged outside of wic
55c	Floor damaged by shelving with pizza pans outside wic
49c/47c	Window behind dough mixer damaged + unclean
55c	Cove base in mop sink room missing
55c	Wall tiles separating from wall on right side of 3 bay sink
	continue to clean equipment, floors, walls ceilings
	all food, equipment (single-use) moved from back room
	↳ not approved for storage
	Health dept followed up for 2nd reinspection - The violations above remain; to be corrected by next routine inspection ~ 2/20/2025. All priority / priority foundation corrected at time of visit today (12/3/24).

Person in Charge (Signature) *[Signature]*

Date 12/3/24


Inspector (Signature) *[Signature]*

Date 12/3/24

# Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <b>2</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <u>11/26/24</u>	
Establishment <u>Playa Bowis</u>	Time In <u>2:15 AM/PM</u> Time Out <u>3:00 AM/PM</u>	
Address <u>1540 D Pleasant Valley Rd</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <u>Tucker Bartone</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		
IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4						
				Employee Health		
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events						
				Good Hygienic Practices		
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use						
7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth						
				Preventing Contamination by Hands		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed						
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessibile						
				Approved Source		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction						

### GOOD RETAIL PRACTICES

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

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

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

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

Person in Charge (Signature) <u>Jacelyn Sleas</u> Date <u>11/26/24</u>	Person in Charge (Printed) <u>Jacelyn Sleas Barrientos</u>
Inspector (Signature) <u>L. Grandy</u> Date <u>11/26/24</u>	Inspector (Printed) <u>Lauren Grandy</u>

Violations documented	Date corrections due	#
Priority Item Violations	<u>11/29/24</u>	<u>1</u>
Priority Foundation Item Violations	<u>12/16/24</u>	<u>1</u>
Core Item Violations	<u>2/26/25</u>	<u>5</u>
Risk Factor/Public Health Intervention Violations		<u>4</u>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<u>8</u>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or 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: 12/5/24

30 day

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 11/26/24

Establishment playa BOWLS

Town Manchester

*reinspection  
12/5/24*

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIF	51 <sup>F</sup> /5 <sup>F</sup>	sliding freezer	20 <sup>F</sup>	quat sanitizer in 3 bay	200ppm
3 door cooler	38 <sup>F</sup>	4 door freezer	0 <sup>F</sup>	handwash front	74 <sup>F</sup>
strawberries	39 <sup>F</sup>			prep sink	75 <sup>F</sup> /110 <sup>F</sup>
blueberries	40 <sup>F</sup>	Bay Maxie			
		strawberries	41 <sup>F</sup>	handsink front	103 <sup>F</sup>
2 door	33 <sup>F</sup>	oat milk	40 <sup>F</sup>	3 bay / prep sink	110 <sup>F</sup>
↳ blocked w/ boxes - delivery		2 door - acai base	20 <sup>F</sup>		

## 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: JALYNSKA / DAZEE - on site**
- ✓ 39 pF Tubs of acai stored on floor in WIF  
note delivery at time of inspection
- ✓ 28 p - spray bottle with chemical in chemical storage not labeled
- ✓ 41 c Wiping cloths stored in handwash sink next to 3 bay - moved (as)
- ✓ 10 pF no paper towels in paper towel dispensers - paper towels present; put in dispenser  
note Test strips available for sanitizer
- note overall floors, walls, ceiling clean
- ✓ 43 c scoop stored in ice machine by dump sink - discussed container
- ✓ 50 pF prep sink at 75<sup>F</sup> - must be minimum 110<sup>F</sup>
- ✓ 49 c shelving with toppings unclean
- ✓ 49 c exterior of 2 door undercounter with juicer unclean
- ✓ 50 pF handwash sink front at 74<sup>F</sup> - minimum 85<sup>F</sup> or higher
- ✓ 16 pF interior sliding freezer unclean
- ✓ 37 c topping sauce bottles unlabeled at front counter
- ✓ 16 pF juicer unclean at front counter - per manager cleaned every 4 hrs
- ✓ note Thermometer / alcohol wipes available
- ✓ note vomit/diarrhea kit available
- ✓ note very knowledgeable pic  
dazee knowledgeable
- reinspection: 12/5/24
- 2 door refrigeration 36<sup>F</sup> / strawberries 36<sup>F</sup>
- discussed floor wif unclean / cleaning exterior of handles of all equipment


Person in Charge (Signature) Gage Sider

Date 11/26/24

Inspector (Signature) L. Blaney

Date 11/26/24

Risk Category: <u>3</u>	<b>Food Establishment Inspection Report</b>	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>12/16/24</u>
Establishment <u>Red Robin</u>		Time In <u>11</u> AM/PM Time Out <u>12:15</u> AM/PM
Address <u>360 Buckland Hills Dr.</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Michael</u>		Reinspection Other <u>Reinspection 12/26/24</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 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 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			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	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	<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"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
5	Written procedures for responding to vomiting and diarrheal events						19	Proper reheating procedures for hot holding					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<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			P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	Proper cooling time and 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"/>
7	No discharge from eyes, nose, and mouth						21	Proper hot holding temperatures					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<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			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	Proper cold holding temperatures					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/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 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			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	25	Consumer advisory provided: raw/undercooked food			Pf	<input type="checkbox"/>	<input type="checkbox"/>
12	Food received at proper temperature						<b>Highly Susceptible Population</b>						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	Pasteurized foods used; prohibited foods not offered			P/C	<input type="checkbox"/>	<input type="checkbox"/>
13	Food in good condition, safe, and unadulterated			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<b>Food/Color Additives and Toxic Substances</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	27	Food additives: approved and properly used			P	<input type="checkbox"/>	<input type="checkbox"/>
14	Required records available: molluscan shellfish identification, parasite destruction						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<b>Conformance with Approved Procedures</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				29	Compliance with variance/specialized process/ROP criteria/HACCP Plan			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

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

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Safe Food and Water				Proper Use of Utensils									
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>				
30	Pasteurized eggs used where required					43	In-use utensils: properly stored						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
31	Water and ice from approved source					44	Utensils/equipment/linens: properly stored, dried, & handled						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
32	Variance obtained for specialized processing methods					45	Single-use/single-service articles: properly stored & used						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>				
33	Proper cooling methods used; adequate equipment for temperature control			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utensils and Equipment</b>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
34	Plant food properly cooked for hot holding			Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	Non-food contact surfaces clean			C	<input type="checkbox"/>	<input type="checkbox"/>	
35	Approved thawing methods used					49							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>							
36	Thermometers provided and accurate					50	Hot and cold water available; adequate pressure			Pf	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	
37	Food properly labeled; original container			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				52	Toilet facilities: properly constructed, supplied, & clean			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
38	Insects, rodents, and animals not present			Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained			C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	Physical facilities installed, maintained, and clean			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
39	Contamination prevented during food preparation, storage & display					54	Adequate ventilation and lighting; designated areas used			C	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	Natural rubber latex gloves not used per CGS §19a-36f						
40	Personal cleanliness					56							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<b>Violations documented</b>							
41	Wiping cloths: properly used and stored					<b>Date corrections due</b>			<b>#</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Priority Item Violations							
42	Washing fruits and vegetables					Priority Foundation Item Violations	<u>12/26/24</u>				<u>1</u>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Core Item Violations	<u>3/16/25</u>				<u>11</u>		
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>12/16/24</u>				Person in Charge (Printed) <u>Mike Carabetta</u>				Repeat Risk Factor/Public Health Intervention Violations					
Inspector (Signature) <u>[Signature]</u> Date <u>12/16/2024</u>				Inspector (Printed) <u>Lauren Grandy</u>				Good Retail Practices Violations					
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.													

reinspection: 12/26/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/16/2024

Establishment Red Robin

Town Manchester

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cochine - burger raw	39F	WIF	-20F	quat at 3 bay	200-400ppm
raw chicken	39F	wic		Bar-Milk	40F
cold (LHR)		raw chicken	30F	strawberries	40F
coleslaw	38F	cut tomatoes	38F		
tomato	37F	hamburger raw	38F		
Hard boiled egg	37F			hot water - h.s.	105F
avocado	37F	wic (beer)	38F	hot water - 3 bay	115F
Undercounter Freezer	0F	standing freezer	-7F	internal burger	158F

## 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: Mike onsite / Nick onsite
<del>160F</del>	A drawer under grill top interior not clean + gaskets
<del>160F</del>	B drawer under burger station interior not clean
49c	under pass thru stainless steel not clean
<del>160F/49c</del>	interior/exterior of microwave not clean
49c	Shelving with microwave not clean
<del>49c</del>	exterior of fryers not clean <i>focus on sides</i>
49c	gaskets throughout not clean - gaskets ordered
<del>160F</del>	Undercounter Freezer interior unclean - door + gaskets unclean
<del>65c</del>	caulk behind far right hand sink on cookline damaged/unclean
<del>49c</del>	Shelving with dry goods unclean (next to wic) <i>if not cleanable plan to repair/replace</i>
160F	interior of ice machine not clean
<del>49c</del>	gasket of beer cooler unclean
49c	interior black cabinet at bar not clean - going to be replaced in 1 month
<del>55c</del>	Floors under cookline equipment not clean * gaskets ordered ↳ The Gasket Guy
note	Thermometers available
note	Test strips available (quat + chlorine)
55c	gap in back entrance (both doors) - one done, look for no light ↳ other ordered, need to put on
note	good hierarchy / labeling / date-marking
note	good handwashing / glove use observed

burger 39°F / tomato 41°F

Frontline: creamer 39F / ranch 40F / campfire sauce 40F

Person in Charge (Signature)

Date 12/16/24


Inspector (Signature) R. Jandy

Date 12/16/24



Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____	Date: <b>12/2/24</b>	
Establishment <b>Sonic Drive-In</b>	Time In <b>11:30 AM/PM</b> Time Out <b>1:00 AM/PM</b>	
Address <b>90 Buckland st</b>	LHD <b>Manchester</b>	
Town/City <b>Manchester</b>	Purpose of Inspection: <b>Routine</b> Pre-op	
Permit Holder <b>Soar-Ronak Parikh</b>	Reinspection Other <b>Reinspection 12/12/24</b>	



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											
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 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"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Time/Temperature Control for Safety											
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				Consumer Advisory											
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Highly Susceptible Population											
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances							
Approved Source				Compliance with Approved Procedures											
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population							
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
14	<input 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							
GOOD RETAIL PRACTICES				Compliance with Approved Procedures											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
Safe Food and Water				Proper Use of Utensils											
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 checked="" 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 checked="" 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				Utensils and Equipment											
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Physical Facilities											
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				Physical Facilities											
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<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"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<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"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.				Permit Holder shall notify customers that a copy of the most recent inspection report is available.											
Person in Charge (Signature) <i>[Signature]</i> Date <b>12/2</b>				Violations documented				Date corrections due							
Person in Charge (Printed) <b>Aliyah Roy es</b>				Priority Item Violations				Priority Foundation Item Violations							
Inspector (Signature) <i>[Signature]</i> Date <b>12/2/24</b>				Core Item Violations				Risk Factor/Public Health Intervention Violations							
Inspector (Printed) <b>Kate Lynn Person</b>				Repeat Risk Factor/Public Health Intervention Violations				Good Retail Practices Violations							
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.				Requires Reinspection - check box if you intend to reinspect											

# Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 12/2/24  
 Establishment Sonic # 6293 Town Manchester Reinspection 12/12/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cookline cheese	40F	WIC tomatoes	38	handsink	85F
hot dog	41F	hot dogs	38	customer bathroom	102F
hot hold cheese	165F			3-bay hot	120F
chicken nug	160F				
sliced tomato	40F				
sliced cheese	41F				
hot hold burger	156F				
corn dog	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.
	Aliyah, manager, no CFM, new to role
49c	Floor unclean behind equipment on cookline and throughout
✓ 49c	ceiling unclean throughout
16PF	hot hold fryer holder unclean (fater tot hot hold) <span style="color: red;">improved</span>
49c	exterior of equipment on cookline unclean
55C	floor tiles missing on cookline, tiles damaged throughout
✓ 16PF	interior lid of cold prep unit unclean
49c	gaskets unclean throughout
Note:	1 door Avanto reach in not in use - to be repaired
49c	walls throughout unclean <span style="color: red;">↳ part has been ordered</span>
55C	cove base damaged by back handsink and throughout
52C	floors w/ standing water by soda syrups, monitor for leaks
✓ 16PF	interior of ice machine unclean, deep clean required
16PF	interior of small 3-bay in front unclean, faucet loose <span style="color: red;">✓</span>
37C	unlabeled squeeze bottles on cookline
49c	shelving in WIC unclean
55C	threshold of WIC damaged, water collecting under
✓ 53PF	toilet paper not in dispenser / paper towels not in dispenser in customer bathrooms. Handwash sign needed in women's.
Note:	unused, broken stacked cooler to be removed per PIC
✓ 56C	hood on cookline dripping grease
Note:	hot dog warmer not in use - worse order placed - <span style="color: red;">still in the works.</span>
Person in Charge (Signature)	<u>A. Hodge</u> Date <u>12/2</u>
Inspector (Signature)	<u>Katelyn Person</u> Date <u>12/2/24</u>

# Food Establishment Inspection Report

LHD manchester Inspection Report Continuation Sheet Date 12/2/24  
 Establishment Sonic #6293 Town manchester Reinspection 12/12/24

### TEMPERATURE OBSERVATIONS

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

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
2C	no CFPM on site. A CFPM must be on site during all hours of operation. Send more employees to course to cover all shifts. Sign up w/ in 30 days. Email certificate. <span style="color: red;">Traci is a proctor. To be scheduled in the next couple weeks.</span> Overall sanitary conditions poor. more routine and deep cleaning required throughout. Person in charge to email <a href="mailto:Kperson@manchesterct.gov">Kperson@manchesterct.gov</a> with plan for scheduled cleanings by 12/12/24.
	Discussed w/ PIC condition of flooring / cove base. Send quotes for repair to KP. This was noted on past several reports.
	Hood cleaning due in March 2024 - <span style="color: red;">cleaned Dec 2024, due again in March</span>
	Discussed w/ PIC to remove all unused / broken equipment
	Discussed pest control w/ PIC. Logs reviewed. No issues
	Discussed covering food when it is not rush hour and not overfilling containers in prep unit.

Person in Charge (Signature) Date 12/2  
 Inspector (Signature) Katelyn Benson Date 12/2/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/12/24

Establishment Sonic Town Manchester

## TEMPERATURE OBSERVATIONS

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

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	<u>Reinspection</u>
	sauce + paper bag holders unclean. Etc.
	Discussed replacing WFC shelving as needed. Clean!
	Investigate floor drain cover, why is there always water? ↳ Traci to contact drain tech.
	Traci / Aliyah to send KP cleaning procedure
	Schedule "cleaning party" w/ in 2 weeks. ↳ KP to reinspect once complete.

Person in Charge (Signature)		Date	<u>12/12/24</u>
Inspector (Signature)		Date	<u>12/12/24</u>

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>3</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>12/3/24</b>
Establishment <b>Trattoria Toscano</b>		Time In <b>4:00</b> AM/PM Time Out <b>6:00</b> AM/PM
Address <b>706 Hartford Rd.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Cameron Clayton</b>		Reinspection Other _____



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

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

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

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

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

**GOOD RETAIL PRACTICES**

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

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

Safe Food and Water				Proper Use of Utensils			
OUT	N/A	N/O	V	OUT	N/A	N/O	V
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Pasteurized eggs used where required				43 In-use utensils: properly stored			
31 Water and ice from approved source				44 Utensils/equipment/linens: properly stored, dried, & handled			
32 Variance obtained for specialized processing methods				45 Single-use/single-service articles: properly stored & used			
33 Proper cooling methods used; adequate equipment for temperature control				46 Gloves used properly			
34 Plant food properly cooked for hot holding				47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
35 Approved thawing methods used				48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available			
36 Thermometers provided and accurate				49 Non-food contact surfaces clean			
37 Food properly labeled; original container				50 Hot and cold water available; adequate pressure			
38 Insects, rodents, and animals not present				51 Plumbing installed; proper backflow devices			
39 Contamination prevented during food preparation, storage & display				52 Sewage and waste water properly disposed			
40 Personal cleanliness				53 Toilet facilities: properly constructed, supplied, & clean			
41 Wiping cloths: properly used and stored				54 Garbage and refuse properly disposed; facilities maintained			
42 Washing fruits and vegetables				55 Physical facilities installed, maintained, and clean			
				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) \_\_\_\_\_ Date **12/3/24**

Person in Charge (Printed) **Cameron Clayton**

Inspector (Signature) **Katelyn Person** Date **12/3/24**

Inspector (Printed) **Katelyn Person**

Violations documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	<b>COS 12/13/24</b>	<b>3</b>
Core Item Violations	<b>3/3/24</b>	<b>17</b>
Risk Factor/Public Health Intervention Violations		<b>5</b>
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		<b>16</b>
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

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

**Reinspection 12/17/24**

# Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 12/13/24

Establishment Trattoria Toscano Town manchester

Reinspection 12/17/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
cold prep units		reheating meatballs	165 F	handsink	120 F
sliced tomato	38 F	↳ hot hold	142 F	dishmachine	>160 F
calamari	37 F	potatoes	154 F	WIE malt balls	42 F
shredded cheese	45 F	cooled pasta	41 F		
raw chicken	39 F	WIC prepped mozz	38 F		
salmon	40 F	vodka sauce	46 F		
cod	41 F	WIC prep - onions	41 F		
shrimp	38 F	cheese	41 F		



### OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-400.11 & 8-400.12 of the food code.

Item Number	Description
	Cameron CFM on site and Luke
	* remove all seafood containers ↳ not for re-use.
	<u>Main Kitchen</u>
✓ 16 PF	hard boiled eggs cooling in hand sink
✓ 45C	single use containers used as scoop
✓ 37C	unlabeled squeeze bottles on cookline
✓ 44C	pots on floor under handsink
✓ 47C	aluminum foil used as shelf liner under stove
✓ 56C	hood on cookline unclean. Due in February.
✓ 55C	stainless steel wall behind grill separating from wall
✓ 10 PF	handsink by mop sink used as dump sink
✓ 56C	employee sweatshirt on storage shelves w/ to-go boxes (CBS)
✓ 49C	wall in ware wash area unclean
✓ 28P	sanitizer in 3-bay 7500 ppm. Remade to 400 ppm, monitor
✓ 52C	standing water in W/C cooler on cookline
✓ 48C	dishmachine leaking - work order in place
✓ 49C	shelving throughout unclean, including WIC. ↳ if uncleanable start to phase in new ones
	<u>Prep Kitchen</u>
✓ 16 PF / 47	ice machine interior unclean and white shield damaged
✓ 47C	lower shelf of prep table w/ cutting boards uncleanable
✓ 49C	flour bins exterior unclean. keep scoops out of product
✓ 44C	

Person in Charge (Signature) [Signature] Date 12/13/24  
 Inspector (Signature) Katelyn Ferrer Date 12/13/24

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 12/3/24

Establishment Trattoria Toscano Town Manchester

Reinspection 12/17/24

### TEMPERATURE OBSERVATIONS

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

### OBSERVATIONS AND CORRECTIVE ACTIONS

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

Item Number	Observations and Corrective Actions
	<u>Bar</u>
45c	hollow straws unprotected
	<u>Bathroom</u>
10c	womens bathroom needs handwashing sign
	<ul style="list-style-type: none"> <li>✓ Discussed proper cooling parameters. 135-70 in 2 hrs 70-41 in 4 hrs</li> <li>✓ Discussed shellfish tag records. keep tags w/ working batch then save in chronological order for 90 days.</li> <li>✓ Discussed reheating procedures. Reheat on stove to 165F then hot hold @ 135°F</li> <li>✓ Relocate mixer in prep kitchen to be in actual FRP or equivalent area.</li> <li>✓ monitor temps in WIC in prep kitchen. @ 41°F now</li> <li>✓ Discussed defrost cycles on Reach-In Freezers ↳ If ice build up is reoccurring have it serviced.</li> <li>Date marking observed. All ready-to-eat TCS food must be labeled for 7 days.</li> <li>✓ No ill food workers. Discussed employee reporting</li> <li>Test strips + thermometer available.</li> </ul>
	mashed potato heater plugged in w/ extension cord.
Person in Charge (Signature)	Date <u>12/3/24</u>
Inspector (Signature) <u>Katelyn Person</u>	Date <u>12/3/24</u>

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

Establishment type: Permanent Temporary Mobile Other \_\_\_\_\_ Date: 12/10/24  
 Establishment Z Mart Time In 10:30 AM/PM Time Out 11 AM AM/PM  
 Address 286 W. Middle Tpke LHD Manchester  
 Town/City Manchester Purpose of Inspection: Routine Pre-op  
 Permit Holder PIC - Vibul Reinspection Other reinspection 12/16/24



**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected						
2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						
Employee Health							Time/Temperature Control for Safety						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Proper disposition of returned, previously served, reconditioned, and unsafe food						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Proper use of restriction and exclusion							Proper cooking time and temperatures						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Written procedures for responding to vomiting and diarrheal events							Proper reheating procedures for hot holding						
Good Hygienic Practices							Proper cooling time and temperatures						
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>				21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
No discharge from eyes, nose, and mouth							Proper cold holding temperatures						
Preventing Contamination by Hands							Proper date marking and disposition						
8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Hands clean and properly washed							Time as a public health control: procedures and records						
9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				23	<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							Consumer Advisory						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Adequate handwashing sinks, properly supplied/accessible							Consumer advisory provided: raw/undercooked food						
Approved Source							Highly Susceptible Population						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				25	<input checked="" type="checkbox"/>	<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"/>				26	<input checked="" type="checkbox"/>	<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"/>				27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Food in good condition, safe, and unadulterated							Food additives: approved and properly used						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Required records available: molluscan shellfish identification, parasite destruction							Toxic substances properly identified, stored & used						
GOOD RETAIL PRACTICES							Conformance with Approved Procedures						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							Compliance with variance/specialized process/ROP criteria/HACCP Plan						
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			43	<input type="checkbox"/>						
Safe Food and Water						Proper Use of Utensils							
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			44	<input type="checkbox"/>						
Pasteurized eggs used where required						In-use utensils: properly stored							
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			45	<input type="checkbox"/>						
Water and ice from approved source						Utensils/equipment/linens: properly stored, dried, & handled							
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			46	<input type="checkbox"/>						
Variance obtained for specialized processing methods						Single-use/single-service articles: properly stored & used							
Food Temperature Control						Utensils and Equipment							
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			47	<input checked="" type="checkbox"/>						
Proper cooling methods used; adequate equipment for temperature control						Food and non-food contact surfaces cleanable, properly designed, constructed, and used							
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			48	<input checked="" type="checkbox"/>						
Plant food properly cooked for hot holding						Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available							
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			49	<input checked="" type="checkbox"/>						
Approved thawing methods used						Non-food contact surfaces clean							
37	<input type="checkbox"/>	<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							
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Sewage and waste water properly disposed							
Food properly labeled; original container						Toilet facilities: properly constructed, supplied, & clean							
Prevention of Food Contamination						Garbage and refuse properly disposed; facilities maintained							
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			50	<input checked="" type="checkbox"/>						
Insects, rodents, and animals not present						Physical facilities installed, maintained, and clean							
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			51	<input type="checkbox"/>						
Contamination prevented during food preparation, storage & display						Adequate ventilation and lighting; designated areas used							
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Natural rubber latex gloves not used per CGS §19a-36f							
Personal cleanliness						Violations documented							
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Date corrections due							
Wiping cloths: properly used and stored						Priority Item Violations							
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) <u>V. Patel</u> Date <u>12/10/24</u>						Risk Factor/Public Health Intervention Violations							
Person in Charge (Printed) <u>V. Patel</u>						Repeat Risk Factor/Public Health Intervention Violations							
Inspector (Signature) <u>A. Brandy</u> Date <u>12/10/24</u>						Good Retail Practices Violations							
Inspector (Printed) <u>Lauren Brandy</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 12/10/24

Establishment Z-Mart

Town Manchester

reinspection 12/16/24

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Milk in dairy dispenser	41F			handsink - Front	109F
WIC	38F			handsink - back	110F

ZMart288@gmail.com

### 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	just coffee at time of visit - no other slushies
note	remove pre-packaged refrigeration cooler
* 10pF	no paper towels in back room by handsink
✓ 55c	excess clutter in employee room - blocking back entrance
* 48pF	sanitizer pump at 3 bay not working correctly. - owner to go purchase bleach epa registered - health dept provided test strips for a few days.
* 48pF	no test strips available
47c	bare wood exposed at 3 bays sink wall
✓ 49c	gaskets of blue bunny ice cream case not clean
* 39pF	lahabra container stored in wic - to be removed
* 3bpF	no thermometer / alcohol wipes available - <span style="color: red;">using alcohol w/ paper towel</span>
<p>due to no sanitizer/thermometers discussed with person in charge no coffee to be sold to public. Reach out to Health Dept when purchased + will follow up with reinspection. until reinspection no coffee to be sold.</p> <p><u>Lgrandy@manchesterct.gov</u> 860-647-3173</p>	
<p>✓ okay to sell coffee again per health dept this day 12/16/24 LG</p> <p>✓ Reinspection: Monday 12/16/24 - for all violations</p>	

Person in Charge (Signature) V. Feley

Date 12/10/2024

Inspector (Signature) L. Grandy

Date 12/10/24

Risk Category: <b>3</b>	<b>Food Establishment Inspection Report</b>	Page 1 of <b>2</b>
Establishment type: <b>Permanent</b> Temporary Mobile Other _____		Date: <b>11/20/24</b>
Establishment <b>Filomenas</b>		Time In <b>3:00 AM/PM</b> Time Out <b>4:30 AM/PM</b>
Address <b>775 Main St.</b>		LHD <b>Manchester</b>
Town/City <b>Manchester</b>		Purpose of Inspection: <b>Routine</b> Pre-op
Permit Holder <b>Michael A. Kelley</b>		Reinspection Other <b>12/2/24</b>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS														
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.														
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed														
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
Supervision				Protection from Contamination				Time/Temperature Control for Safety						
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
1	Person/Alternate Person in charge present, demonstrates knowledge and performs duties						15	Food separated and protected						
2	Certified Food Protection Manager for Classes 2, 3, & 4			C	<input type="checkbox"/>	<input type="checkbox"/>	16	Food-contact surfaces: cleaned & sanitized			P/P/C	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Health				Good Hygienic Practices				Consumer Advisory						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						6	Proper eating, tasting, drinking, or tobacco products use			P/C	<input type="checkbox"/>	<input type="checkbox"/>	
4	Proper use of restriction and exclusion			P	<input type="checkbox"/>	<input type="checkbox"/>	7	No discharge from eyes, nose, and mouth			C	<input type="checkbox"/>	<input type="checkbox"/>	
5	Written procedures for responding to vomiting and diarrheal events			Pf	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands				Highly Susceptible Population			
8	Hands clean and properly washed			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	8	Adequate handwashing sinks, properly supplied/accessible			P/C	<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"/>	9	Adequate handwashing sinks, properly supplied/accessible			P/C	<input type="checkbox"/>	<input type="checkbox"/>	
10	Adequate handwashing sinks, properly supplied/accessible			P/C	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source				Food/Color Additives and Toxic Substances			
11	Food obtained from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	11	Food obtained from approved source			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
12	Food received at proper temperature			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	12	Food received at proper temperature			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
13	Food in good condition, safe, and unadulterated			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	13	Food in good condition, safe, and unadulterated			P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	
14	Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	14	Required records available: molluscan shellfish identification, parasite destruction			P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
GOOD RETAIL PRACTICES														
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.														
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation														
OUT	N/A	N/O	V	COS	R	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							
31	Water and ice from approved source		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	Utensils/equipment/linens: properly stored, dried, & handled		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
32	Variance obtained for specialized processing methods		Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	Single-use/single-service articles: properly stored & used		P/C	<input type="checkbox"/>	<input type="checkbox"/>			
Food Temperature Control						Utensils and Equipment								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
33	Proper cooling methods used; adequate equipment for temperature control					48	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
34	Plant food properly cooked for hot holding		Pf	<input type="checkbox"/>	<input type="checkbox"/>	49	Non-food contact surfaces clean		C	<input type="checkbox"/>	<input type="checkbox"/>			
35	Approved thawing methods used		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities								
36	Thermometers provided and accurate		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	Hot and cold water available; adequate pressure		Pf	<input type="checkbox"/>	<input type="checkbox"/>			
Food Identification						51	Plumbing installed; proper backflow devices		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
37	Food properly labeled; original container		P/C	<input type="checkbox"/>	<input type="checkbox"/>	52	Sewage and waste water properly disposed		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
Prevention of Food Contamination						53	Toilet facilities: properly constructed, supplied, & clean		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
38	Insects, rodents, and animals not present		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	Garbage and refuse properly disposed; facilities maintained		C	<input type="checkbox"/>	<input type="checkbox"/>			
39	Contamination prevented during food preparation, storage & display		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55	Physical facilities installed, maintained, and clean		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>			
40	Personal cleanliness		Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	Adequate ventilation and lighting; designated areas used		C	<input type="checkbox"/>	<input type="checkbox"/>			
41	Wiping cloths: properly used and stored		C	<input type="checkbox"/>	<input type="checkbox"/>		Natural rubber latex gloves not used per CGS §19a-36f							
42	Washing fruits and vegetables		P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>									

Person in Charge (Signature) _____ Date <b>11/20/24</b>		
Person in Charge (Printed) <b>Michael A. Kelley</b>		
Inspector (Signature) _____ Date <b>11/20/24</b>		
Inspector (Printed) <b>Jose Ramirez</b>		

Violations Documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<b>11-30-24</b>	4
Core Item Violations	<b>2-20-25</b>	5
Risk Factor/Public Health Intervention Violations		4
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		5
Requires Reinspection - check box if you intend to reinspect		

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

# Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 11/20/24

Establishment Filomena's Town Manchester

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
2 door RIF basement	-2F	Pizza cold prep table		Hand sink kitchen	120F
WIC ground beef	38F	mozz	40F		
mozz	38F	Sauce	39F		
Salami	40F	Hot Hold Marinara	150F		
chicken wing	38F	meatballs	155F		
Pizza cold Prep table		Cold Prep table			
Sausage	40F	Chicken			
Sliced tomatoes	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

Item Number Nathan CFPM on site



- 10PF No paper towels at hand sink by pickup window ✓
- 51C Hand sink by pickup window leaking into bucket
- 49C WIC Fan cover unclean ✓
- 49C WIC Shelves unclean
- 37C unlabeled squeeze bottles at cookline ✓
- 16PF interior of pasta cold prep table unclean ✓
- 16PF Knife storage on side of cold prep table unclean ✓
- 49C exterior of Pizza oven unclean (sides)
- 16PF interior of ice machine at bar unclean ✓

- Note Discussed proper date marking
- Note Discussed increasing cleaning frequency
- Note Test strips & thermometer available
- Note Good glove use & handwashing observed

Person in Charge (Signature) [Signature]

Date 11/20/24

Inspector (Signature) [Signature]

Date 11/20/24