## **INSPECTION REPORT** FOOD SERVICE ESTABLISHMENTS

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

ROUTINE INSPECTION ☐ PREOPERATIONAL

	REINSPECTION
П	ATHER

410 Capitol Avenue, MS#11FDP, Hartford, CT 06134

NAME OF ESTABLISHMENT	Durch!	School	,
STREET ADDRESS	1600	Redd	Road.
OWNER or OPERATOR	•	,	

ESTABLISHMENT 3	
TOWN Fairfield	
INSPECTION DATE and TIME 1/17// >	11:00

Based on an inspection this day, the items marked below identify the violations in operation or facilities wi **EQUIPMENT & UTENSILS: CLEANLINESS** 

4	PURCES OF FOOD	1
ı	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1
FO	OD PROTECTION	
3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation	4
4	Adequate facilities to maintain product	2
5	temperature, thermometers provided	1-
6	Potentially hazardous food properly thawed	2
0	Unwrapped or potentially hazardous food not re-served	4
7	Food protected during storage, preparation, display, service & transportation	2
8	Food containers stored off floor	]
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	Toxic items properly stored, labeled, used	4
PE.	RSONNEL	
12	Personnel with infection restricted	4
CL	EANLINESS OF PERSONNEL	•
13	Handwashing facilities provided,	4
14	personnel hands washed, clean Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2
EQ CO	UIPMENT & UTENSILS: DESIGN, NSTRUCTION & INSTALLATION	
16	Food-contact surfaces designed, constructed, maintained, installed, located	2
17	Nonfood-contact surfaces designed, constructed, maintained, installed, located	1
18	Single service articles, storage, dispensing	2
19	No reuse of single service article	Ĺ
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2

	Preflushed, scraped, soaked and racked	1	
22	22 Wash water clean, proper temperature		
23	Accurate thermometers provided, dish basket, if used	1	
24	Sanitization rinse (hot water - chemical)	2	
25	Clean wiping cloths	1	
(26)	Food-contact surfaces of utensils &	2	
厂	equipment clean  Latitude  Newforce of utensils &	1	
27	Nonfood-contact surfaces of utensils & equipment clean	1	
28	Equipment/utensils, storage, handling	1	
WA	TER SUPPLY		
29	Water source adequate, safe	4	
30	Hot and cold water under pressure, provided as required	2	
	WAGE DISPOSAL		
31	Sewage disposal approved	4	
32	Proper disposal of waste water	1	
	JMBING	1 4	
	Location, installation, maintenance	1	
34	No cross connection, back siphonage, backflow	4	
TOI	LET FACILITIES		
1 35 l			
	Adequate, convenient, accessible, designed, installed	4	
36		ļ.,	
	installed	1	
36 37	Toilet rooms enclosed with self-closing door Proper fixtures provided, good repair, clean  NDWASHING FACILITIES	ļ.,	
36 37	Installed Toilet rooms enclosed with self-closing door Proper fixtures provided, good repair, clean  NDWASHING FACILITIES Suitable hand cleaner and sanitary towels or	ļ.,	
36 37	Toilet rooms enclosed with self-closing door Proper fixtures provided, good repair, clean  NDWASHING FACILITIES	1	
36 37 HAI 38	Installed Tollet rooms enclosed with self-closing door Proper fixtures provided, good repair, clean  NDWASHING FACILITIES  Suitable hand cleaner and sanitary towels or approved hand drying devices provided,	1	
36 37 HAI 38 GAF 39	Installed Toilet rooms enclosed with self-closing door Proper fixtures provided, good repair, clean  NDWASHING FACILITIES  Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1	
36 37 HAI 38 GAF 39	Installed Toilet rooms enclosed with self-closing door Proper fixtures provided, good repair, clean  NDWASHING FACILITIES Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided  RBAGE/RUBBISH STORAGE & DISPOS/Approved containers, adequate number,	1 1	

DA	TE and TIME 1/17/13 11:00	
nich	must be corrected by the date specified bel	ow.
V	ERMIN CONTROL	
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1
FL	OORS, WALLS & CEILINGS	
44	PFloors: floor covering installed, constructed as required, good fepair clean Floors, graded, drained as required	
45	Floors, graded, drained as required	1
46	Floor, wall juncture covered	╬
47	Mats removable, good repair, clean	
48	Exterior walking, driving surfaces, good repair, clean	1
49	Walts, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required.	1
50	Dustless cleaning methods used, cleaning equipment properly stored	1
51	GHTING & VENTILATION  Adequate lighting provided as required	1
52 53	Room free of steam, smoke odors	] 1
	RESSING ROOMS & LOCKERS	1
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
нс	DUSEKEEPING	•
55	Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles	1
56	Complete separation from living/sleeping quarters and laundry	1
57	Clean/soiled linens stored properly	1,
58	No live birds, turtles, or other animals (except guide dogs)	1
SM	OKING PROHIBITED	
59	Smoking prohibited, signs posted at each entrance	3
QU	ALIFIED FOOD OPERATOR	
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

1 30 2 21	/11
0 0	3/

TOTAL	RATING	Date Corrections Due
3	97	1181+ Itisj.

İ	RISK FACTOR VIOLATIONS IN RED

Signature of Person in charge		 
Signature of Person III charge	. h.	
L > MB/2/WM	ON	
SIGNED (Inspector)	1/1	 
	#697	
1 1 Wall / Jan	11 6 1 1	