

**INSPECTION REPORT  
FOOD SERVICE ESTABLISHMENTS**

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
410 Capitol Avenue, MS#11FDP, Hartford, CT 06134

☒ ROUTINE INSPECTION    ☐ REINSPECTION  
☐ PREOPERATIONAL    ☐ OTHER

NAME OF ESTABLISHMENT Roger Luslow Middle  
STREET ADDRESS 689 Unquowa Road  
OWNER or OPERATOR \_\_\_\_\_

ESTABLISHMENT CLASS III  
TOWN OSI  
INSPECTION DATE and TIME 2 May 01 1106

Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by the date specified below.

**SOURCES OF FOOD**

1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1

**FOOD PROTECTION**

3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation	4
4	Adequate facilities to maintain product temperature, thermometers provided	2
5	Potentially hazardous food properly thawed	2
6	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	2
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	Toxic items properly stored, labeled, used	4

**PERSONNEL**

12	Personnel with infection restricted	4
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**CLEANLINESS OF PERSONNEL**

13	Handwashing facilities provided, personnel hands washed, clean	4
14	Clean outer clothes, effective hair restraints	1
15	Good hygienic practices, smoking restricted	2

**EQUIPMENT & UTENSILS: DESIGN, CONSTRUCTION & 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	2
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located	2

**EQUIPMENT & UTENSILS: CLEANLINESS**

21	Preflushed, scraped, soaked and racked	1
22	Wash water clean, proper temperature	1
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 & equipment clean	2
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1

**WATER SUPPLY**

29	Water source adequate, safe	4
30	Hot and cold water under pressure, provided as required	2

**SEWAGE DISPOSAL**

31	Sewage disposal approved	4
32	Proper disposal of waste water	1

**PLUMBING**

33	Location, installation, maintenance	1
34	No cross connection, back siphonage, backflow	4

**TOILET FACILITIES**

35	Adequate, convenient, accessible, designed, installed	4
36	Toilet rooms enclosed with self-closing door	1
37	Proper fixtures provided, good repair, clean	1

**HANDWASHING FACILITIES**

38	Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided	1
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**GARBAGE/RUBBISH STORAGE & DISPOSAL**

39	Approved containers, adequate number, covered, rodent proof, clean	1
40	Storage area/rooms, enclosures - properly constructed, clean	1
41	Garbage disposed of in an approved manner, at approved frequency	1

**VERMIN CONTROL**

42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1

**FLOORS, WALLS & CEILINGS**

44	Floors: floor covering installed, constructed as required, good repair, clean	1
45	Floors, graded, drained as required	1
46	Floor, wall juncture covered	1
47	Mats removable, good repair, clean	1
48	Exterior walking, driving surfaces, good repair, clean	1
49	Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required.	1
50	Dustless cleaning methods used, cleaning equipment properly stored.	1

**LIGHTING & VENTILATION**

51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	1

**DRESSING ROOMS & LOCKERS**

54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
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**HOUSEKEEPING**

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

**SMOKING PROHIBITED**

59	Smoking prohibited, signs posted at each entrance	3
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**QUALIFIED FOOD OPERATOR**

60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

**DEMERIT SCORE**

4	3	2	1
X	X	3	X

**RISK FACTOR VIOLATIONS IN RED**

Signature of Person in charge

Johanna M. Brown  
SIGNED (Inspector)

TOTAL    RATING    Date Corrections Due

6	9	ASAP
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DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

DISTRIBUTION: 1<sup>st</sup> - White - Health Department    2<sup>nd</sup> - Yellow - Owner/Operator