EHS-106-Rev. 11/05

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

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410 Capitol Avenue, MS#11FDP, Hartford, CT 06134 NAME OF **ESTABLISHMENT** Middle (clus **ESTABLISHMENT** CLASS STREET TOWN **ADDRESS** OWNER or INSPECTION **OPERATOR** DATE and TIME 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 **EQUIPMENT & UTENSILS: CLEANLINESS** VERMIN CONTROL Approved source, wholesome, Preflushed, scraped, soaked and racked Presence of insects/rodents 4 nonadulterated Wash water clean, proper temperature Outer openings protected against entrance of insects/rodents Original container, properly labeled 1 Accurate thermometers provided, dish basket, if used Sanitization rinse (hot water - chemical) 25 Clean wiping cloths FOOD PROTECTION FLOORS, WALLS & CEILINGS Potentially hazardous food meets 26 Food-contact surfaces of utensils & Floors: floor covering installed. 4 equipment dean of Libers constructed as required, good repair, clean temperature requirements during storage, preparation, display, service, and Nonfood-contact surfaces of utensils & Floors, graded, drained as required transportation equipment clean 46 Floor, wall juncture covered Adequate facilities to maintain product 2 Equipment/utensils, storage, handling Mats removable, good repair, clean temperature, thermometers provided Potentially hazardous food properly thawed 2 Exterior walking, driving surfaces, good repair, clean Unwrapped or potentially hazardous food 4 WATER SUPPLY not re-served Water source adequate, safe Walls, ceilings attached, equipment properly 4 constructed, good repair, clean. Wall & ceiling Hot and cold water under pressure, 2 Food protected during storage, preparation, surfaces as required. display, service & transportation provided as required 2 Food containers stored off-floor Dustless cleaning methods used, cleaning equipment properly stored SEWAGE DISPOSAL Handling of food minimized 2 31 Sewage disposal approved 4 Food dispensing utensils properly stored 1 Proper disposal of waste water 1 LIGHTING & VENTILATION Toxic items properly stored, labeled, used 51 Adequate lighting provided as required PLUMBING Room free of steam, smoke odors Location, installation, maintenance **PERSONNEL** Room & equipment hoods, ducts, vented as required 12 Personnel with infection restricted No cross connection, back siphonage, backflow DRESSING ROOMS & LOCKERS **CLEANLINESS OF PERSONNEL** Rooms adequate, clean, adequate lockers **TOILET FACILITIES** provided, facilities clean 13 Handwashing facilities provided, Adequate, convenient, accessible, designed, 4 4 personnel hands washed, clean installed 36 Clean outer clothes, effective hair restraints 1 Toilet rooms enclosed with self-closing door Good hygienic practices, smoking restricted 2 Proper fixtures provided, good repair, clean HOUSEKEEPING Establishment and premises free of litter, no EQUIPMENT & UTENSILS: DESIGN, insecVrodent harborage, no unnecessary articles HANDWASHING FACILITIES Suitable hand cleaner and sanitary towels or Complete separation from living/sleeping quarters CONSTRUCTION & INSTALLATION approved hand drying devices provided, and laundry Food-contact surfaces designed, constructed, 2 tissue waste receptacles provided maintained, installed, located 57 Clean/soiled linens stored properly Nonfood-contact surfaces designed, 1 No live birds, turtles, or other animals constructed, maintained, installed, located GARBAGE/RUBBISH STORAGE & DISPOSAL (except guide dogs) Single service articles, storage, dispensing Approved containers, adequate number, 2 covered, rodent proof, clean 19 No reuse of single service article SMOKING PROHIBITED Dishwashing facilities approved design, adequately 2 20 Storage area/rooms, enclosures -Smoking prohibited, signs posted at each constructed, maintained, installed, located properly constructed, clean entrance Garbage disposed of in an approved manner. at approved frequency QUALIFIED FOOD OPERATOR **DEMERIT SCORE** 60 Qualified Food Operator 61 Designated alternate RISK FACTOR VIOLATIONS IN RED Written documentation of training program Signature of Person in charge TOTAL RATING **Date Corrections Due** SIGNED (Inspector)