

# 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

STREET ADDRESS

OWNER or OPERATOR

ESTABLISHMENT CLASS

TOWN

INSPECTION 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

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

## EQUIPMENT &amp; UTENSILS: CLEANLINESS

21	Preflushed, scraped, soaked and racked	
22	Wash water clean, proper temperature	1
23	Accurate thermometers provided, dish basket, if used	
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	

## 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 &amp; 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	

## VERMIN CONTROL

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

## FLOORS, WALLS &amp; CEILINGS

44	Floors: floor covering installed, constructed as required, good repair, clean	
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	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 &amp; VENTILATION

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

## DRESSING ROOMS &amp; 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
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## RISK FACTOR VIOLATIONS IN RED

TOTAL	RATING	Date Corrections Due
	100	

Signature of Person in charge

MARY Beth Smyth  
SIGNED (Inspector)

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

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