

STATE OF CONNECTICUT - DEPARTMENT OF PUBLIC HEALTH - 410 CAPITOL AVENUE - MS#51FDP - HARTFORD, CT 06134

FOCUSED FOOD SERVICE INSPECTION REPORT

LOCAL HEALTH DEPT: Fairfield

ADDRESS/CITY: 125 Old Fort Road Fairfield

Establishment: Fairfield Woods Middle School

Date of Inspection: 9/11/13

Address: 1115 Fairfield Woods Road

Owner or Operator: _____

ADDITIONAL FOUR POINT ITEMS		DNC
6	Foods not re-served. -Unwrapped foods not re-served -Potentially hazardous foods not re-served	4
11	Toxic chemicals. -Stored properly, labeled properly, used properly -Sanitizer concentration not to exceed maximum permitted -No unnecessary toxics on the premises -Pesticides/rodenticides properly dispensed	4
29	Water source adequate, safe. -Well / well head protected from contamination -Water quality in compliance -Monitoring in compliance	4

KEY: DNC [DOES NOT COMPLY]		DNC
31	Sewage disposal approved. -Operating as required	4
34	No cross connections, back siphonage, backflow Proper type/installation/ backflow prevention device/ air gap for: -Food equipment -Hose connections -Dish machines -Soda system carbonator -Beverage dispensers -Toilet tanks -Chemical dispensers -Ice machines Proper drain for: -Food equipment -Dish machines -Ice machines	4
35	Toilet facilities. Adequate, convenient, accessible, designed, properly installed <i>Signature</i>	4

OTHER ITEMS		DNC
2	Sources of food: Original container, properly labeled	1
5	Potentially hazardous food properly thawed	2
10	Food dispensing utensils properly stored	1
14	Food worker: Clean outer clothes, effective hair restraints	1
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	1
21	Preflushed, scraped, soaked and racked	
22	Wash water clean, proper temperature	
23	Accurate thermometers provided, dish basket, if used	
27	Nonfood-contact surfaces of utensils & equipment clean	1
28	Equipment/utensils, storage, handling	1
32	Proper disposal of waste water	1
33	Plumbing location, installation, maintenance	1
36	Toilet rooms enclosed with self-closing door	1
37	Proper toilet fixtures provided, good repair, clean	
39	Approved garbage/rubbish containers, adequate number, covered, rodent proof, clean	1

KEY: DNC [DOES NOT COMPLY]		DNC
40	Garbage/rubbish storage area/rooms, enclosures - properly constructed, clean	1
41	Garbage/rubbish disposed of in an approved manner, at approved frequency	
42	Vermin Control: No insects/rodents present	2
43	Outer openings protected against entrance of insects/rodents	1
44	Floors: Floor covering installed, constructed as required, good repair, clean	1
45	Floors graded, drained as required	
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
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Rooms & equipment hoods, ducts, vented as required	
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
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
59	Seats 75 or more: Nonsmoking area provided, sign(s) posted at entrance(s), smoking area indicated by sign(s)	3

INSPECTOR:

Signature
Robert Guercio
print name
203-256-3020
phone number

PERSON IN CHARGE:

Signature
Jordan Friedrichs
print name
title

☐ Routine Inspection ☐ Reinspection ☐ Preoperational Inspection

Other Inspection: _____

Demerit Score: ♦Include demerits from page 1

4	3	2	1	Total	Rating
0	0	0	1	1	99

DATE CORRECTIONS DUE: _____

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Focused Inspection 1/2002