EHS-106-Rev. 11/05

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

ROUTINE INSPECTIO	N
TI PREOPERATIONAL	

REINSPECTION
OTHER

•	OOD GERVIOL EGIADRIGITHERVIO	410 Capitol Avenue, MS#11FDP, Hartford, CT 06134
NAME OF ESTABLISHMENT	Holland Hill School	
STREET ADDRESS	105 Meadow Croft	Roud
OWNER or OPERATOR		

ESTABLISHMENT CLASS	3	
TOWN Jui	held	
INSPECTION	1/2/13	. 11:76

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.

SO	URCES OF FOOD					
1	Approved source, wholesome, nonadulterated					
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 temperature, thermometers provided	2				
5	Potentially hazardous food properly thawed	2				
6	Unwrapped or potentially hazardous food not re-served	4				
$(\widehat{7})$	Food protected during storage, preparation,					
<u></u>	display, service & transportation	2				
8	Food containers stored off floor	٦				
9	Handling of food minimized					
10	Food dispensing utensils properly stored	1				
11	Toxic items properly stored, labeled, used	4				
FYI PEI	INT CLUPS LOWER & de CEVVICE	l.				
12	Personnel with Infection restricted	4				
CLI	EANLINESS 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				
	UIPMENT & UTENSILS: DESIGN, NSTRUCTION & INSTALLATION Food-contact surfaces designed, constructed,	2				
	maintained, installed, located	ļ <u>.</u>				
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	12				

EQ	UIPMENT & UTENSILS: CLEANLINES	SS			
21	Preflushed, scraped, soaked and racked				
22	Wash water clean, proper temperature	1			
23	Accurate thermometers provided, dish basket, if used	1			
24	Sanitization rinse (hot water - chemical)				
25	Clean wiping cloths				
26	Food-contact surfaces of utensits & equipment clean				
27	Nonfood-contact surfaces of utensils & equipment clean				
28	Equipment/utensils, storage, handling	1			
WA	ATER SUPPLY	· · ·			
29	Water source adequate, safe	4			
30	Hot and cold water under pressure, provided as required	2			
SE	WAGE DISPOSAL				
31	Sewage disposal approved	4			
32	Proper disposal of waste water	1			
PL 33	UMBING Location, installation, maintenance	1			
34	No cross connection, back siphonage, backflow	4			
TO 35	ILET FACILITIES Adequate, convenient, accessible, designed,	4			
	Installed				
36	Toilet rooms enclosed with self-closing door	1			
37	Proper fixtures provided, good repair, clean	<u> </u>			
	NOWA ON INC. FACT THES				
	NDWASHING FACILITIES Suitable hand cleaner and sanitary towels or	1 1			
38	approved hand drying devices provided,				
	tissue waste receptacles provided				
	RBAGE/RUBBISH STORAGE & DISPOS	AL			
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				

DATE and TIME 1/9//3 //:/0					
ich must be corrected by the date specified below.					
VE	RMIN CONTROL				
42	Presence of insects/rodents	2			
43	Outer openings protected against entrance of	1			
	insects/rodents				
FL	OORS, WALLS & 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,	1			
-	good repair, clean				
49	Walls, ceilings attached, equipment properly	1			
	constructed, good repair, clean. Wall & ceiling surfaces as required.				
50	Dustless cleaning methods used,	1			
بّ	cleaning equipment properly stored				
LIC	SHTING & VENTILATION				
51	Adequate lighting provided as required	1			
52	Room free of steam, smoke odors	1			
53	Room & equipment hoods, ducts, vented as required				
DR	ESSING ROOMS & LOCKERS				
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1			
	provided, lacinies clean				
		'			
HC	USEKEEPING				
55	Establishment and premises free of litter, no	1			
56	insect/rodent harborage, no unnecessary articles Complete separation from living/sleeping quarters	1			
"	and laundry	ľ			
57	Clean/solled linens stored properly	1			
58	No live birds, turtles, or other animals	1			
	(except guide dogs)	<u> </u>			
SMOKING PROHIBITED					
59	Smoking prohibited, signs posted at each	3			
"	entrance				
-		<u> </u>			
QUALIFIED FOOD OPERATOR					
60	Qualified Food Operator	3			
61	Designated alternate	2			
62	Written documentation of training program	2			

	DEMERI	T SCORE	
4 D O	300	21	100
TOTAL	RATING	Date Corre	ctions Due

		Signature of Person in c	harge 47 /0:		100
ons Due		1 like	((ydl)		•
		SIGNED/(Inspector)	1 B	#697	
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RISK FACTOR VIOLATIONS IN RED