## EHS-106-Rev. 11/05

## **INSPECTION REPORT**

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

ROUTINE INSPECTION
☐ PREOPERATIONAL

☐ REINSPECTION ☐ OTHER

FOOD SERVICE ESTABLISHMENTS 410 Capitol Avenue, MS#11FDP, Hartford, CT 06134

(J)	ROUTINE INSPECTION
	PREOPERATIONAL

NAME OF ESTABLISHMENT	Mill Hill School	ESTABLISHMENT CLASS
STREET ADDRESS	C35 Will Hill	TOWN 051
OWNER or OPERATOR		INSPECTION DATE and TIME WWY 13 100

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	4
2	Original container, properly labeled	1
EΛ	OD DDOTECTION	
	OD PROTECTION	<del></del>
3	Potentially hazardous food meets temperature requirements during storage, preparation, display, service, and transportation	4
4	Adequate facilities to maintain product	2
5	Petroticilly becording food grandy thousand	1
6	Potentially hazardous food properly thawed Unwrapped or potentially hazardous food	2
.~.	not re-served	4
Z	Food protected during storage, preparation,	†
	display, service & transportation	16
8	Food containers stored off floor	70
9	Handling of food minimized	2
10	Food dispensing utensils properly stored	1
11	Toxic items properly stored, labeled, used	4
PEI	RSONNEL	
12	Personnel with infection restricted 🔧	4
CLI	EANLINESS OF PERSONNEL	,
13	Handwashing facilities provided,	4
	personnel hands washed, clean	Ľ
14	Clean outer clothes, effective hair restraints	1
1	Good hygienic practices, smoking restricted	2
15		
EQ	UIPMENT & UTENSILS: DESIGN, NSTRUCTION & INSTALLATION	
EQ		2
EQI CO	NSTRUCTION & INSTALLATION Food-contact surfaces designed, constructed,	2
EQ CO	NSTRUCTION & INSTALLATION  Food-contact surfaces designed, constructed, maintained, installed, located  Nonfood-contact surfaces designed,	1
EQ CO 16	NSTRUCTION & INSTALLATION  Food-contact surfaces designed, constructed, maintained, installed, located  Nonfood-contact surfaces designed, constructed, maintained, installed, located	

	DEMERI	TSCORE
4	3	20 1
TOTAL	RATING	Date Corrections Due
D (		4

EC	QUIPMENT & UTENSILS: CLEANLINE	SS	
21	Preflushed, scraped, soaked and racked	Π	
22	Wash water clean, proper temperature		
23	ccurate 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		
28	Equipment/utensils, storage, handling	1	
W	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	
	UMBING		
33	Location, installation, maintenance	1	
33 34	Location, installation, maintenance No cross connection, back siphonage, backflow	1	
34 TO	No cross connection, back siphonage, backflow	4	
34 TO 35	No cross connection, back siphonage, backflow  ILET FACILITIES  Adequate, convenient, accessible, designed, installed		
34 TO 35	No cross connection, back siphonage, backflow  ILET FACILITIES  Adequate, convenient, accessible, designed, installed  Poilet rooms enclosed with self-closing door	4	
34 TO	No cross connection, back siphonage, backflow  ILET FACILITIES  Adequate, convenient, accessible, designed, installed	4	
34 TO 35 36 37	No cross connection, back siphonage, backflow  ILET FACILITIES  Adequate, convenient, accessible, designed, installed  Poilet rooms enclosed with self-closing door	4	
34 TO 35 36 37	No cross connection, back siphonage, backflow  ILET FACILITIES  Adequate, convenient, accessible, designed, installed  Poilet rooms enclosed with self-closing door  Proper fixtures provided, good repair, clean  NDWASHING FACILITIES  Suitable hand cleaner and sanitary towels or	4	
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34 TO 35 36 37 HA 38 GA	No cross connection, back siphonage, backflow  ILET FACILITIES  Adequate, convenient, accessible, designed, installed  Poilet rooms enclosed with self-closing door  Proper fixtures provided, good repair, clean  NDWASHING FACILITIES  Suitable hand cleaner and sanitary towels or approved hand drying devices provided, tissue waste receptacles provided  RBAGE/RUBBISH STORAGE & DISPOS/Approved containers, adequate number, covered, rodent proof, clean	4 1	
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NE:	SS	İ	Vi	ERMIN CONTROL	
	Π	1	42	Presence of insects/rodents	T
ised	1		43	Outer openings protected against entrance of insects/rodents	1
	2	1	$\vdash$		L
	1	1	FL	OORS, WALLS & CEILINGS	
	2		44	Floors: floor covering installed, constructed as required, good repair, clean	1
	1	1	45	Floors, graded, drained as required	1
	ĺ		46	Floor, wall juncture covered	1
	1		47	Mats removable, good repair, clean	1
	<u> </u>		48	Exterior walking, driving surfaces, good repair, clean	†
	2		49	Walls, ceilings attached, equipment properly constructed, good repair, clean. Wall & ceiling surfaces as required.	
			50	Dustless cleaning methods used, cleaning equipment properly stored	Ţ
	4	1			٠
	1	1	LI	GHTING & VENTILATION	
	·	1	51	Adequate lighting provided as required	Ţ
			52	Room free of steam, smoke odors	Ť
	1		53	Room & equipment hoods, ducts, vented as required	1
W	4				_
			DF	RESSING ROOMS & LOCKERS	
ed,	4	٠	54	Rooms adequate, clean, adequate lockers provided, facilities clean	
· ·	1	$\rangle$	НС	DUSEKEEPING	_
			55	Establishment and premises free of litter, no insect/rodent harborage, no unnecessary articles	
	1		56	Complete separation from living/sleeping quarters and laundry	ŗ
			57	Clean/soiled linens stored properly	r
os/	٩L		58	No live birds, turtles, or other animals (except guide dogs)	
	1		SIV	IOKING PROHIBITED	
	1		59	Smoking prohibited, signs posted at each entrance	
			QU	ALIFIED FOOD OPERATOR	
			60	Qualified Food Operator	;
RED			61	Designated alternate	2
			62	Written documentation of training program	7

## RISK FACTOR VIOLATIONS IN R

Signature of Person in charge	\ c.
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SIGNED (Inspector) (	