

**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	NORTH STAFFIELD School
STREET ADDRESS	190 Rottung Green
OWNER or OPERATOR	

ESTABLISHMENT CLASS	IV
TOWN	OSI
INSPECTION DATE and TIME	13 JAN 14 1115

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
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 & UTENSILS: DESIGN, CONSTRUCTION & 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 & 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
GARBAGE/RUBBISH STORAGE & 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 & 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 & 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 & LOCKERS		
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
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
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
X	X	X	X

**RISK FACTOR VIOLATIONS IN RED**

TOTAL	RATING	Date Corrections Due
1	(99)	4 mos

Signature of Person in charge	<i>[Signature]</i>
SIGNED (Inspector)	<i>[Signature]</i>

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

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