

INSPECTION REPORT
FOOD SERVICE ESTABLISHMENTSSTATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
410 Capitol Avenue, MS#11FDP, Hartford, CT 06134☒ ROUTINE INSPECTION ☐ REINSPECTION
☐ PREOPERATIONAL ☐ OTHERNAME OF ESTABLISHMENT North Stratford School
STREET ADDRESS 190 Putting Green
OWNER or OPERATORESTABLISHMENT CLASS III
TOWN OSI
INSPECTION DATE and TIME 3 May 13 1133

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 |
| | | | |

RISK FACTOR VIOLATIONS IN RED

| TOTAL | RATING | Date Corrections Due |
|-------|--------|----------------------|
| 4 | 96 | 4 mos |

| | |
|-------------------------------|--------------------|
| Signature of Person in charge | <u>M. Hartman</u> |
| SIGNED (Inspector) | <u>[Signature]</u> |

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

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