EHS-106-Rev. 11/05

ESTABLISHMENT STREET **ADDRESS** OWNER or **OPERATOR**

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

ROUTINE INSPECTION
PREOPERATIONAL

REINSPECTION
OTHER

410 Capitol Avenue, MS#11FDP, Hartford, CT 06134 NAME OF

ESTABLISHMENT	
CLASS	
TOWN -	
G51	
INSPECTION /	`
DATE and TIME (~ <) Ah []	1100

Based on an inspection this day, the items marked below identify the violations in operation or facilities which must be corrected by

so	URCES OF FOOD	<u>.</u>
.1	Approved source, wholesome, nonadulterated	4
2	Original container, properly labeled	1
		•
	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	Polentially hazardous food properly thawed	12
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
PEI	RSONNEL	
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	
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

19	No reus	e of single serv	ice article		
20	Dishwashing facilities approved design, adequately constructed, maintained, installed, located			2	
		DEMERI'	T SCORE		
4		N C	3	10/0	/
		`	· ,	.r ==	
TC	OTAL	RATING	Date Corre	ctions D	ue

EC	QUIPMENT & 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)	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
w	ATER SUPPLY	
29	Water source adequate, safe	4
30	Hot and cold water under pressure,	2
	provided as required	
SE	WAGE DISPOSAL	
31	Sewage disposal approved	4
32	Proper disposal of waste water	1
PL.	UMBING	
33	Location, installation, maintenance	1
34	No cross connection, back siphonage, backflow	4
TO	ILET FACILITIES	
35	Adequate, convenient, accessible, designed,	_
	Installed	4
36		
36 37	installed	1
37	Installed Toilet rooms enclosed with self-closing door Proper fixtures provided, good repair, clean	
37	Installed Toilet rooms enclosed with self-closing door	
37 HA	Installed Toilet 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	1
37 HA 38 GA	Installed Toilet 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 & DISPOSA	1
37 HA 38 GA	Installed Toilet 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	1 1
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RISK FACTOR VIOLATIONS IN RED

ich r	nust be corrected by the date specified belo	w.
VE	RMIN CONTROL	
42	Presence of insects/rodents	2
43	Outer openings protected against entrance of insects/rodents	1
FL	OORS, WALLS & CEILINGS	
44	Floors: floor covering installed, constructed as required, good repair, clean	
(15	Bloors, graded, drained as required	ተን
46	Floor, wall juncture covered	ν
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
LIC	HTING & VENTILATION	
51	Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	Ĺ
DR	ESSING ROOMS & LOCKERS	
54	Rooms adequate, clean, adequate lockers provided, facilities clean	1
но	USEKEEPING	
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
SM	OKING PROHIBITED	
59	Smoking prohibited, signs posted at each entrance	3
QU	ALIFIED FOOD OPERATOR	
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

Signature of Person in chafge SIGNED (Inspector)