

**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 Roger Ludlowe middle  
STREET ADDRESS 689 Unquowa Rd.  
OWNER or OPERATOR

ESTABLISHMENT CLASS 3  
TOWN ff/d  
INSPECTION DATE and TIME 10/8/13

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 |
|               |   | 1 | 1 |
|               |   | 2 | 1 |

| TOTAL | RATING | Date Corrections Due |
|-------|--------|----------------------|
| 3     | 97     | 7/8/13               |

**RISK FACTOR VIOLATIONS IN RED**

Signature of Person in charge [Signature]  
SIGNED (Inspector) [Signature]

DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS  
DISTRIBUTION: 1<sup>st</sup> - White - Health Department 2<sup>nd</sup> - Yellow - Owner/Operator