EHS-106-Rev. 11/05

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 ESTABLISHMENT NAME OF CLASS **ESTABLISHMENT** TOWN STREET **ADDRESS** INSPECTION OWNER or DATE and TIME **OPERATOR** Based on an inspection this day, the items marked b

hich must be corrected by the date specified below.

so	URCES OF FOOD			
1	Approved source, wholesome, nonadulterated	4		
2	Original container, properly labeled	1		
FΩ	OD PROTECTION			
3	Potentially hazardous food meets	4		
v	temperature requirements during storage, preparation, display, service, and transportation			
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		
PE	RSONNEL			
12	Personnel with infection restricted	4		
CL	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		
CO	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		

DEMERIT SCORE						
4	3	2 1				
TOTAL	RATING	Date Corrections Due				
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EC	UIPMENT & 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, provided as required	2
	WAGE DISPOSAL	
31	Sewage disposal approved	4
32	Proper disposal of waste water	1 1
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PL	UMBING	I .
PL 33	<u> </u>	1
	UMBING	1 4
33 34	UMBING Location, installation, maintenance	_
33 34 TO 35	UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed, installed	_
33 34 TO	UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed, installed Toilet rooms enclosed with self-closing door	4
33 34 TO 35	UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed, installed	4
33 34 TO 35 36 37	UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed, installed Toilet rooms enclosed with self-closing door	4
33 34 TO 35 36 37	UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed, installed Toilet rooms enclosed with self-closing door Proper fixtures provided, good repair, clean	4
33 34 TO 35 36 37 HA	UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed, 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 & DISPOS	4 1
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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	
45	Floors, graded, drained as required	
46	Floor, wall juncture covered	1
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 51	GHTING & VENTILATION Adequate lighting provided as required	1
52	Room free of steam, smoke odors	1
53	Room & equipment hoods, ducts, vented as required	
DR 54	RESSING ROOMS & LOCKERS Rooms adequate, clean; adequate lockers	1
34	provided, facilities clean	,
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	1
57	Clean/soiled linens stored properly	1
58	No live birds, turtles, or other animals (except guide dogs)	1
SM	IOKING PROHIBITED	
59	Smoking prohibited, signs posted at each entrance	3
QL	IALIFIED FOOD OPERATOR	
60	Qualified Food Operator	3
61	Designated alternate	2
62	Written documentation of training program	2

RISK FACTOR VIOLATIONS IN RED

Signature of Person in charge	- 01 (1)
1 134	R. E. Plotter
SIGNED (Inspector)	10 100
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