

**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 Tamlinson Middle School
STREET ADDRESS 200 Linguana
OWNER or OPERATOR _____

ESTABLISHMENT CLASS III
TOWN Fairfield
INSPECTION DATE and TIME 9/18/12

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	
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	0

TOTAL	RATING	Date Corrections Due
4	96	ASAP

RISK FACTOR VIOLATIONS IN RED

Signature of Person in charge _____
SIGNED (Inspector) Jim Chan

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