EHS-106-Rev. 11/05

INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

ROUTINE INSPECTION REINSPECTION PREOPERATIONAL OTHER

410 Capitol Ave	inue, Mo#11rbP, naruoro, C1 00134
NAME OF ESTABLISHMENT STATISHO SCLOSIL	ESTABLISHMENT CLASS LI
STREET ADDRESS 1457 Weswille At	TOWN OSI
OWNER or OPERATOR	INSPECTION DATE and TIME 25 May 10 945
Based on an inspection this day, the items marked below identify the vio	lations in operation or facilities which must be corrected by the date specified below.

1	Approved source, wholesome,	_
	nonadulterated	4
2	Original container, properly labeled	1
FO	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	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
PEF	RSONNEL	
12	Personnel with infection restricted	4
CLE	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

I		DEMERI	T SCORE	
	4	3	3	
I	TOTAL	RATING	Date Corre	ctions Due

EQ	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
SE	WAGE DISPOSAL	
31	Sewage disposal approved	4
32	Proper disposal of waste water	1
32	Proper disposal of waste water UMBING Location, installation, maintenance	-
32 PL	Proper disposal of waste water UMBING	1
32 PL 33 34	Proper disposal of waste water UMBING Location, installation, maintenance	1
32 PL 33 34	Proper disposal of waste water UMBING Location, installation, maintenance No cross connection, back siphonage, backflow PLET FACILITIES Adequate, convenient, accessible, designed, installed	1
32 PL 33 34	Proper disposal of waste water UMBING Location, installation, maintenance No cross connection, back siphonage, backflow ILET FACILITIES Adequate, convenient, accessible, designed, installed Toilet rooms enclosed with self-closing door	1 4
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RISK	FACTOR	VIOL	ATIONS	IN	RED

٧Ľ	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	1
46	Floor, wail 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	HTING & VENTILATION Adequate lighting provided as required	1
52	Room free of steam, smoke odors	T,
53	Room & equipment hoods, ducts, vented as required	1
		<u> </u>
DR 54	ESSING ROOMS & LOCKERS Rooms adequate, clean, adequate lockers	1
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DESCRIBE DEFICIENCIES ON CONTINUATION SHEETS

Signature of Person in charge

SIGNED (Inspector)