

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 5-23-23
 Establishment 2nd Bridge Brewery Town Manchester


TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Chicken Buffalo	35F			Handsink Hot water	118F
Cooked Onion	36F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
10 PF	Soap dispenser needed (mounted)
11 P	Jarred relish from home kitchen (Discarded) (COS)
22 P	Cold prep - butter + cut produce @ 55 Discarded (COS) Cold prep serviced 5/19/23 Parts on order
47C	Cutting board cut/damaged
16 P	Interior ice machine unclean
Note - Food storage in WIC during cold prep repair	
49C	Gasket on WIC unclean
New ice machine - Manitowoc * Check Floor clearance Requirement	

Person in Charge (Signature) [Signature] Date 5-23-23
 Inspector (Signature) Dennis Payne Date 5/23/23

Risk Category: 3	Food Establishment Inspection Report	Page 1 of _____
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/18/23
Establishment: Andi's pizza		Time In 2 AM/PM Time Out 3:30 AM/PM
Address: 290 B Broad St		LHD: Manchester
Town/City: Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder: Andi/Heather		Reinspection Other _____
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	Supervision	V COS R
1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Employee Health		
3 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper use of restriction and exclusion	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Good Hygienic Practices		
6 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	No discharge from eyes, nose, and mouth	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Preventing Contamination by Hands		
8 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hands clean and properly washed	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Approved Source		
11 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food obtained from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food received at proper temperature	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
GOOD RETAIL PRACTICES		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
OUT N/A N/O	Safe Food and Water	V COS R
30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pasteurized eggs used where required	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Water and ice from approved source	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
32 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Variance obtained for specialized processing methods	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Food Temperature Control		
33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Plant food properly cooked for hot holding	Pf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Approved thawing methods used	Pf/C <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
36 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Thermometers provided and accurate	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Food Identification		
37 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food properly labeled; original container	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prevention of Food Contamination		
38 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
39 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Personal cleanliness	Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wiping cloths: properly used and stored	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature): <i>Lauren Grandy</i> Date: 5/18/23	Violations documented	
Person in Charge (Printed): Heather Crosselin	Date corrections due	
Inspector (Signature): <i>Lauren Grandy</i> Date: 5/18/23	Priority Item Violations	5/21/23
Inspector (Printed): Lauren Grandy	Priority Foundation Item Violations	2
	Core Item Violations	8/18/23
	Risk Factor/Public Health Intervention Violations	4
	Repeat Risk Factor/Public Health Intervention Violations	
	Good Retail Practices Violations	
	Requires Reinspection - check box if you intend to reinspect	

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/18/23

Establishment Andi pizza

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
walk in cooler		pizza cold		Hand sink kitchen	110F
cheese	38F	Ham	40F		
Ham	39F	meatball	41F	internal chix	167F
wing	39F	cheese	40F		
sauce	38F				
		salad cold prep			
reach in		Feta cheese	40F		
wings - discarded	50-60F	Ham	40F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
note*	test strips available -
35PF	Food product out thawing room temp - no thawing at room temp ↳ Meatballs 26F ↳ pepperoni 32F - cos - moved to w/c
43c	container used as scoop into sauce - cos
39c	chicken wings stored on floor in walk in cooler - cos
28p	medication above microwave - cos
20P	chicken wings between 50-60F in reach in cooler, made yesterday per staff - discarded - cos
45c	Linen closet in back - stored single service on floor
15c	Food product (chicken wings) in walk in not protected
note*	Food thermometer available
note*	good glove use + handwashing observed
note*	discussed cooling practices - 135°F to 70°F (2hr) 70°F to 41°F (4hr)
note*	discussed FDA checklist w/ person in charge
note*	Fact sheets to be emailed for cooling

Person in Charge (Signature) Deborah Gassel

Date 5/18/23

Inspector (Signature) Lauren Brady

Date 5/18/23



TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: Andi's pizza

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - PRIORITY – 72 hours for correction
 - PRIORITY FOUNDATION – 10 days for correction
 - CORE – 90 days for correction or determined by inspector
- Corrections and Reinspections
 - Corrected on site violations
 - Reinspection – case by case
 - Repeat violations
- No Bare Hand Contact – Correction Required
 - 9 P/Pf/C
- CCPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - Handwashing sign at all handwash sinks (section 6-301.14) 10c
 - 9 Major Allergens 37c
 - Outdoor Allowance for dogs -preapproval and sign required. 38 Pf
- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>

Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>

FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>

Environmental Health Inspector:

Signature of Inspector: Lauren Grandy
 Print Name: Lauren Grandy Date: 5/18/23

Person In Charge:

Signature of Person In Charge: Heather Gosselin
 Print Name: Heather Gosselin Title: manager
 Date: 5/18/23

Email: heather.gosselin0307@gmail.com

Risk Category: <u>2</u>	Food Establishment Inspection Report	Page 1 of <u>3</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>5/25/23</u>	
Establishment <u>Bowers at Robertson</u>		Time In _____ AM/PM Time Out _____ AM/PM
Address <u>45 N School St</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op _____	
Permit Holder <u>MPS</u>	Reinspection _____ Other _____	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed

P=Priority item Pf=Priority foundation item C=Core item V=violation type		Mark in appropriate box for COS and/or R		COS=corrected on-site during inspection		R=repeat violation	
IN	OUT	N/A	N/O	V	COS	R	
Supervision							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	1 Person/Alternate Person in charge present, demonstrates knowledge and performs duties
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	2 Certified Food Protection Manager for Classes 2, 3, & 4
Employee Health							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	3 Management, food employee and conditional employee; knowledge, responsibilities and reporting
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	4 Proper use of restriction and exclusion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	5 Written procedures for responding to vomiting and diarrheal events
Good Hygienic Practices							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	6 Proper eating, tasting, drinking, or tobacco products use
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	7 No discharge from eyes, nose, and mouth
Preventing Contamination by Hands							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	8 Hands clean and properly washed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	10 Adequate handwashing sinks, properly supplied/accessible
Approved Source							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	11 Food obtained from approved source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	12 Food received at proper temperature
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	13 Food in good condition, safe, and unadulterated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	14 Required records available: molluscan shellfish identification, parasite destruction

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

OUT	N/A	N/O	V	COS	R	
Safe Food and Water						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	30 Pasteurized eggs used where required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	31 Water and ice from approved source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	32 Variance obtained for specialized processing methods
Food Temperature Control						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	33 Proper cooling methods used; adequate equipment for temperature control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	34 Plant food properly cooked for hot holding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	35 Approved thawing methods used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	36 Thermometers provided and accurate
Food Identification						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	37 Food properly labeled; original container
Prevention of Food Contamination						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	38 Insects, rodents, and animals not present
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	39 Contamination prevented during food preparation, storage & display
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	40 Personal cleanliness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	41 Wiping cloths: properly used and stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	42 Washing fruits and vegetables
Permit Holder shall notify customers that a copy of the most recent inspection report is available.						
Proper Use of Utensils						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	43 In-use utensils: properly stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44 Utensils/equipment/linens: properly stored, dried, & handled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	45 Single-use/single-service articles: properly stored & used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	46 Gloves used properly
Utensils and Equipment						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47 Food and non-food contact surfaces cleanable, properly designed, constructed, and used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48 Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	49 Non-food contact surfaces clean
Physical Facilities						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	50 Hot and cold water available; adequate pressure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51 Plumbing installed; proper backflow devices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52 Sewage and waste water properly disposed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53 Toilet facilities: properly constructed, supplied, & clean
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	54 Garbage and refuse properly disposed; facilities maintained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	55 Physical facilities installed, maintained, and clean
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	56 Adequate ventilation and lighting; designated areas used
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f

Person in Charge (Signature) M Date 5/25/23

Person in Charge (Printed) Michelle Hills

Inspector (Signature) Denise Payne Date 5/25/23

Inspector (Printed) Denise Payne

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	<u>June 4, 23</u>	<u>2</u>
Core Item Violations	<u>August 25, 23</u>	<u>4</u>
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		3
Requires Reinspection - check box if you intend to reinspect		

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

dpayne@manchesterct.gov

Denise Payne

From: Doreen Ruggiero <doreenr@mpspride.org>
Sent: Thursday, May 25, 2023 1:37 PM
To: Michelle Hills
Cc: Elisha Feenstra; Teresa Thompson; Nick Aldi; Denise Payne
Subject: Re: Work Order

EXTERNAL MESSAGE - Think Before You Click!

Hi,
All set! A work order has been submitted.

Thanks,
Doreen

Doreen Ruggiero *)
Administrative Assistant
Food Service Department
Manchester Public Schools
Northwest Park
448 Tolland Tnpk., Bldg. 1
Manchester, CT 06042
Phone: 860-647-3462
Fax: 860-647-5037



On Thu, May 25, 2023 at 12:46 PM Michelle Hills <mhills@mpspride.org> wrote:


Good afternoon,

We had our inspection today and need to correct a few things in the kitchen. Can you please put in a work order for the following.

- 1) Clean the fan covers in the walk-in cooler and kitchen heater.
- 2) Have the ceiling over the dishwash area repaired so it can be easily cleaned.
- 3) Change the lightbulb in the walk-in fridge.

Thank you,
Michelle Hills

Risk Category: 4	Food Establishment Inspection Report	Page 1 of ____
Establishment type: Permanent Temporary Mobile Other _____	Date: 5-23-23	
Establishment Buckley Elementary	Time In _____ AM/PM Time Out _____ AM/PM	
Address 250 Vernon St	LHD Manchester	
Town/City Manchester	Purpose of Inspection: Routine Pre-op	
Permit Holder MPS	Reinspection Other _____	



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee Health				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time/Temperature Control for Safety			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Hygienic Practices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preventing Contamination by Hands				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Source				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOOD RETAIL PRACTICES				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures			
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control				<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of utensils	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food Identification				<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination				<input type="checkbox"/>	Physical Facilities							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	P/C	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>				
Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) Eva Kavanagh Date 5/23/23															
Person in Charge (Printed) Eva Kavanagh															
Inspector (Signature) Denise Payne Date 5/23/23															
Inspector (Printed) Denise Payne															
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.															

Violations documented	Date corrections due	#
Priority Item Violations		0
Priority Foundation Item Violations	June 4, 23	1
Core Item Violations	Aug 25, 23	2
Risk Factor/Public Health Intervention Violations		0
Repeat Risk Factor/Public Health Intervention Violations		0
Good Retail Practices Violations		2
Requires Reinspection - check box if you intend to reinspect		

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5-23-23

Establishment Buckley Elementary Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Cream cheese	37F	TACO meat	162F	Spray bottle	200ppm
Cheese	38F	Cheese/beans	168F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
53C	Restroom - not self closing
47PF	Victory 2 door - cut watermelon @ 46F → Chill in WIC until needed. Ambient Temp at 40F (cut this day) Dont use for TCS food
41C	Sanitizer bucket low @ Dish machine for Dining Table

Note: Dish machine > 160F on surface



Person in Charge (Signature) Eva Kavanagh
 Inspector (Signature) Dennis Rayn

Date 5/23/23
 Date 5/23/23

ekava@mps.pride.org

Risk Category: 3	Food Establishment Inspection Report	Page 1 of ____
Establishment type: Permanent Temporary Mobile Other _____		Date: 5-15-23
Establishment Chipotle		Time In _____ AM/PM Time Out _____ AM/PM
Address 48 Hale Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder _____		Reinspection Other FDA
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Supervision	Protection from Contamination	Time/Temperature Control for Safety
IN OUT N/A N/O	IN OUT N/A N/O	IN OUT N/A N/O
1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Food separated and protected	Proper cooking time and temperatures
Pf <input type="checkbox"/> <input type="checkbox"/>	P/C <input type="checkbox"/> <input type="checkbox"/>	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>
2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4	Food-contact surfaces: cleaned & sanitized	Proper reheating procedures for hot holding
C <input type="checkbox"/> <input type="checkbox"/>	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	P <input type="checkbox"/> <input type="checkbox"/>
Employee Health		
3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting	Proper disposition of returned, previously served, reconditioned, and unsafe food	Proper cooling time and temperatures
P/Pf <input type="checkbox"/> <input type="checkbox"/>	P <input type="checkbox"/> <input type="checkbox"/>	P <input type="checkbox"/> <input type="checkbox"/>
4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Consumer Advisory	
Proper use of restriction and exclusion	Consumer advisory provided: raw/undercooked food	
P <input type="checkbox"/> <input type="checkbox"/>	Pf <input type="checkbox"/> <input type="checkbox"/>	
5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Highly Susceptible Population	
Written procedures for responding to vomiting and diarrheal events	26 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pf <input type="checkbox"/> <input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	
Good Hygienic Practices		
6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food/Color Additives and Toxic Substances	
Proper eating, tasting, drinking, or tobacco products use	27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
P/C <input type="checkbox"/> <input type="checkbox"/>	Food additives: approved and properly used	
7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Conformance with Approved Procedures	
No discharge from eyes, nose, and mouth	28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C <input type="checkbox"/> <input type="checkbox"/>	Toxic substances properly identified, stored & used	
Preventing Contamination by Hands		
8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	GOOD RETAIL PRACTICES	
Hands clean and properly washed	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.	
P/Pf <input type="checkbox"/> <input type="checkbox"/>	Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation	
9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	Safe Food and Water	Proper Use of Utensils
P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	OUT N/A N/O	OUT
10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible	Pasteurized eggs used where required	In-use utensils: properly stored
Pf/C <input type="checkbox"/> <input type="checkbox"/>	P <input type="checkbox"/> <input type="checkbox"/>	C <input type="checkbox"/> <input type="checkbox"/>
Approved Source		
11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Food obtained from approved source	Water and ice from approved source	Utensils/equipment/linens: properly stored, dried, & handled
P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	Pf/C <input type="checkbox"/> <input type="checkbox"/>
12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	32 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	45 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Food received at proper temperature	Variance obtained for specialized processing methods	Single-use/single-service articles: properly stored & used
P/Pf <input type="checkbox"/> <input type="checkbox"/>	Pf <input type="checkbox"/> <input type="checkbox"/>	P/C <input type="checkbox"/> <input type="checkbox"/>
13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food Temperature Control	
Food in good condition, safe, and unadulterated	33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
P/Pf <input type="checkbox"/> <input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	
14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
Required records available: molluscan shellfish identification, parasite destruction	34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
P/Pf/C <input type="checkbox"/> <input type="checkbox"/>	Plant food properly cooked for hot holding	
Prevention of Food Contamination		
35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	36 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Approved thawing methods used	Thermometers provided and accurate	
Pf/C <input type="checkbox"/> <input type="checkbox"/>	Pf/C <input type="checkbox"/> <input type="checkbox"/>	
36 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Food Identification	
Thermometers provided and accurate	37 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pf/C <input type="checkbox"/> <input type="checkbox"/>	Food properly labeled; original container	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) _____ Date _____	Person in Charge (Printed) see page 2	
Inspector (Signature) Denise Payne Date 5-15-23	Inspector (Printed) Denise Payne	
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		
Violations documented		Date corrections due
Priority Item Violations		8-19-23
Priority Foundation Item Violations		
Core Item Violations		
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		
Good Retail Practices Violations		
Requires Reinspection - check box if you intend to reinspect		



TOWN OF MANCHESTER HEALTH DEPARTMENT
 479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
 Phone Number: **(860) 647-3173**, Fax Number: **(860) 647-3188**

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Chipotle

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - o PRIORITY – 72 hours for correction
 - o PRIORITY FOUNDATION – 10 days for correction
 - o CORE – 90 days for correction or determined by inspector
- Corrections and Reinspections
 - o Corrected on site violations
 - o Reinspection – case by case
 - o Repeat violations
- No Bare Hand Contact – Correction Required

9 P/Pf/C
- CFPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - o Handwashing sign at all handwash sinks (section 6-301.14) 10C
 - o 9 Major Allergens 37C
 - o Outdoor Allowance for dogs -preapproval and sign required. 38 Pf
- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy ✓
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>

Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>

FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>


Environmental Health Inspector:

Signature of Inspector: *Denise Payne*
 Print Name: Denise Payne Date: 5/15/23

Person In Charge:

Signature of Person In Charge: *Amber Mercado* Title: Apprentice
 Print Name: Amber Mercado Date: 5/15/23
 Email mamber2626@gmail.com

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/24/23
Establishment: dunkin donuts		Time In: 2 AM/PM Time Out: 3:30 AM/PM
Address: 171 Spencer St		LHD: Manchester
Town/City: Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder: Yolanda R		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS												
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.												
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed												
P=Priority item	PF=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R				COS=corrected on-site during inspection	R=repeat violation			
Supervision				V	COS	R						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1												
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Pf								
2												
Certified Food Protection Manager for Classes 2, 3, & 4				C								
Employee Health				V	COS	R						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3												
Management, food employee and conditional employee; knowledge, responsibilities and reporting				P/Pf								
4												
Proper use of restriction and exclusion				P								
5												
Written procedures for responding to vomiting and diarrheal events				Pf								
Good Hygienic Practices				V	COS	R						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
6												
Proper eating, tasting, drinking, or tobacco products use				P/C								
7												
No discharge from eyes, nose, and mouth				C								
Preventing Contamination by Hands				V	COS	R						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
8												
Hands clean and properly washed				P/Pf								
9												
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				P/Pf/C								
10												
Adequate handwashing sinks, properly supplied/accessible				P/C								
Approved Source				V	COS	R						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11												
Food obtained from approved source				P/Pf/C								
12												
Food received at proper temperature				P/Pf								
13												
Food in good condition, safe, and unadulterated				P/Pf								
14												
Required records available: molluscan shellfish identification, parasite destruction				P/Pf/C								

GOOD RETAIL PRACTICES											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
OUT	N/A	N/O	V	COS	R						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
30											
Pasteurized eggs used where required			P								
31											
Water and ice from approved source			P/Pf/C								
32											
Variance obtained for specialized processing methods			Pf								
Food Temperature Control				V	COS	R					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
33											
Proper cooling methods used; adequate equipment for temperature control				Pf/C							
34											
Plant food properly cooked for hot holding				Pf							
35											
Approved thawing methods used				Pf/C							
36											
Thermometers provided and accurate				Pf/C							
Food Identification				V	COS	R					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
37											
Food properly labeled; original container				Pf/C							
Prevention of Food Contamination				V	COS	R					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
38											
Insects, rodents, and animals not present				P/C							
39											
Contamination prevented during food preparation, storage & display				P/Pf/C							
40											
Personal cleanliness				Pf/C							
41											
Wiping cloths: properly used and stored				C							
42											
Washing fruits and vegetables				P/Pf/C							

Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature): <i>E. Padilla</i>	Date: 5/24/23	
Person in Charge (Printed): Evangelina Padilla		
Inspector (Signature): <i>Lauren Granow</i>	Date: 5/24/23	
Inspector (Printed): Lauren Granow		

Violations documented	Date corrections due	#
Priority Item Violations	5/27/23	2
Priority Foundation Item Violations	6/3/23	3
Core Item Violations	8/24/23	15
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		16
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

reinspection: **6/3/23 (Monday 6/5/23)**

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 5/24/23
 Establishment Dunkin Donuts - Spencer St. Manchester Town Manchester

TEMPERATURE OBSERVATIONS


Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Almond milk	59F	Bacon Cold hold	39F	Sanitizer bucket quat	200ppm
cream	41F	cheese under counter	39F	3 bay quat	200ppm
Silk coconut milk	37F	Raspberry Concentrate	38F	walk in freezer	0F
Sausage Patty Hot hold	153F	sliced cheese walk in cooler	38F	walk in cooler	39F
Egg Patty Hot hold	153F	street corn walk in cooler	38F	Hand sink customer Bathroom	165F
Cream cheese cold hold	38F				
egg patty cold hold	40F				
cheese slice cold hold	39F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
49c	unclean hand sink by front service area
43c	Stirrer held in stagnant room temp water at front area. - COS
55c	Tiles damaged in front area ~6 month
47c	Gasket damaged under counter fridge front area
44c 45	Coffee filters not protected or inverted front area - COS 5/25/23
* 16PF	unclean under counter cold holding drawers (interior) -
55c/56c	unclean wall and hood behind bagel prep station.
* 51P 51C	Back corner hand sink leaking on floor
55c	Cove base missing or damaged in front area
47c	Gasket damaged 2 door cooler in back
* 10PF	No paper towels at hand sink by 3 bay - COS 5/25/23
10PF	marker, tape, trash stored in hand sink by 3 bay - COS 5/25/23
38c	Gap under back door
39c	walk in freezer has ice build up (severe) - COS 5/25/23
49c	unclean floors in walk in freezer
7C 47c	Milk crates used as shelves 47c
53C	unclean mens restroom handsink - COS 5/25/23
51P	Hot water 165f in mens Bathroom - COS 5/25/23
22P	Almond milk stored on counter at 59F - discarded on site - COS
	* 51P 5/25 9:30/10 AM - in person

Person-in Charge (Signature) E. Padilla Date 5/24/23
 Inspector (Signature) Laurin Standy Date 5/24/23

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 4
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/12/23
Establishment Dunkin Donuts	 <p>Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM
Address 1205 Tolland Tpk		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Ana Medeiros		Reinspection _____ Other FDA
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Supervision	Protection from Contamination	V COS R
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties Pf <input type="radio"/> COS <input type="radio"/> R	15 <input type="radio"/> IN <input checked="" type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food separated and protected P/C <input type="radio"/> COS <input type="radio"/> R	
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4 C <input type="radio"/> COS <input type="radio"/> R	16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food-contact surfaces: cleaned & sanitized P/Pf/C <input type="radio"/> COS <input type="radio"/> R	
Employee Health		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="radio"/> COS <input type="radio"/> R	Time/Temperature Control for Safety	
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper use of restriction and exclusion P <input type="radio"/> COS <input type="radio"/> R	18 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking time and temperatures P/Pf/C <input type="radio"/> COS <input type="radio"/> R	
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Written procedures for responding to vomiting and diarrheal events Pf <input type="radio"/> COS <input type="radio"/> R	19 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper reheating procedures for hot holding P <input type="radio"/> COS <input type="radio"/> R	
Good Hygienic Practices		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco products use P/C <input type="radio"/> COS <input type="radio"/> R	20 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling time and temperatures P <input type="radio"/> COS <input type="radio"/> R	
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O No discharge from eyes, nose, and mouth C <input type="radio"/> COS <input type="radio"/> R	21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures P <input type="radio"/> COS <input type="radio"/> R	
Preventing Contamination by Hands		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Hands clean and properly washed P/Pf <input type="radio"/> COS <input type="radio"/> R	22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures P <input type="radio"/> COS <input type="radio"/> R	
9 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed P/Pf/C <input type="radio"/> COS <input type="radio"/> R	23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition P/Pf <input type="radio"/> COS <input type="radio"/> R	
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Adequate handwashing sinks, properly supplied/accessible Pf/C <input type="radio"/> COS <input type="radio"/> R	24 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Time as a public health control: procedures and records P/Pf/C <input type="radio"/> COS <input type="radio"/> R	
Approved Source		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food obtained from approved source P/Pf/C <input type="radio"/> COS <input type="radio"/> R	Consumer Advisory	
12 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Food received at proper temperature P/Pf <input type="radio"/> COS <input type="radio"/> R	25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Consumer advisory provided: raw/undercooked food Pf <input type="radio"/> COS <input type="radio"/> R	
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food in good condition, safe, and unadulterated P/Pf <input type="radio"/> COS <input type="radio"/> R	Highly Susceptible Population	
14 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="radio"/> COS <input type="radio"/> R	26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Pasteurized foods used; prohibited foods not offered P/C <input type="radio"/> COS <input type="radio"/> R	
GOOD RETAIL PRACTICES		
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Safe Food and Water	Proper Use of Utensils	V COS R
30 <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Pasteurized eggs used where required P <input type="radio"/> COS <input type="radio"/> R	43 <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O In-use utensils: properly stored C <input type="radio"/> COS <input type="radio"/> R	
31 <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Water and ice from approved source P/Pf/C <input type="radio"/> COS <input type="radio"/> R	44 <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="radio"/> COS <input type="radio"/> R	
32 <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Variance obtained for specialized processing methods Pf <input type="radio"/> COS <input type="radio"/> R	45 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Single-use/single-service articles: properly stored & used P/C <input type="radio"/> COS <input type="radio"/> R	
Food Temperature Control		
33 <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="radio"/> COS <input type="radio"/> R	46 <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Gloves used properly C <input type="radio"/> COS <input type="radio"/> R	
34 <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Plant food properly cooked for hot holding Pf <input type="radio"/> COS <input type="radio"/> R	Utensils and Equipment	
35 <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Approved thawing methods used Pf/C <input type="radio"/> COS <input type="radio"/> R	47 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="radio"/> COS <input type="radio"/> R	
36 <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Thermometers provided and accurate Pf/C <input type="radio"/> COS <input type="radio"/> R	48 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="radio"/> COS <input type="radio"/> R	
Food Identification		
37 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food properly labeled; original container Pf/C <input type="radio"/> COS <input type="radio"/> R	49 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Non-food contact surfaces clean C <input type="radio"/> COS <input type="radio"/> R	
Prevention of Food Contamination		
38 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Insects, rodents, and animals not present P/C <input type="radio"/> COS <input type="radio"/> R	Physical Facilities	
39 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Contamination prevented during food preparation, storage & display P/Pf/C <input type="radio"/> COS <input type="radio"/> R	50 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Hot and cold water available; adequate pressure Pf <input type="radio"/> COS <input type="radio"/> R	
40 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Personal cleanliness P/C <input type="radio"/> COS <input type="radio"/> R	51 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Plumbing installed; proper backflow devices P/Pf/C <input type="radio"/> COS <input type="radio"/> R	
41 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Wiping cloths: properly used and stored C <input type="radio"/> COS <input type="radio"/> R	52 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Sewage and waste water properly disposed P/Pf/C <input type="radio"/> COS <input type="radio"/> R	
42 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Washing fruits and vegetables P/Pf/C <input type="radio"/> COS <input type="radio"/> R	53 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="radio"/> COS <input type="radio"/> R	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) _____ Date 5-12-23	54 <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Garbage and refuse properly disposed; facilities maintained C <input type="radio"/> COS <input type="radio"/> R	
Person in Charge (Printed) Ana Medeiros	55 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Physical facilities installed, maintained, and clean P/Pf/C <input type="radio"/> COS <input type="radio"/> R	
Inspector (Signature) Denise Payne Date 5/12/23	56 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Adequate ventilation and lighting; designated areas used C <input type="radio"/> COS <input type="radio"/> R	
Inspector (Printed) Denise Payne	<input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Natural rubber latex gloves not used per CGS §19a-36f C <input type="radio"/> COS <input type="radio"/> R	
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		
Violations documented		Date corrections due
Priority Item Violations		#
Priority Foundation Item Violations		0
Core Item Violations		12
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		8
Requires Reinspection - check box if you intend to reinspect		

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/12/23

Establishment Dunkin Donuts

Town Manchester

5-22-23 Response Rec'd

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sausage Hot/Cold Prep	155F	Sausage Patty slider fridge	34F	Great Bucket	200ppm
Bacon Table	145F			Hand sink	116F
Eggs	155F			3 Bay sink	140F
Butter	41F				
Strawberry cream cheese	41F	discussed w/ manager			
Almond Milk	38F				
Eggs walk in	32F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Violations	Corrective Actions
49c	lime build up on 3 bay sink	Email Compliant <u>EC</u>
15c	uncovered bagels and rolls not protected	<u>COS</u> covers ordered
49c	unclean hand sink	EC
55c	unsecured FRP around walk in cooler	EC
39c	Boxes of food on floor in walk in freezer	EC
47c	Damaged gasket on walk in freezer door	Ordered to arrive 5/27/23
47c	Milk crate in walk in freezer used as shelf	EC
52c	Ice build up in walk in freezer floor	EC
38c	Bug zapper over open boxes of food supply	<u>COS</u>
56c	Personal hand lotion bottle out on prep/service counter	<u>COS</u>
37c	unlabeled containers of food (sugar bin, sauce bottles,)	EC
45c	Tea filters not inverted or protected	<u>COS</u>

Continue corrections - Compliance
Next Inspection Nov 2023

Person in Charge (Signature)

[Signature]

Date 5-12-23

Inspector (Signature)

[Signature]

Date 5/12/23

Denise Payne

From: ana medeiros <ananmario6@yahoo.com>
Sent: Monday, May 22, 2023 10:48 AM
To: Denise Payne
Subject: Re: Dunkin Donuts FDA meeting and inspection

Rec'd 5/22/23
Compliance 5-12-23
Inspection.
DPayne

EXTERNAL MESSAGE - Think Before You Click!

Good morning Denise,

Hope this finds you well.

Here are our corrective actions

We have followed up with the crew on all violations corrected on site. The manager is working on following each practice daily also covers for the bagels have been purchased. An order for new gaskets for the walk in cooler and freezer have also been placed and should be received within 5 days.

Thank you kindly

Ana Medeiros

Franchisee Dunkin Donuts

C.860-930-7059 F.860-647-2955

On Monday, May 15, 2023 at 12:45:54 PM EDT, Denise Payne <dpayne@manchesterct.gov> wrote:

With attachment...

From: Denise Payne
Sent: Monday, May 15, 2023 12:40 PM
To: shandanina@gmail.com; ana medeiros <ananmario6@yahoo.com>
Subject: Dunkin Donuts FDA meeting and inspection

Hello Ladies,

Thank you for taking the time to meet with Jose and I on Friday to discuss changes in the CT Food Code. I will be looking into the back flow preventor at the mop sink and will get back to you on that.

I have attached your inspection and all violations that were noted were Core violations which require a 90-day correction/corrected on site. Those corrected on site, please just discuss that with staff so it is not a repeat violation. The others should be corrected as soon as possible but you have 90-days. Please forward a correction email for each issue and I can then put this inspection in as compliant.

If you have any questions, please call.

Denise Payne, R.S.

Environmental Health Inspector

Manchester Health Department

479 Main Street, P.O. Box 191

Manchester, CT 06071

Ph: 860-647-3180

Fax: 860-647-3188

dpayne@manchesterct.gov

Risk Category: 2	Food Establishment Inspection Report	Page 1 of 2															
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/12/23															
Establishment Dunkin Donuts		Time In _____ AM/PM Time Out _____ AM/PM															
Address 1205 Tolland Tpk		LHD Manchester															
Town/City Manchester		Purpose of Inspection: Routine Pre-op															
Permit Holder Ana Medeiros		Reinspection Other TDA															
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																	
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>																	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																	
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																	
	IN	OUT	N/A	N/O	Supervision	V	COS	R		IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>		15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>		16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>		Time/Temperature Control for Safety							
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>		18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>		19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>		20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		Consumer Advisory							
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>		25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		Highly Susceptible Population							
									26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>	
									Food/Color Additives and Toxic Substances								
									27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	
									28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
									Conformance with Approved Procedures								
									29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	
GOOD RETAIL PRACTICES																	
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																	
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																	
	OUT	N/A	N/O	Safe Food and Water	V	COS	R		OUT	Proper Use of Utensils	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>		43	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>				
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		44	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>				
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>		45	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input checked="" type="checkbox"/>				
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		46	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>				
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>		Utensils and Equipment								
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		47	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>				
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		48	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>				
									49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>				
									Physical Facilities								
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		50	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>				
									51	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>				
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>		52	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>				
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		53	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>				
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		54	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>				
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>		55	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>				
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>		56	<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input checked="" type="checkbox"/>				
									<input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f								
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																	
Person in Charge (Signature) _____ Date 5-12-23										Violations documented			Date corrections due			#	
Person in Charge (Printed) Ana Medeiros										Priority Item Violations						002	
Inspector (Signature) Denise Payne Date 5/12/23										Priority Foundation Item Violations						1/8	
Inspector (Printed) Denise Payne										Core Item Violations							
										Risk Factor/Public Health Intervention Violations							
										Repeat Risk Factor/Public Health Intervention Violations							
										Good Retail Practices Violations							
										Requires Reinspection - check box if you intend to reinspect							
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																	

Food Establishment Inspection Report

Page ____ of ____

LHD manchester

Inspection Report Continuation Sheet

Date 5/16/23

Establishment Guntur mirchis

Town manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Butter chicken walk in	38F	Spicy Sauce Hot holding	200F	Hand sink in Kitchen	115F
Rice walk in	38F			Hand sink in Public Bathroom	109F
Butter walk in	38F				
Heavy Cream cold prep	38F				
Ginger garlic cold prep	38F				
Cheese cubes cold prep	49F				
Spicy Sauce cold prep	38F				
Diced tomato cold prep	38F				



OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
39C	Oil stored outside on shelf near walk in cooler.
44C	Equipment not in use stored outside on shelf near walk in. - To be removed.
51C	leak in walk in cooler dripping into bucket.
55C	Brooms stored on ground outside next to walk in cooler.
16 p	Bleach sanitizer bucket >200 ppm - COS to 50-100 ppm
45C	Reuse of single use containers for storing food.
51C	Hand sink in kitchen constantly dripping.
44C	Plates not protected - COS, inverted
37C	Food products not labeled properly in fridge and cookline
47C	Damaged gasket on one door reach in.
Note	No signage at hand sink
44C	Pots stored on floor near 3 bay
15 p	Raw chicken stored above cooked chicken in undercounter cold prep
15C 30C	Food product in walk in cooler not protected.
220 200	Cheese cubes held at 49F in cold prep. - Had CFPM discard food product
55C	Ceiling tiles in kitchen unclean
49C	unclean fan cover in walk in cooler.
Note	Food thermometer on site
Note	No ill employees

Person in Charge (Signature) Lanc
 Inspector (Signature) Lauryn Brandy

Date 05/16/23
 Date 5/16/23



TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: Guntur Mirchis

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - o PRIORITY – 72 hours for correction
 - o PRIORITY FOUNDATION – 10 days for correction
 - o CORE – 90 days for correction or determined by inspector
- Corrections and Reinspections
 - o Corrected on site violations
 - o Reinspection – case by case
 - o Repeat violations
- No Bare Hand Contact – Correction Required
 - 9 P/Pf/C
- CFPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - o Handwashing sign at all handwash sinks (section 6-301.14) 10c
 - o 9 Major Allergens 37c
 - o Outdoor Allowance for dogs -preapproval and sign required. 38 Pf
- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>


Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>

FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>

Environmental Health Inspector:

Signature of Inspector: Lauren Grandy
 Print Name: Lauren Grandy Date: 5/16/2023

Person In Charge: Lauren
 Signature of Person In Charge: Lauren Kuchipudi Title: Manager
 Print Name: LAUREN KUCHIPUDI Date: 05/16/23
 Email: GUNTURMIRCHISUSA@gmail.com

Risk Category: 3		Food Establishment Inspection Report				Page 1 of 3																																																																																																	
Establishment type: Permanent Temporary Mobile Other _____				Date: 5/30/23																																																																																																			
Establishment Howell Cheney Tech H.S.				Time In 8:30 AM/PM		Time Out 11:00 AM/PM																																																																																																	
Address 791 Middlebrook West				LHD Manchester																																																																																																			
Town/City Manchester				Purpose of Inspection: Routine Pre-op																																																																																																			
Permit Holder Paul Lewis				Reinspection _____ Other _____																																																																																																			
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																							
<i>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</i>																																																																																																							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed																																																																																																							
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Supervision</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Person/Alternate Person in charge present, demonstrates knowledge and performs duties</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Certified Food Protection Manager for Classes 2, 3, & 4</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Supervision	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Protection from Contamination</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food separated and protected</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food-contact surfaces: cleaned & sanitized</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																																								
IN	OUT	N/A	N/O	Supervision	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Employee Health</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Management, food employee and conditional employee; knowledge, responsibilities and reporting</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper use of restriction and exclusion</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Written procedures for responding to vomiting and diarrheal events</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Employee Health	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Time/Temperature Control for Safety</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooking time and temperatures</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper reheating procedures for hot holding</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooling time and temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper hot holding temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cold holding temperatures</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper date marking and disposition</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Time as a public health control: procedures and records</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Time/Temperature Control for Safety	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	N/A	N/O	Employee Health	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
IN	OUT	N/A	N/O	Time/Temperature Control for Safety	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Good Hygienic Practices</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper eating, tasting, drinking, or tobacco products use</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No discharge from eyes, nose, and mouth</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Good Hygienic Practices	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Consumer Advisory</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Consumer advisory provided: raw/undercooked food</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Consumer Advisory	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																								
IN	OUT	N/A	N/O	Good Hygienic Practices	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
IN	OUT	N/A	N/O	Consumer Advisory	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Preventing Contamination by Hands</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hands clean and properly washed</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>No bare hand contact with RTE food or a pre-approved alternative procedure properly followed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adequate handwashing sinks, properly supplied/accessible</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Preventing Contamination by Hands	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Highly Susceptible Population</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized foods used; prohibited foods not offered</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Highly Susceptible Population	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																
IN	OUT	N/A	N/O	Preventing Contamination by Hands	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
IN	OUT	N/A	N/O	Highly Susceptible Population	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Approved Source</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food obtained from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food received at proper temperature</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food in good condition, safe, and unadulterated</td> <td>P/Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Required records available: molluscan shellfish identification, parasite destruction</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Approved Source	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Food/Color Additives and Toxic Substances</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>Food additives: approved and properly used</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toxic substances properly identified, stored & used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Food/Color Additives and Toxic Substances	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																
IN	OUT	N/A	N/O	Approved Source	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
IN	OUT	N/A	N/O	Food/Color Additives and Toxic Substances	V	COS	R																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
GOOD RETAIL PRACTICES																																																																																																							
<i>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</i>																																																																																																							
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Safe Food and Water</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pasteurized eggs used where required</td> <td>P</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Water and ice from approved source</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Variance obtained for specialized processing methods</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				OUT	N/A	N/O	Safe Food and Water	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>OUT</th> <th>Proper Use of Utensils</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>In-use utensils: properly stored</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Utensils/equipment/linens: properly stored, dried, & handled</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Single-use/single-service articles: properly stored & used</td> <td>P/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Gloves used properly</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				OUT	Proper Use of Utensils	V	COS	R	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>																																											
OUT	N/A	N/O	Safe Food and Water	V	COS	R																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																	
OUT	Proper Use of Utensils	V	COS	R																																																																																																			
<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																			
<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																			
<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																			
<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Food Temperature Control</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proper cooling methods used; adequate equipment for temperature control</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Plant food properly cooked for hot holding</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Approved thawing methods used</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Thermometers provided and accurate</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Food Temperature Control	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Utensils and Equipment</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food and non-food contact surfaces cleanable, properly designed, constructed, and used</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Non-food contact surfaces clean</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Utensils and Equipment	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																								
IN	OUT	N/A	N/O	Food Temperature Control	V	COS	R																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
IN	OUT	N/A	N/O	Utensils and Equipment	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Food Identification</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Food properly labeled; original container</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Food Identification	V	COS	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN</th> <th>OUT</th> <th>N/A</th> <th>N/O</th> <th>Physical Facilities</th> <th>V</th> <th>COS</th> <th>R</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hot and cold water available; adequate pressure</td> <td>Pf</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Plumbing installed; proper backflow devices</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sewage and waste water properly disposed</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Toilet facilities: properly constructed, supplied, & clean</td> <td>Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Garbage and refuse properly disposed; facilities maintained</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Physical facilities installed, maintained, and clean</td> <td>P/Pf/C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Adequate ventilation and lighting; designated areas used</td> <td>C</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Natural rubber latex gloves not used per CGS §19a-36f</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				IN	OUT	N/A	N/O	Physical Facilities	V	COS	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>	<input type="checkbox"/>								
IN	OUT	N/A	N/O	Food Identification	V	COS	R																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
IN	OUT	N/A	N/O	Physical Facilities	V	COS	R																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f		<input type="checkbox"/>	<input type="checkbox"/>																																																																																																
Permit Holder shall notify customers that a copy of the most recent inspection report is available.																																																																																																							
Person in Charge (Signature) <i>Lisa Doan</i>		Date 5/30/23		Violations documented		Date corrections due #																																																																																																	
Person in Charge (Printed) Lisa Doan				Priority Item Violations		0																																																																																																	
Inspector (Signature) <i>Lauren Grandy</i>		Date 5/30/23		Priority Foundation Item Violations		6-9-23 4																																																																																																	
Inspector (Printed) Lauren Grandy				Core Item Violations		8-30-23 15																																																																																																	
				Risk Factor/Public Health Intervention Violations		2																																																																																																	
				Repeat Risk Factor/Public Health Intervention Violations		0																																																																																																	
				Good Retail Practices Violations		17																																																																																																	
				Requires Reinspection - check box if you intend to reinspect																																																																																																			
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.																																																																																																							

*culinary

Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 5/30/23

Establishment Howell Cheney Tech Hs Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Sliced watermelon walk in	39F	desert reach in	38F	Hand Sink Back	118F
Goat cheese walk in	39F	2 door freezer (desert)	39F		
Provolone cheese walk in	39F				
Shredded cheese reach in	41F				
Sliced tomato	39F				
Sliced cheese one door reach in	38F				
4 door Truelsen cold hold	39F				
Butter 2 door reach in	41F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
50pF	no hot water at front handsink by dish machine
10pF	no paper towels at front handsink by dish machine
41c	dirty wiping cloth on pretable in back prep room
52c	dirty stagnant water in mop bucket next to dish machine
52c	grease trap not functioning properly - leaking on ground
49c	gaskets damaged at walk in cooler - must be replaced
55c	Floor of walk in freezer not clean
49c	top of oven area not clean (exterior) → not in use, COS
16pF	equipment/utensils on shelving in back prep area not clean
47c	milk crates being used as shelving in walk in freezer
55c	Brooms stored on floor in back room
49c	drawers with utensils (exterior) not clean
noted	discussed extra plate storage - to be cleaned at end of year
noted	good utensil/equipment storage
noted	Food thermometer available
noted	quat sanitizer (3 bay) 150 ppm

Person in Charge (Signature)

Date

Inspector (Signature)

Date

5/30/23

Risk Category: 3	Food Establishment Inspection Report	Page 1 of ____
Establishment type: Permanent Temporary Mobile Other _____		Date: 5-16-23
Establishment: Hungry Tiger	 <p>Warning Connecticut Health DPH Connecticut Department of Public Health</p>	Time In _____ AM/PM Time Out _____ AM/PM
Address: 120 Charter Oak		LHD: Manchester
Town/City: _____		Purpose of Inspection: Routine Pre-op
Permit Holder: _____		Reinspection _____ Other: FDA

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed

P=Priority item Pf=Priority foundation item C=Core item V=violation type		Mark in appropriate box for COS and/or R		COS=corrected on-site during inspection		R=repeat violation	
IN	OUT	N/A	N/O	V	COS	R	
Supervision							
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf	<input type="radio"/>	<input type="radio"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		C	<input type="radio"/>	<input type="radio"/>
Certified Food Protection Manager for Classes 2, 3, & 4							
Employee Health							
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf	<input type="radio"/>	<input type="radio"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P	<input type="radio"/>	<input type="radio"/>
Proper use of restriction and exclusion							
5	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf	<input type="radio"/>	<input type="radio"/>
Written procedures for responding to vomiting and diarrheal events							
Good Hygienic Practices							
6	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		Pf	<input checked="" type="radio"/>	<input type="radio"/>
Proper eating, tasting, drinking, or tobacco products use							
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		C	<input type="radio"/>	<input type="radio"/>
No discharge from eyes, nose, and mouth							
Preventing Contamination by Hands							
8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf	<input type="radio"/>	<input type="radio"/>
Hands clean and properly washed							
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf/C	<input type="radio"/>	<input type="radio"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf/C	<input type="radio"/>	<input type="radio"/>
Adequate handwashing sinks, properly supplied/accessible							
Approved Source							
11	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf/C	<input type="radio"/>	<input type="radio"/>
Food obtained from approved source							
12	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		P/Pf	<input type="radio"/>	<input type="radio"/>
Food received at proper temperature							
13	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf	<input type="radio"/>	<input type="radio"/>
Food in good condition, safe, and unadulterated							
14	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		P/Pf/C	<input type="radio"/>	<input type="radio"/>
Required records available: molluscan shellfish identification, parasite destruction							

IN	OUT	N/A	N/O	V	COS	R	
Protection from Contamination							
15	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf/C	<input type="radio"/>	<input type="radio"/>
Food separated and protected							
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf/C	<input type="radio"/>	<input type="radio"/>
Food-contact surfaces: cleaned & sanitized							
17	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P	<input type="radio"/>	<input type="radio"/>
Proper disposition of returned, previously served, reconditioned, and unsafe food							
Time/Temperature Control for Safety							
18	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		P/Pf/C	<input type="radio"/>	<input type="radio"/>
Proper cooking time and temperatures							
19	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		P	<input type="radio"/>	<input type="radio"/>
Proper reheating procedures for hot holding							
20	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		P	<input type="radio"/>	<input type="radio"/>
Proper cooling time and temperatures							
21	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		P	<input type="radio"/>	<input type="radio"/>
Proper hot holding temperatures							
22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P	<input type="radio"/>	<input type="radio"/>
Proper cold holding temperatures							
23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf	<input type="radio"/>	<input type="radio"/>
Proper date marking and disposition							
24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		P/Pf/C	<input type="radio"/>	<input type="radio"/>
Time as a public health control: procedures and records							
Consumer Advisory							
25	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf	<input type="radio"/>	<input type="radio"/>
Consumer advisory provided: raw/undercooked food							
Highly Susceptible Population							
26	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		P/C	<input type="radio"/>	<input type="radio"/>
Pasteurized foods used; prohibited foods not offered							
Food/Color Additives and Toxic Substances							
27	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		P	<input type="radio"/>	<input type="radio"/>
Food additives: approved and properly used							
28	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf/C	<input type="radio"/>	<input type="radio"/>
Toxic substances properly identified, stored & used							
Conformance with Approved Procedures							
29	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>		P/Pf/C	<input type="radio"/>	<input type="radio"/>
Compliance with variance/specialized process/ROP criteria/HACCP Plan							

GOOD RETAIL PRACTICES

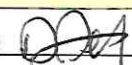
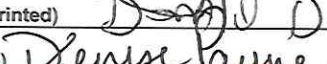
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

OUT	N/A	N/O	V	COS	R	
Safe Food and Water						
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		P	<input type="radio"/>
Pasteurized eggs used where required						
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf/C	<input type="radio"/>
Water and ice from approved source						
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf	<input type="radio"/>
Variance obtained for specialized processing methods						
Food Temperature Control						
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf/C	<input type="radio"/>
Proper cooling methods used; adequate equipment for temperature control						
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf	<input type="radio"/>
Plant food properly cooked for hot holding						
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf/C	<input type="radio"/>
Approved thawing methods used						
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf/C	<input type="radio"/>
Thermometers provided and accurate						
Food Identification						
37	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf/C	<input type="radio"/>
Food properly labeled; original container						
Prevention of Food Contamination						
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf/C	<input type="radio"/>
Insects, rodents, and animals not present						
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf/C	<input type="radio"/>
Contamination prevented during food preparation, storage & display						
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		Pf/C	<input type="radio"/>
Personal cleanliness						
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		C	<input type="radio"/>
Wiping cloths: properly used and stored						
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		P/Pf/C	<input type="radio"/>
Washing fruits and vegetables						

OUT	V	COS	R	
Proper Use of Utensils				
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
In-use utensils: properly stored				
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Utensils/equipment/linens: properly stored, dried, & handled				
45	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Single-use/single-service articles: properly stored & used				
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gloves used properly				
Utensils and Equipment				
47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Food and non-food contact surfaces cleanable, properly designed, constructed, and used				
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available				
49	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Non-food contact surfaces clean				
Physical Facilities				
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hot and cold water available; adequate pressure				
51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Plumbing installed; proper backflow devices				
52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sewage and waste water properly disposed				
53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Toilet facilities: properly constructed, supplied, & clean				
54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Garbage and refuse properly disposed; facilities maintained				
55	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Physical facilities installed, maintained, and clean				
56	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Adequate ventilation and lighting; designated areas used				
<input type="radio"/> Natural rubber latex gloves not used per CGS §19a-36f				

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) 	Date: 5/16/23
Person in Charge (Printed) David Denley	
Inspector (Signature) 	Date: 5/16/23
Inspector (Printed) Denise Payne	

Violations documented	Date corrections due	#
Priority Item Violations	5-19-23	1
Priority Foundation Item Violations		2
Core Item Violations		13
Risk Factor/Public Health Intervention Violations		3
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		1
Requires Reinspection - check box if you intend to reinspect		<input checked="" type="checkbox"/>

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.



TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: Hungry Tiger

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - PRIORITY – 72 hours for correction
 - PRIORITY FOUNDATION – 10 days for correction
 - CORE – 90 days for correction or determined by inspector

- Corrections and Reinspections
 - Corrected on site violations
 - Reinspection – case by case
 - Repeat violations
- No Bare Hand Contact – Correction Required
 - 9 P/Pf/C

- CFPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - Handwashing sign at all handwash sinks (Section 6-301.14) 10C
 - 9 Major Allergens 37C
 - Outdoor Allowance for dogs -preapproval and sign required. 38 Pf
- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>

Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>

FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>

Environmental Health Inspector:

Signature of Inspector: Denise Payne

Print Name: Denise Payne

Date: 5-16-23

Person In Charge:

Signature of Person In Charge: [Signature]

Title: owner/operator

Print Name: Donald Densley

Date: 5/15/23

Email: hdger120@aol.com

Risk Category: 3 **Food Establishment Inspection Report** Page 1 of 2

Establishment type: Permanent Temporary Mobile Other _____ Date: 5/17/23

Establishment Joey Garlic Time In 11 AM/PM Time Out 3 2 AM/PM

Address 3 Redstone Rd LHD Manchester

Town/City Manchester Purpose of Inspection: Routine Pre-op

Permit Holder Gary G. Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed

P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events <u>provided</u>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils and Equipment	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical Facilities	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	C	<input type="checkbox"/>	<input type="checkbox"/>

Permit Holder shall notify customers that a copy of the most recent inspection report is available. 5/17/23

Person in Charge (Signature) _____ Date 5/17/23

Person in Charge (Printed) Joseph Sweeney

Inspector (Signature) Lauren Grandy Date 5/17/23

Inspector (Printed) Lauren Grandy

Violations documented	Date corrections due	#
Priority Item Violations	<u>COS - THIS DAY</u>	<u>1</u>
Priority Foundation Item Violations	<u>5/27/23</u>	<u>2</u>
Core Item Violations	<u>5/17/23</u>	<u>4</u>
Risk Factor/Public Health Intervention Violations		<u>1</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>0</u>
Good Retail Practices Violations		<u>7</u>
Requires Reinspection - check box if you intend to reinspect		

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.



TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

Form 1 # + B
↳ Spanish

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: Joey Garlic

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - PRIORITY – 72 hours for correction
 - PRIORITY FOUNDATION – 10 days for correction
 - CORE – 90 days for correction or determined by inspector
- Corrections and Reinspections
 - Corrected on site violations
 - Reinspection – case by case
 - Repeat violations
- No Bare Hand Contact – Correction Required
 - 9 P/Pf/C
- CFPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - Handwashing sign at all handwash sinks (section 6-301.14) 10c
 - 9 Major Allergens 37c
 - Outdoor Allowance for dogs -preapproval and sign required. 38 Pf
- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>

Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>

FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>

Environmental Health Inspector:

Signature of Inspector: Lauren Arandy

Print Name: Lauren Arandy Date: 5/17/23

Person In Charge:

Signature of Person In Charge: Gary Gello Title: Owner

Print Name: Gary Gello Date: 5/17/23

Email: Garygello@gmail.com

Risk Category: 3	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/16/23
Establishment La Toquilla		Time In 9 AM/PM Time Out _____ AM/PM
Address 21 oak street		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Luis Gabriel Zambrano		Reinspection _____ Other _____
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Supervision	Protection from Contamination	Time/Temperature Control for Safety
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding
Employee Health	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	21 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events provided	Consumer Advisory	Highly Susceptible Population
Good Hygienic Practices	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered
6 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	Food/Color Additives and Toxic Substances	Conformance with Approved Procedures
7 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	27 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used
Preventing Contamination by Hands	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan	GOOD RETAIL PRACTICES
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.	
9 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	Safe Food and Water	Proper Use of Utensils
10 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored
Approved Source	31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	Food Temperature Control	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	Utensils and Equipment
14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	47 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used
GOOD RETAIL PRACTICES	35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	48 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation	36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	49 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean
Safe Food and Water	Food Identification	Physical Facilities
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure
Prevention of Food Contamination	Prevention of Food Contamination	51 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean
40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	54 <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained
41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	55 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean
42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f
Person in Charge (Signature) Luis Zambrano Date 05/16/23	Person in Charge (Printed) Luis Zambrano	Violations documented
Inspector (Signature) Lauren Grandy Date 5/16/23	Inspector (Printed) Lauren Grandy	Date corrections due
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		#



TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: LA TOQUILLA

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - o PRIORITY – 72 hours for correction
 - o PRIORITY FOUNDATION – 10 days for correction
 - o CORE – 90 days for correction or determined by inspector
- Corrections and ReInspections
 - o Corrected on site violations
 - o Reinspection – case by case
 - o Repeat violations
- No Bare Hand Contact – Correction Required
 - 9 P/Pf/C
- CFPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - o Handwashing sign at all handwash sinks (section 6-301.14) 10c
 - o 9 Major Allergens 37c
 - o Outdoor Allowance for dogs -preapproval and sign required. 38 Pf
- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

- 2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>
- Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>
- FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>

Environmental Health Inspector:

Signature of Inspector: Lauren Brandy
 Print Name: lauren brandy Date: 5/16/23

Person In Charge: [Signature]
 Signature of Person In Charge: [Signature] Title: OWNER
 Print Name: LUIS ZAMBRANO Date: 5/16/23
 Email: ZAMBRANO GABRIEL11@OUTLOOK.COM

Risk Category: **3** Food Establishment Inspection Report Page 1 of **2**

Establishment type: Permanent Temporary Mobile Other _____ Date: **May 5, 2023**

Establishment **MACC Kitchen** Time In _____ AM/PM Time Out _____ AM/PM

Address **466 Main St** LHD **Manchester**

Town/City **Manchester** Purpose of Inspection: **Routine** Pre-op

Permit Holder **MACC Charities** Reinspection Other **FDA**



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item				IN=in compliance	OUT=not in compliance	N/A=not applicable	N/O=not observed
P=Priority item	PF=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R			
				COS=corrected on-site during inspection	R=repeat violation		
IN	OUT	N/A	N/O	V	COS	R	
Supervision							
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	Certified Food Protection Manager for Classes 2, 3, & 4
Employee Health							
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper use of restriction and exclusion
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Written procedures for responding to vomiting and diarrheal events
Good Hygienic Practices							
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	Proper eating, tasting, drinking, or tobacco products use
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	No discharge from eyes, nose, and mouth
Preventing Contamination by Hands							
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Hands clean and properly washed
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Adequate handwashing sinks, properly supplied/accessible
Approved Source							
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Food obtained from approved source
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Food received at proper temperature
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Food in good condition, safe, and unadulterated
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Required records available: molluscan shellfish identification, parasite destruction

IN	OUT	N/A	N/O	V	COS	R	
Protection from Contamination							
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	Food separated and protected
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input checked="" type="radio"/>	<input type="radio"/>	Food-contact surfaces: cleaned & sanitized
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food
Time/Temperature Control for Safety							
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Proper cooking time and temperatures
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper reheating procedures for hot holding
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper cooling time and temperatures
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Proper hot holding temperatures
22	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input checked="" type="radio"/>	<input type="radio"/>	Proper cold holding temperatures
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf	<input type="radio"/>	<input type="radio"/>	Proper date marking and disposition
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Time as a public health control: procedures and records
Consumer Advisory							
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Consumer advisory provided: raw/undercooked food
Highly Susceptible Population							
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/C	<input type="radio"/>	<input type="radio"/>	Pasteurized foods used; prohibited foods not offered
Food/Color Additives and Toxic Substances							
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Food additives: approved and properly used
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Toxic substances properly identified, stored & used
Conformance with Approved Procedures							
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark OUT if numbered item is not in compliance				V=violation type	Mark in appropriate box for COS and/or R			
OUT	N/A	N/O		V	COS	R		
Safe Food and Water								
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P	<input type="radio"/>	<input type="radio"/>	Pasteurized eggs used where required	
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Water and ice from approved source	
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Variance obtained for specialized processing methods	
Food Temperature Control								
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Proper cooling methods used; adequate equipment for temperature control	
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Plant food properly cooked for hot holding	
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Approved thawing methods used	
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Thermometers provided and accurate	
Food Identification								
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Food properly labeled; original container	
Prevention of Food Contamination								
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Insects, rodents, and animals not present	
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Contamination prevented during food preparation, storage & display	
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Personal cleanliness	
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	Wiping cloths: properly used and stored	
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Washing fruits and vegetables	
Proper Use of Utensils								
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	In-use utensils: properly stored	
44	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input checked="" type="radio"/>	<input type="radio"/>	Utensils/equipment/linens: properly stored, dried, & handled	
45	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input checked="" type="radio"/>	<input type="radio"/>	Single-use/single-service articles: properly stored & used	
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	Gloves used properly	
Utensils and Equipment								
47	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input checked="" type="radio"/>	<input type="radio"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
48	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input checked="" type="radio"/>	<input type="radio"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	Non-food contact surfaces clean	
Physical Facilities								
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf	<input type="radio"/>	<input type="radio"/>	Hot and cold water available; adequate pressure	
51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Plumbing installed; proper backflow devices	
52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Sewage and waste water properly disposed	
53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pf/C	<input type="radio"/>	<input type="radio"/>	Toilet facilities: properly constructed, supplied, & clean	
54	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	Garbage and refuse properly disposed; facilities maintained	
55	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	P/Pf/C	<input type="radio"/>	<input type="radio"/>	Physical facilities installed, maintained, and clean	
56	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	C	<input type="radio"/>	<input type="radio"/>	Adequate ventilation and lighting; designated areas used	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Natural rubber latex gloves not used per CGS §19a-36f	

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) *[Signature]* Date **5/12/23**

Person in Charge (Printed) **Ferdinand Cruz**

Inspector (Signature) *[Signature]* Date **5/12/23**

Inspector (Printed) **Denise Payne**

Violations documented	Date corrections due	#
Priority Item Violations	COS	1
Priority Foundation Item Violations		0
Core Item Violations	COS/AUG 5, 23	4
Risk Factor/Public Health Intervention Violations		2
Repeat Risk Factor/Public Health Intervention Violations		2
Good Retail Practices Violations		5
Requires Reinspection - check box if you intend to reinspect		

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal to the Director of Health, not later than forty-eight hours after issuance of such order.





TOWN OF MANCHESTER HEALTH DEPARTMENT
 479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
 Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: Macc Charities - Kitchen and Community Catering

off peak request.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Violations Documentation
No Numerical Scoring Grade-3 Violation Levels <ul style="list-style-type: none"> o <u>PRIORITY</u> – 72 hours for correction o <u>PRIORITY FOUNDATION</u> – 10 days for correction o <u>CORE</u> – 90 days for correction or determined by inspector <input checked="" type="checkbox"/> Corrections and Reinspections <ul style="list-style-type: none"> o Corrected on site violations o Reinspection – case by case o Repeat violations <input checked="" type="checkbox"/> No Bare Hand Contact – Correction Required
9 P/Pf/C | <input checked="" type="checkbox"/> CFPM/PIC on every shift during operating hours 1 Pf
<input checked="" type="checkbox"/> Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
<input checked="" type="checkbox"/> Signage/Posters required <ul style="list-style-type: none"> o Handwashing sign at all handwash sinks (section 6-301.14) 10c o 9 Major Allergens 37c <i>N/A</i> Outdoor Allowance for dogs -preapproval and sign required. 38 Pf <input type="checkbox"/> Employee Assessment Form
<input checked="" type="checkbox"/> Vomiting/Diarrhea Written clean-up Policy
<input checked="" type="checkbox"/> Mop Sink Required (Sec. 5-203.13) CORE -90 day
<input checked="" type="checkbox"/> Temperature: Final Cook Temperatures |
|---|---|

Insp. Rpt. Avail.
Resources: 24 hrs.

2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>

Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>

FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>

Environmental Health Inspector:

Signature of Inspector: Denise Payne
 Print Name: Denise Payne Date: 5/12/23
 Person In Charge: [Signature]
 Signature of Person In Charge: Ferdinand L. Cruz Title: Chef
 Print Name: Ferdinand L. Cruz Date: 5/12/23
 Email: Cruz09fc@gmail.com

Risk Category: 3	Food Establishment Inspection Report	Page 1 of ____
Establishment type: Permanent Temporary Mobile Other _____		Date: 5-17-23
Establishment Manchester Chinese Cuisine		Time In _____ AM/PM Time Out _____ AM/PM
Address 956 Main St		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Lan Lu Xiu		Reinspection _____ Other FDA
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
IN OUT N/A N/O	Supervision	V COS R
IN OUT N/A N/O	Protection from Contamination	V COS R
IN OUT N/A N/O	Employee Health	V COS R
IN OUT N/A N/O	Good Hygienic Practices	V COS R
IN OUT N/A N/O	Preventing Contamination by Hands	V COS R
IN OUT N/A N/O	Approved Source	V COS R
IN OUT N/A N/O	Good Retail Practices	V COS R
OUT N/A N/O	Safe Food and Water	V COS R
OUT N/A N/O	Food Temperature Control	V COS R
OUT N/A N/O	Food Identification	V COS R
OUT N/A N/O	Prevention of Food Contamination	V COS R
OUT N/A N/O	Proper Use of Utensils	V COS R
OUT N/A N/O	Utensils and Equipment	V COS R
OUT N/A N/O	Physical Facilities	V COS R
Person in Charge (Signature) <u>Xiu Lan Lu</u> Date <u>5/17/23</u> Person in Charge (Printed) <u>Xiu Lan Lu</u> <u>5/17/23</u> Inspector (Signature) <u>Denise Payne</u> Date <u>5-17-23</u> Inspector (Printed) <u>Denise Payne</u>		
Violations documented _____ Date corrections due _____ # _____ Priority Item Violations <u>5-29-23</u> <u>4</u> Priority Foundation Item Violations <u>6-4-23</u> <u>1</u> Core Item Violations <u>5-25-23</u> <u>3</u> Risk Factor/Public Health Intervention Violations <u>2</u> Repeat Risk Factor/Public Health Intervention Violations <u>0</u> Good Retail Practices Violations <u>3</u> Requires Reinspection - check box if you intend to reinspect <input type="checkbox"/>		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.		

Risk Category: 2	Food Establishment Inspection Report	Page 1 of ____
Establishment type: Permanent Temporary Mobile Other _____		Date: May 23, 23
Establishment Manchester Regional Acad		Time In _____ AM/PM Time Out _____ AM/PM
Address 665 Wetherall St		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder _____		Reinspection _____ Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.

Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed

P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						
Employee Health							Proper disposition of returned, previously served, reconditioned, and unsafe food						
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting							Time/Temperature Control for Safety						
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion							Proper reheating procedures for hot holding						
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events							Proper cooling time and temperatures						
Good Hygienic Practices							Proper hot holding temperatures						
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use							Proper cold holding temperatures						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth							Proper date marking and disposition						
Preventing Contamination by Hands							Time as a public health control: procedures and records						
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed							Consumer Advisory						
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed							Highly Susceptible Population						
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible							Pasteurized foods used; prohibited foods not offered						
Approved Source							Food/Color Additives and Toxic Substances						
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source							Food additives: approved and properly used						
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature							Toxic substances properly identified, stored & used						
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated							Conformance with Approved Procedures						
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction							Compliance with variance/specialized process/ROP criteria/HACCP Plan						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

Safe Food and Water				Proper Use of Utensils									
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pasteurized eggs used where required							In-use utensils: properly stored						
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Water and ice from approved source							Utensils/equipment/linens: properly stored, dried, & handled						
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Variance obtained for specialized processing methods							Single-use/single-service articles: properly stored & used						
Food Temperature Control							Gloves used properly						
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment						
Proper cooling methods used; adequate equipment for temperature control							47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used						
Plant food properly cooked for hot holding							48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available						
Approved thawing methods used							49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean						
Thermometers provided and accurate							Physical Facilities						
Food Identification							50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure						
Prevention of Food Contamination							51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices						
Insects, rodents, and animals not present							52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed						
Contamination prevented during food preparation, storage & display							53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean						
Personal cleanliness							54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained						
Wiping cloths: properly used and stored							55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean						
Washing fruits and vegetables							56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate ventilation and lighting; designated areas used							Natural rubber latex gloves not used per CGS §19a-36f						

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature) _____ Date **5/23/23**

Person in Charge (Printed) _____

Inspector (Signature) **Denise Payne** Date **5/23/23**

Inspector (Printed) **Denise Payne**

Violations documented	Date corrections due	#
Priority Item Violations	COS	1
Priority Foundation Item Violations		1
Core Item Violations	COS	2
Risk Factor/Public Health Intervention Violations		1
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		2
Requires Reinspection - check box if you intend to reinspect		

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 4/27/23

Establishment Panda King

Town Manchester

RI 5-3-23 Dayn

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Spicy Tuna	38F	Shrimp	40F	3 Bay sink Chlor	100ppm
Chicken fingers	37F	Pork	41F	Hot Water @ H/S	>85F
		CKn	39F	Sani bucket	100ppm
Chicken - Wholesale Delivery	39F	Beef	37F		
		Dumplings	41F		
		Egg roll	39F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

- *Continue work as described during Nov 1, 22 meeting
- 47c Sushi cutting board cut/damaged and unclean Corrected 5-3
- 49c faucet handle unclean in kitchen Corrected 5-3
- 6c Open Employee beverage over hot holding station. Corrected 5-3
- 19 ~~55c~~ Floors under equipment unclean Corrected 5-3
- 15P Meats in Reach in freezer / walk in Jumbled *Corrected with exception of Soy sauce and WIF items Re-insp 5-8-23
- ~~45c~~ Re-use of single use containers
- ~~47c/49c~~ Gaskets torn / unclean
- 49c/6c unclean scoop stored on unclean surface. Corrected 5-3
- 38PF Mice droppings in basement - Owner to call Exterminator. Call made Not scheduled Re-insp 5-8-23
- 13P Moldy fruit (oranges) in box in WIC COS Verified.
- 49c Grease spill on floor around AGRU.

Much Improved - Continue on details discussed 11/1/22

15P/38PF → Re-insp 5-8-23
 45c, 47c, 49c
 out of compliance

Note: Translator on site

Person in Charge (Signature) Wenhui Chen


WENHUI CHEN

Date 4/27/23

Inspector (Signature) Denise Payne

Date 4/27/23

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: 5/23/23
Establishment Randy's Wooster St.		Time In 3:00 AM/PM Time Out 4:30 pm AM/PM
Address 1000 Tolland Pkwy		LHD Manchester
Town/City Manchester		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder Staci		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item	Pf=Priority foundation item	C=Core item	V=violation type	Mark in appropriate box for COS and/or R				COS=corrected on-site during inspection	R=repeat violation						
Supervision				V	COS	R	Protection from Contamination				V	COS	R		
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected		<input type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				V	COS	R	Time/Temperature Control for Safety				V	COS	R		
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices				V	COS	R	Consumer Advisory				V	COS	R		
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				V	COS	R	Food/Color Additives and Toxic Substances				V	COS	R		
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source				V	COS	R	Conformance with Approved Procedures				V	COS	R		
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES															
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.															
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
OUT	N/A	N/O	Mark in appropriate box for COS and/or R				COS=corrected on-site during inspection	R=repeat violation							
Safe Food and Water				V	COS	R	Proper Use of Utensils				V	COS	R		
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control				V	COS	R	Utensils and Equipment				V	COS	R		
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				V	COS	R	Physical Facilities				V	COS	R		
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination				V	COS	R	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.												Natural rubber latex gloves not used per CGS §19a-36f			

Person in Charge (Signature) Staci Sengco (Date) 05/23/23	Violations documented
Person in Charge (Printed) _____	Priority Item Violations 5/27/23
Inspector (Signature) Lauren Grandy Date 5/23/23	Priority Foundation Item Violations 6/3/23
Inspector (Printed) Lauren Grandy	Core Item Violations 8/23/23
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.	Risk Factor/Public Health Intervention Violations 4
	Repeat Risk Factor/Public Health Intervention Violations 1
	Good Retail Practices Violations 9
	Requires Reinspection - check box if you intend to reinspect <input type="checkbox"/>

Food Establishment Inspection Report

LHD manchester

Inspection Report Continuation Sheet

Date 5/23/23

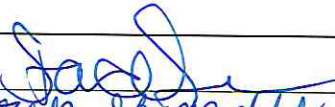
Establishment Randy's wooster st. pizza Town manchester

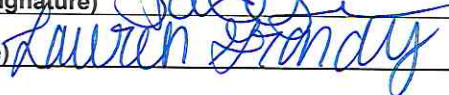
TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
chicken wings walk in	39F			Bathroom customer hand sink	118F
Meat balls walk in cooler	38F			3 bag sanitizer Quat	200ppm
Sliced tomatoes Prep line	39F				
Diced cooked chicken Prep line	38F				
Sliced tomato bain marie top	37F				
Cheese pizza Prep station	40F				
Sauce Hot holding	160F				
Marinara cold holding	56F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
49c	Walk in cooler shelves unclean.
470F	Wooden Pizza Paddle splintering
49c	Shelves above Pizza ovens unclean
16c	Unclean undercounter reach in of Bain Marie exterior
16c	unclean 2 door reach in cooler by grill. Interior
49c	unclean 2 door reach in cooler by grill. exterior
45c	Reuse of single use container
45c	Pizza boxes stored in utility closet under personal items. COS.
38c	Open back door without screen. COS-door closed.
49c	Gaskets unclean reach ins throughout
55c	unclean floor behind Bar
51p	Hot water in customer Bathroom 118F
22p	Marinara sauce at pizza cold prep 56F. COS discarded
49c	Exterior of fryer unclean.
55c	Walls, floors, ceiling throughout unclean
16p	unclean deli slicer
47c	Sandwich cold prep undercounter gaskets damaged.

Person in Charge (Signature) 

Inspector (Signature) 

Date 05/23/23

Date 5/23/23



TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: Randy's Wooster St Pizza

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - PRIORITY – 72 hours for correction
 - PRIORITY FOUNDATION – 10 days for correction
 - CORE – 90 days for correction or determined by inspector
- Corrections and ReInspections
 - Corrected on site violations
 - Reinspection – case by case
 - Repeat violations
- No Bare Hand Contact – Correction Required
 - 9 P/Pf/C
- CFPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - Handwashing sign at all handwash sinks (section 6-301.14) 10c
 - 9 Major Allergens 37c
 - Outdoor Allowance for dogs -preapproval and sign required. 38 Pf
- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

- 2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>
- Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>
- FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>

Environmental Health Inspector:

Signature of Inspector: Lauren Grandy
 Print Name: Lauren Grandy Date: 5/23/23

Person In Charge:

Signature of Person In Charge: Staci Senao Title: owner
 Print Name: Staci Senao Date: 05/23/23
 Email: stachsp@aol.com

Risk Category: 2	Food Establishment Inspection Report	Page 1 of <u>2</u>	
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/2/2023	
Establishment Rooster's chicken + waffles		Time In 10 AM /PM Time Out 11 AM /PM	
Address 394 middle tpke west		LHD manchester	
Town/City manchester		Purpose of Inspection: Routine Pre-op	
Permit Holder Riccardo Francois		Reinspection Other _____	
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed			
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Supervision	Protection from Contamination	Time/Temperature Control for Safety	
IN OUT N/A N/O	IN OUT N/A N/O	IN OUT N/A N/O	
1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food separated and protected	18 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper cooking time and temperatures	
2 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Certified Food Protection Manager for Classes 2, 3, & 4	16 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food-contact surfaces: cleaned & sanitized	19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper reheating procedures for hot holding	
Employee Health			
3 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Proper cooling time and temperatures	
4 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper use of restriction and exclusion	Consumer Advisory		
5 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Written procedures for responding to vomiting and diarrheal events provided	25 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Consumer advisory provided: raw/undercooked food		
Good Hygienic Practices			
6 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use	Highly Susceptible Population		
7 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> No discharge from eyes, nose, and mouth	26 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Pasteurized foods used; prohibited foods not offered		
Preventing Contamination by Hands			
8 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hands clean and properly washed	Food/Color Additives and Toxic Substances		
9 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	27 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Food additives: approved and properly used		
10 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate handwashing sinks, properly supplied/accessible	28 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic substances properly identified, stored & used		
Approved Source			
11 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food obtained from approved source	Conformance with Approved Procedures		
12 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Food received at proper temperature	29 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Compliance with variance/specialized process/ROP criteria/HACCP Plan		
13 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food in good condition, safe, and unadulterated	GOOD RETAIL PRACTICES		
14 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction	Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
OUT N/A N/O	OUT	OUT	
30 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pasteurized eggs used where required	43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In-use utensils: properly stored	47 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food and non-food contact surfaces cleanable, properly designed, constructed, and used	
31 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water and ice from approved source	44 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	
32 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Variance obtained for specialized processing methods	45 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Single-use/single-service articles: properly stored & used	49 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-food contact surfaces clean	
Safe Food and Water			
33 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control	Utensils and Equipment		
34 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plant food properly cooked for hot holding	50 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot and cold water available; adequate pressure		
35 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Approved thawing methods used	51 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing installed; proper backflow devices		
36 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thermometers provided and accurate	52 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage and waste water properly disposed		
Food Temperature Control			
37 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food properly labeled; original container	53 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean		
38 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, rodents, and animals not present	54 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained		
39 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination prevented during food preparation, storage & display	55 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Physical facilities installed, maintained, and clean		
40 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal cleanliness	56 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Adequate ventilation and lighting; designated areas used		
41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wiping cloths: properly used and stored	Natural rubber latex gloves not used per CGS §19a-36f		
42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Washing fruits and vegetables	Physical Facilities		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.			
Person in Charge (Signature) Riccardo Francois Date 5-2-2023		Violations documented	
Person in Charge (Printed) RICCARDO FRANCOIS		Date corrections due	
Inspector (Signature) Lauren Grandy Date 5/2/2023		Priority Item Violations _____	
Inspector (Printed) Lauren Grandy		Priority Foundation Item Violations 5/12/23	
		Core Item Violations none	
		Risk Factor/Public Health Intervention Violations 3	
		Repeat Risk Factor/Public Health Intervention Violations 3	
		Good Retail Practices Violations 3	
		Requires Reinspection - check box if you intend to reinspect <input type="checkbox"/>	
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.			

Food Establishment Inspection Report

LHD Manchester Inspection Report Continuation Sheet Date 5/2/2023
 Establishment Rooster's chicken + waffles Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
not water handsink	100 F	day make chicken	39 F		
4 door freezer	0 F	tomato	38 F		
2 door reach in picklz	38 F	pepsi cooler	40 F		
chicken raw	36 F	↳ fan soda only			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
note*	not operating at time of visit
note*	discussed FDA checklist this day
note*	undercounter True freezer not in use at this time
16c	interior 4 door reach in not clean
49pf	hood above fryer not clean - professional cleaner to be scheduled by next week per person in charge
16pf	grill top observed not clean
16c	interior 2 door not clean
47c	non commercial containers used for picklz + chicken ↳ discussed food grade containers
45c	single use containers in box stored on floor + single service silverware stored on floor - corrected on site
note*	no cooling, cooking observed
note*	no sanitizer made at time of visit
note*	Thermometer available
note*	test strips available

Person in Charge (Signature) [Signature] Date 5/2/2023
 Inspector (Signature) Lauren Gandy Date 5/2/2023



TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: Rooster's Chicken + Waffles

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - o PRIORITY – 72 hours for correction
 - o PRIORITY FOUNDATION – 10 days for correction
 - o CORE – 90 days for correction or determined by inspector

- Corrections and Reinspections
 - o Corrected on site violations
 - o Reinspection – case by case
 - o Repeat violations

- No Bare Hand Contact – Correction Required
9 P/Pf/C

- send link CFPM
- CFPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - o Handwashing sign at all handwash sinks (section 6-301.14) 10c
 - o 9 Major Allergens 37c
 - o ~~Outdoor Allowance for dogs -preapproval and sign required. 38 Pf~~
- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>

Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>

FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>


Environmental Health Inspector:

Signature of Inspector: Lauren Grandy
 Print Name: Lauren Grandy Date: 5/2/2023

Person In Charge:

Signature of Person In Charge: Riccardo Francois Title: MANAGER
 Print Name: Riccardo Francois Date: 5-2-2023
 Email: coosterschickenmanchester@gmail.com

Risk Category: <u>3</u>	Food Establishment Inspection Report	Page 1 of <u>2</u>
Establishment type: <u>Permanent</u> Temporary Mobile Other _____	Date: <u>5/24/23</u>	
Establishment <u>Shady Glen</u>	Time In <u>9</u> AM/PM Time Out <u>11:30</u> AM/PM	
Address <u>840 Middle Tpke East</u>	LHD <u>Manchester</u>	
Town/City <u>Manchester</u>	Purpose of Inspection: <u>Routine</u> Pre-op	
Permit Holder <u>Billy</u>	Reinspection Other _____	



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	Proper Use of Utensils	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	Natural rubber latex gloves not used per CGS §19a-36f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <u>Amy Schaffler</u>	Date <u>5/24/23</u>	
Person in Charge (Printed) <u>Riley Schaffler</u>	Date <u>5/24/23</u>	
Inspector (Signature) <u>Lauren Grandy</u>	Date <u>5/24/23</u>	
Inspector (Printed) <u>Lauren Grandy</u>		

Violations documented	Date corrections due	#
Priority Item Violations	<u>5/27/23</u>	<u>1</u>
Priority Foundation Item Violations	<u>6/14/23</u>	<u>1</u>
Core Item Violations	<u>8/24/23</u>	<u>14</u>
Risk Factor/Public Health Intervention Violations		<u>2</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>-</u>
Good Retail Practices Violations		<u>20</u>
Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>		

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

*re-inspection 5/30/23

Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 5/24/23

Establishment Shady Glen

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
lobster salad	38F			Hand sink basement	112F
cantalope	38F				
sliced tomato	37F				
walk in cooler basement	40F				
walk in freezer basement	-18F				
shredded carrots basement	37F				
Cheese prep line	41F				
Sliced tomato prep line	40F				



OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
55C	Tiles on floor in dishwash area damaged
55C	Cove base missing dishwash area
47PF	Ice machine cover damaged
47C	Microwave unclean interior
47C	Microwave unclean exterior
45C	Reuse single use containers as scoops
45C/AAC	Utensils stored on floor in attic (to go containers, plates, cups)
38PF	mouse droppings on food and shelving in basement storage
38PF	cereal boxes chewed open by pest with mouse droppings inside containers
38PF	Bug zapper in basement not holding dead flies (dead flies observed ^{on table} below zapper)
16PF	Unclean deli slicers in basement
45C	Single service spoons not protected or inverted at ice cream station - <u>CO5</u>
5P	38PF Raw chicken stored above soup in walk in cooler in basement.
47C	Rusted shelving in walk in freezer in basement.
56C	Unclean lights over cookline.
49C	Fryer exterior unclean along cookline.
47C	Milk crates used as shelving in walk in coolers in basement.
55C	walk in coolers shelves, floor unclean.
39PF	Ice cream stored on floor in walk in freezer.
note	well water report to be emailed Lgrandy@manchesterct.gov
39C	Ice build up in walk in ice cream freezer.
36PF	NO thermometer in walk in freezer in basement.

Person in Charge (Signature) Romy Schiffr
 Inspector (Signature) Lauren Grandy

Date 5/24/23
 Date 5/24/23



TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: shady Glen

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - PRIORITY – 72 hours for correction
 - PRIORITY FOUNDATION – 10 days for correction
 - CORE – 90 days for correction or determined by inspector
- Corrections and Reinspections
 - Corrected on site violations
 - Reinspection – case by case
 - Repeat violations
- No Bare Hand Contact – Correction Required
 - 9 P/Pf/C
- CFPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - Handwashing sign at all handwash sinks (section 6-301.14) 10c
 - 9 Major Allergens 37c
 - Outdoor Allowance for dogs -preapproval and sign required. 38 Pf
- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

- 2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>
- Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>
- FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>


Environmental Health Inspector:

Signature of Inspector: Lauren Grandy
 Print Name: Lauren Grandy Date: 5/24/2023

Person In Charge:

Signature of Person In Charge: Brent Zak Title: Manager
 Print Name: Brent Zakowski Date: 5-24-2023
 Email: brentzakowski801@gmail.com

Risk Category: 3	Food Establishment Inspection Report	Page 1 of 3
Establishment type: Permanent Temporary Mobile Other _____		Date: 5/2/2023
Establishment Shea's pizza + sport bar		Time In 1:30 AM/PM Time Out 3:15 AM/PM
Address 103 Tolland Pk		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Jack Maloney		Reinspection Other _____



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health				Good Hygienic Practices				Consumer Advisory					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands				Approved Source				Highly Susceptible Population					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
GOOD RETAIL PRACTICES													
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
OUT	N/A	N/O	V	COS	R	OUT	N/A	N/O	V	COS	R		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>		
Safe Food and Water				Food Temperature Control				Utensils and Equipment					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Prevention of Food Contamination				Physical Facilities					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													

Person in Charge (Signature) <i>Cody Aron</i> Date 5/2/2023	
Person in Charge (Printed) <i>Cody Aron</i>	
Inspector (Signature) <i>Lauren Bradley</i> Date 5/2/2023	
Inspector (Printed) <i>Lauren Bradley</i>	

Violations Documented	Date corrections due	#
Priority Item Violations		
Priority Foundation Item Violations	5/12/2023	3
Core Item Violations	8/2/2023	18
Risk Factor/Public Health Intervention Violations		
Repeat Risk Factor/Public Health Intervention Violations		1
Good Retail Practices Violations		20
Requires Reinspection - check box if you intend to reinspect		

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

Food Establishment Inspection Report

LHD manchester Inspection Report Continuation Sheet Date 5/2/23

Establishment shea's pizzeria + sport bar Town manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
pepperoni cheese		Chest Freezer	0°F	reach in Freezer	0°F
		marinara hot	42°F	quat bucket	200ppm
raw chix tomato cheese		walk in cooler chicken wing	40°F		
		rice	40°F		
		turkey (deli meat)	40°F		

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
note*	hood not clean - coming out sunday night
49c	exterior of oven not clean
16c	shelving above pizza cold prep not clean
55c	wall behind ice machine not clean
47c	seal/caulk behind 3 bay sink
55c	grout floor tile by dish machine
51pf	leaking pipe behind grease trap
55c	chipping paint behind prep sink wall
49c	shelving by prep area not clean
note*	can opener rusted - new can opener coming
47c	wood used as shelving in dry storage for food product
49c	gasket of walk in cooler not clean
49c	sped rack not clean
38pf	cockroach observed in reach in freezer by dry storage
47c	Beer keg walk in cooler floor damaged
49c	Beer keg walk in cooler fan cover not clean
55c	basement walls not clean
55c	basement floors not clean
note*	continue to work on de-cluttering basement
55c	hole in wall in basement
note*	discussed hand dispenser by coffee station
47/49c	interior/exterior of shelving by coffee station not clean

Person in Charge (Signature) [Signature] Date 5/2/2023
 Inspector (Signature) [Signature] Date 5/2/2023



TOWN OF MANCHESTER HEALTH DEPARTMENT
 479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
 Phone Number: **(860) 647-3173**, Fax Number: **(860) 647-3188**

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: Shea's pizzeria + sports bar

- | | |
|--|---|
| <input checked="" type="checkbox"/> Violations Documentation
No Numerical Scoring Grade-3 Violation Levels <ul style="list-style-type: none"> o <u>PRIORITY</u> – 72 hours for correction o <u>PRIORITY FOUNDATION</u> – 10 days for correction o <u>CORE</u> – 90 days for correction or determined by inspector <input checked="" type="checkbox"/> Corrections and ReInspections <ul style="list-style-type: none"> o Corrected on site violations o Reinspection – case by case o Repeat violations <input checked="" type="checkbox"/> No Bare Hand Contact – Correction Required
9 P/Pf/C | <input checked="" type="checkbox"/> CFPM/PIC on every shift during operating hours 1 Pf
<input checked="" type="checkbox"/> Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
<input checked="" type="checkbox"/> Signage/Posters required <ul style="list-style-type: none"> o Handwashing sign at all handwash sinks (section 6-301.14) 10c o 9 Major Allergens 37c o <input checked="" type="checkbox"/> Outdoor Allowance for dogs -preapproval and sign required. 38 Pf
 ↳ not doing <input checked="" type="checkbox"/> Employee Assessment Form
<input checked="" type="checkbox"/> Vomiting/Diarrhea Written clean-up Policy
<input checked="" type="checkbox"/> Mop Sink Required (Sec. 5-203.13) CORE -90 day
<input checked="" type="checkbox"/> Temperature: Final Cook Temperatures |
|--|---|

Resources:

2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>

Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>

FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>

Environmental Health Inspector:

Signature of Inspector: Lauren Grandy
 Print Name: Lauren Grandy Date: 5/2/2023


Person In Charge:

Signature of Person In Charge: Cody Archambault Title: GM
 Print Name: Cody Archambault Date: 5/2/2023
 Email: SheasAmericana@gmail.com

Risk Category: 3	Food Establishment Inspection Report	Page 1 of ____
Establishment type: <u>Permanent</u> Temporary Mobile Other _____		Date: <u>5-4-23</u>
Establishment <u>Texas Roadhouse</u>		Time In <u>1pm</u> AM/PM Time Out <u>230</u> AM/PM
Address <u>21 Roadhouse Redstone Rd</u>		LHD <u>Manchester</u>
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op
Permit Holder <u>Earnie Richards</u>		Reinspection Other <u>FDA</u>
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS		
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Supervision	Protection from Contamination	Time/Temperature Control for Safety
1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Person/Alternate Person in charge present, demonstrates knowledge and performs duties	15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food separated and protected	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures
2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Certified Food Protection Manager for Classes 2, 3, & 4	16 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food-contact surfaces: cleaned & sanitized	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding
3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Management, food employee and conditional employee; knowledge, responsibilities and reporting	17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper disposition of returned, previously served, reconditioned, and unsafe food	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures
4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper use of restriction and exclusion	18 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooking time and temperatures	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures
5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Written procedures for responding to vomiting and diarrheal events	19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper reheating procedures for hot holding	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures
6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper eating, tasting, drinking, or tobacco products use	20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling time and temperatures	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition
7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No discharge from eyes, nose, and mouth	21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper hot holding temperatures	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records
8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hands clean and properly washed	22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cold holding temperatures	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food
9 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper date marking and disposition	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered
10 <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate handwashing sinks, properly supplied/accessible	24 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Time as a public health control: procedures and records	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used
11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food obtained from approved source	25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Consumer advisory provided: raw/undercooked food	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used
12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food received at proper temperature	26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized foods used; prohibited foods not offered	29 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Compliance with variance/specialized process/ROP criteria/HACCP Plan
13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food in good condition, safe, and unadulterated	27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food additives: approved and properly used	
14 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Required records available: molluscan shellfish identification, parasite destruction	28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toxic substances properly identified, stored & used	
GOOD RETAIL PRACTICES		
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation		
Safe Food and Water	Proper Use of Utensils	Utensils and Equipment
30 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pasteurized eggs used where required	43 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O In-use utensils: properly stored	47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used
31 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Water and ice from approved source	44 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Utensils/equipment/linens: properly stored, dried, & handled	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available
32 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Variance obtained for specialized processing methods	45 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Single-use/single-service articles: properly stored & used	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean
33 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Proper cooling methods used; adequate equipment for temperature control	46 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Gloves used properly	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure
34 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plant food properly cooked for hot holding	47 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food and non-food contact surfaces cleanable, properly designed, constructed, and used	51 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices
35 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Approved thawing methods used	48 <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed
36 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Thermometers provided and accurate	49 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Non-food contact surfaces clean	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean
37 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Food properly labeled; original container	50 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hot and cold water available; adequate pressure	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained
38 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Insects, rodents, and animals not present	51 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Plumbing installed; proper backflow devices	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean
39 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Contamination prevented during food preparation, storage & display	52 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Sewage and waste water properly disposed	56 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Adequate ventilation and lighting; designated areas used
40 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Personal cleanliness	53 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Toilet facilities: properly constructed, supplied, & clean	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Natural rubber latex gloves not used per CGS §19a-36f
41 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Wiping cloths: properly used and stored	54 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Garbage and refuse properly disposed; facilities maintained	
42 <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Washing fruits and vegetables	55 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O Physical facilities installed, maintained, and clean	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.		
Person in Charge (Signature) <u>[Signature]</u> Date <u>5/4/23</u>	Violations documented	
Person in Charge (Printed) <u>Earnie Richards</u>	Date corrections due	
Inspector (Signature) <u>Denise Payne</u> Date <u>5-4-23</u>	Priority Item Violations	#
Inspector (Printed) <u>Denise Payne</u>	Priority Foundation Item Violations	<u>2</u>
	Core Item Violations	<u>5</u>
	Risk Factor/Public Health Intervention Violations	<u>3</u>
	Repeat Risk Factor/Public Health Intervention Violations	<u>2</u>
	Good Retail Practices Violations	<u>8</u>
	Requires Reinspection - check box if you intend to reinspect	<input checked="" type="checkbox"/>

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

Risk Category: 3	Food Establishment Inspection Report	Page 1 of ____
Establishment type: Permanent Temporary Mobile Other _____		Date: 5-3-23
Establishment The Gathering		Time In _____ AM/PM Time Out _____ AM/PM
Address 471 Hartford Rd		LHD Manchester
Town/City Manchester		Purpose of Inspection: Routine Pre-op
Permit Holder Al Zimel		Reinspection _____ Other FDA INTRO




FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS															
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.															
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed															
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation															
IN	OUT	N/A	N/O	Supervision	V	COS	R	IN	OUT	N/A	N/O	Protection from Contamination	V	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated and protected	Pf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Consumer Advisory							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Highly Susceptible Population							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Food/Color Additives and Toxic Substances							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					27	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	Conformance with Approved Procedures							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>								

GOOD RETAIL PRACTICES											
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.											
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation											
OUT	N/A	N/O	Safe Food and Water	V	COS	R	OUT	UTENSILS	V	COS	R
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>	<input type="checkbox"/>	Utensils and Equipment				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	Physical Facilities				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit Holder shall notify customers that a copy of the most recent inspection report is available.															
Person in Charge (Signature) <i>[Signature]</i> Date 3-2-23				Violations documented				Date corrections due				#			
Person in Charge (Printed) AL ZIMEL				Priority Item Violations				May 10				1			
Inspector (Signature) <i>[Signature]</i> Date 5-3-23				Priority Foundation Item Violations								0			
Inspector (Printed) Denise Payne				Core Item Violations								0			
				Risk Factor/Public Health Intervention Violations								2			
				Repeat Risk Factor/Public Health Intervention Violations								10			
				Good Retail Practices Violations								0			
				Requires Reinspection - check box if you intend to reinspect								<input checked="" type="checkbox"/>			

Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.

Risk Category: 3		Food Establishment Inspection Report				Page 1 of ____							
Establishment type: Permanent Temporary Mobile Other _____				Date: 5-16-23									
Establishment Wendys				Time In _____ AM/PM		Time Out _____ AM/PM							
Address Broad St				LHD Manchester									
Town/City Manchester				Purpose of Inspection: Routine Pre-op									
Permit Holder _____				Reinspection Other FDA									
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
<small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small>													
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed													
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
Supervision				Protection from Contamination									
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties				Food separated and protected									
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4				Food-contact surfaces: cleaned & sanitized									
Employee Health				Time/Temperature Control for Safety									
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned, and unsafe food									
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of restriction and exclusion				Proper cooking time and temperatures									
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Written procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding									
Good Hygienic Practices				Consumer Advisory									
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Proper eating, tasting, drinking, or tobacco products use				Consumer advisory provided: raw/undercooked food									
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
No discharge from eyes, nose, and mouth				Highly Susceptible Population									
Preventing Contamination by Hands				Food/Color Additives and Toxic Substances									
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>
Hands clean and properly washed				Food additives: approved and properly used									
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed				Toxic substances properly identified, stored & used									
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Adequate handwashing sinks, properly supplied/accessible				Conformance with Approved Procedures									
Approved Source				Good Retail Practices									
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Food obtained from approved source				Safe Food and Water									
12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Food received at proper temperature				Pasteurized eggs used where required									
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Food in good condition, safe, and unadulterated				Water and ice from approved source									
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>
Required records available: molluscan shellfish identification, parasite destruction				Variance obtained for specialized processing methods									
GOOD RETAIL PRACTICES													
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>													
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation													
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R				
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>				
Proper cooling methods used; adequate equipment for temperature control				Proper Use of Utensils									
31	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>				
Plant food properly cooked for hot holding				In-use utensils: properly stored									
32	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>	P/C	<input type="checkbox"/>				
Approved thawing methods used				Utensils/equipment/linens: properly stored, dried, & handled									
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	C	<input type="checkbox"/>				
Thermometers provided and accurate				Single-use/single-service articles: properly stored & used									
Food Identification				Utensils and Equipment									
37	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>				
Food properly labeled; original container				Food and non-food contact surfaces cleanable, properly designed, constructed, and used									
Prevention of Food Contamination				Physical Facilities									
38	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>				
Insects, rodents, and animals not present				Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available									
39	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	49	<input checked="" type="checkbox"/>	C	<input type="checkbox"/>				
Contamination prevented during food preparation, storage & display				Non-food contact surfaces clean									
40	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>	Pf	<input type="checkbox"/>				
Personal cleanliness				Hot and cold water available; adequate pressure									
41	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>				
Wiping cloths: properly used and stored				Plumbing installed; proper backflow devices									
42	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>	52	<input checked="" type="checkbox"/>	P/Pf/C	<input type="checkbox"/>				
Washing fruits and vegetables				Sewage and waste water properly disposed									
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) Robert L. Date 5-16-23				Violations documented									
Person in Charge (Printed) Rebecca Lavoche				Date corrections due									
Inspector (Signature) Denise Payne Date 5/16/23				#									
Inspector (Printed) Denise Payne				Priority Item Violations									
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.				Priority Foundation Item Violations									
				Core Item Violations									
				Risk Factor/Public Health Intervention Violations									
				Repeat Risk Factor/Public Health Intervention Violations									
				Good Retail Practices Violations									
				Requires Reinspection - check box if you intend to reinspect									

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5-16-23

Establishment Wendy's

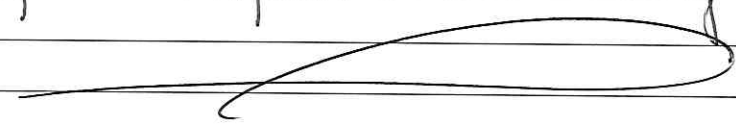
Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Tomato Cheese	38F	Chili	160F	Quat bucket	200ppm
Hamburgers	41F	Chicken patty	134F	Hot water HS	90F
		Hamburger	155F	3 Bay	>110F
Walk-in Cooler Ambient	42F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
49C	Walk in Freezer floors unclean
52C	Standing water @ drive thru - staff to mop until service call completed, Coke to come 5/17
52C	Standing Water at Dining room door 5/17 Plumber fixed pm 5/16
33F	Walk in Ambient air increasing product @ 43F - service call to be made. leave all product in WIC to keep door closed. - Relocate back ups to Reach in so that temps in Walk in are maintained Repair 5/16 on Rooftop, monitor temps
<p style="font-size: 2em; font-family: cursive;">Kitchen much Cleaner + Organized</p> 	

Person in Charge (Signature) Rebecca Laroche

Rebecca Laroche

Date 5-16-23

Inspector (Signature) Denise Payne

Date 5/16/23

*pre-operational

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/25/23

Establishment Starbucks - Deming Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
hot water	110°F				
restrooms:					
men	110°F				
women	91°F				
quat sanitizer	200 ppm				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	paper towels needed at all handwash sinks
not*	label microwave for employee use only in back area
not*	dry storage cabinets (accessible to public) to be locked
not*	check all refrigeration/cold prep units for thermometer
	quat sanitizer test strips required
*	sneeze guard required at front service area
	↳ to email requirements
	↳ sean@palcon.us
	↳ mark@palcon.us
	↳ email David (Manager)
not*	looking to open 6/16/23
not*	Floors, walls, ceilings ✓
not*	discussed FDA checklist this day
	↳ CFPM in process of signing up staff ~ email CFPM to
	grandy@manchesterct.gov
	Health Dept to come out for final inspection 6/14/23
	@ 2 pm

Person in Charge (Signature) Daniel

Date 5/25/23

Inspector (Signature) Lawrence Grandy

Date 5/25/23



TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: (860) 647-3173, Fax Number: (860) 647-3188

2022 FDA Food Code Checklist

The purpose of this checklist is to inform you on the new regulations and the changes that have been made within the Food Code. The Manchester Health Department recognizes that the adoption of the 2022 FDA Food Code will be a transition for you, for inspectors and Food Establishments. We will continue to work with you to educate and implement the new regulations within this code. We understand that this may generate questions, which we are committed to working with you during this transition period and process.

Facility: Starbucks - Deming

- Violations Documentation
 - No Numerical Scoring Grade-3 Violation Levels
 - o PRIORITY – 72 hours for correction
 - o PRIORITY FOUNDATION – 10 days for correction
 - o CORE – 90 days for correction or determined by inspector
- Corrections and Reinspections
 - o Corrected on site violations
 - o Reinspection – case by case
 - o Repeat violations
- No Bare Hand Contact – Correction Required
 - 9 P/Pf/C
- CFPM/PIC on every shift during operating hours 1 Pf
- Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
- Signage/Posters required
 - o Handwashing sign at all handwash sinks (section 6-301.14) 10c
 - o 9 Major Allergens 37c
 - o Outdoor Allowance for dogs -preapproval and sign required. 38 Pf
- Employee Assessment Form
- Vomiting/Diarrhea Written clean-up Policy
- Mop Sink Required (Sec. 5-203.13) CORE -90 day
- Temperature: Final Cook Temperatures

Resources:

- 2022 FDA Food Code: <https://www.fda.gov/food/fda-food-code/food-code-2022>
- Town of Manchester Health Dept: <https://www.manchesterct.gov/Government/Departments/Health-Department>
- FDA Handbook: <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>


Environmental Health Inspector:

Signature of Inspector: Lauren Brandy
 Print Name: Lauren Brandy Date: 5/24/23

Person In Charge:

Signature of Person In Charge: David Ledoux Title: Store Manager
 Print Name: David Ledoux Date: 5/25/23
 Email: us2337069 @ Starbucks.com

*reinspection 5/30/23

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>5/24/23</u>		
Establishment <u>Shady Glen</u>				Time In <u>9</u> AM/PM Time Out <u>11:30</u> AM/PM	
Address <u>840 Middle Tpke East</u>				LHD <u>Manchester</u>	
Town/City <u>Manchester</u>		Purpose of Inspection: <u>Routine</u> Pre-op		Reinspection Other	
Permit Holder <u>Billy</u>		FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.					
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed					
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
Supervision		Protection from Contamination		Time/Temperature Control for Safety	
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
Person/Alternate Person in charge present, demonstrates knowledge and performs duties		Pf	Food separated and protected		P/C
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	C	16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/P/C
Certified Food Protection Manager for Classes 2, 3, & 4			Food-contact surfaces: cleaned & sanitized		
Employee Health			17	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf	Proper disposition of returned, previously served, reconditioned, and unsafe food		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			Consumer Advisory		
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P	18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C
Proper use of restriction and exclusion			Proper cooking time and temperatures		
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf	19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P
Written procedures for responding to vomiting and diarrheal events			Proper reheating procedures for hot holding		
Good Hygienic Practices			20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/C	Proper cooling time and temperatures		
Proper eating, tasting, drinking, or tobacco products use			21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	C	Proper hot holding temperatures		
No discharge from eyes, nose, and mouth			22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P
Preventing Contamination by Hands			Proper cold holding temperatures		
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf	23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf
Hands clean and properly washed			Proper date marking and disposition		
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C	24	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed			Time as a public health control: procedures and records		
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf/C	Highly Susceptible Population		
Adequate handwashing sinks, properly supplied/accessible			Pasteurized foods used; prohibited foods not offered		
Approved Source			25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C	Food/Color Additives and Toxic Substances		
Food obtained from approved source			Food additives: approved and properly used		
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf	26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/C
Food received at proper temperature			Toxic substances properly identified, stored & used		
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf	Compliance with Approved Procedures		
Food in good condition, safe, and unadulterated			Compliance with variance/specialized process/ROP criteria/HACCP Plan		
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C	GOOD RETAIL PRACTICES		
Required records available: molluscan shellfish identification, parasite destruction			Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
Safe Food and Water		Proper Use of Utensils		Utensils and Equipment	
30	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R	43	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<input type="checkbox"/> V <input type="checkbox"/> COS <input type="checkbox"/> R
Pasteurized eggs used where required		P	In-use utensils: properly stored		C
31	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C	44	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/C
Water and ice from approved source			Utensils/equipment/linens: properly stored, dried, & handled		
32	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf	45	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/C
Variance obtained for specialized processing methods			Single-use/single-service articles: properly stored & used		
Food Temperature Control			46	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	C
33	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf/C	Gloves used properly		
Proper cooling methods used; adequate equipment for temperature control			Physical Facilities		
34	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf	47	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C
Plant food properly cooked for hot holding			Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf/C	48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf/C
Approved thawing methods used			Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available		
36	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/C	49	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	C
Thermometers provided and accurate			Non-food contact surfaces clean		
Food Identification			Physical Facilities		
37	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf/C	50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf
Food properly labeled; original container			Hot and cold water available: adequate pressure		
Prevention of Food Contamination			51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C
38	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf/C	Plumbing installed; proper backflow devices		
Insects, rodents, and animals not present			52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C
39	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf/C	Sewage and waste water properly disposed		
Contamination prevented during food preparation, storage & display			53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf/C
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pf/C	Toilet facilities: properly constructed, supplied, & clean		
Personal cleanliness			54	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	C
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	C	Garbage and refuse properly disposed; facilities maintained		
Wiping cloths: properly used and stored			55	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	P/Pf/C	Physical facilities installed, maintained, and clean		
Washing fruits and vegetables			56	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	C
			Adequate ventilation and lighting; designated areas used		
			Natural rubber latex gloves not used per CGS §19a-36f		
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature) <u>Larry Schaeffer</u>		Date <u>5/24/23</u>		Violations documented	
Person in Charge (Printed) <u>Riley Schaeffer</u>		Date <u>5/24/23</u>		Priority Item Violations <u>5/27/23</u>	
Inspector (Signature) <u>Lauren Grandy</u>		Date <u>5/24/23</u>		Priority Foundation Item Violations <u>6/14/23</u>	
Inspector (Printed) <u>Lauren Grandy</u>				Core Item Violations <u>8/24/23</u>	
				Risk Factor/Public Health Intervention Violations <u>2</u>	
				Repeat Risk Factor/Public Health Intervention Violations <u>-</u>	
				Good Retail Practices Violations <u>-</u>	
				Requires Reinspection - check box if you intend to reinspect <input checked="" type="checkbox"/>	
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.					

*re-inspection 5/30/23

* reinspection
5/30/23

Food Establishment Inspection Report

Page 2 of 2

LHD Manchester

Inspection Report Continuation Sheet

Date 5/24/23

Establishment Shady Glen

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
lobster salad	38F			Hand sink basement	112F
cantalope	38F				
sliced tomato	37F				
walk in cooler basement	40F				
walk in freezer basement	-18F				
shredded carrots basement	37F				
Cheese prep line	41F				
Sliced tomato prep line	40F				



OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

* email pest control report

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
55C	Tiles on floor in dishwasher area damaged
55C	Cove base missing dishwasher area
47PF	Ice Machine cover damaged
47C	Microwave unclean interior - COS 5/30/23
47C	Microwave unclean exterior - COS 5/30/23
45C	Reuse single use containers as scoops - COS 5/30/23
45C/44C	Utensils stored on floor in attic (to go containers, plates, cups)
38PF	mouse droppings on food and shelving in basement storage - COS 5/30/23
38PF	cereal boxes chewed open by pest with mouse droppings inside containers - COS 5/30/23
38PF	Bug zapper in basement not holding dead flies (dead flies observed on table below zapper) - COS 5/30
16PF	Unclean deli slicers in basement - COS 5/30/23
45C	Single service spoons not protected or inverted at ice cream station - COS
39C	Raw chicken stored above soup in walk in cooler in basement. - COS 5/30/23
47C	Rusted shelving in walk in freezer in basement.
56C	Unclean lights over cookline - COS 5/30/23
49C	Fryer exterior unclean along cookline. - COS 5/30/23
47C	Milk crates used as shelving in walk in coolers in basement. - COS 5/30/23
55C	Walk in coolers shelves, floor unclean.
39PF	Ice cream stored on floor in walk in freezer. - COS 5/30/23
note	well water report to be emailed Lgrandy@manchesterct.gov
39C	Ice build up in walk in ice cream freezer. - COS 5/30/23
36PF	No thermometer in walk in freezer in basement. - COS 5/30/23

Person in Charge (Signature) Ruby Selby

Date 5/24/23

Inspector (Signature) Lauren Grandy

Date 5/24/23

Food Establishment Inspection Report

LHD Manchester

Inspection Report Continuation Sheet

Date 5/1/2023

Establishment cajun cafe

Town Manchester

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
walk in cooler		internal			
chicken (cooked)	39F	general tso chix	175F		
noodles	39F				
rice	40F	grilled chicken	172F		
Hot holding					
rice	135F				
noodles	152F				

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
10 pF	no paper towel dispenser at front handsink
49c	handsink fixtures not clean
39 pF	soy sauce containers stored on floor
49c	gasket not clean in undercounter reach in cooler or walk in cooler
37c	spices on cart not labeled
49c	exterior of cart not clean on cookline
55c	walls, ceiling + floors not clean along cookline
49c	shelving above microwave not clean
39 pF	boxes of oil stored on floor
49c	dry storage shelving not clean
44c	large bins not protected/covered in dry storage
note*	discussed discarding strainer w/ wood handle - not easily cleanable
	- exterior of oven + grill area - corrected 5/1/23 - continue to work on cleaning cookline equipment
	- shelving in walk in cooler clean, - corrected 5/1/23
	- continue to organize shelving - corrected 5/1/23
	- cracked plastic lids - corrected 5/1/23
	- pest control report emailed - no pest observed 5/1/23
	reinspection to occur 6/1/2023

Person in Charge (Signature)

Date

Inspector (Signature)

Date