Risk Category: 3 Food Establishment Inspection Report Page 1 of 2											
Establishment type: Permanent Temporary Mobile Other					Date:	12/7/23					
Establishment Al Madina Restaurant + Pizza		48 COMPANY	Connec	icat Health	Time I	1:20	Time Out 3	D AMIPM			
Address 246 Broad St.				H)	LHD	manchester					
Town/City Manchester					Purpo	se of Inspection:	Routine Pre	-ор			
Permit Holder Mohammed Azad	Co		ut Dep olic He				ther FOA elect	clist			
FOODBORNE ILLNESS RISK FA Risk factors are important practices or procedures identified as the most prevalent conti								es or injuny			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	tem	IN	l=in c	compliance	e OUT	=not in compliance	and the state of t	D=not observed			
P=Priority item Pf=Priority foundation item C=Core item V=violation type  IN OUT N/A N/O Supervision	Mark in		priat R					R=repeat violation			
Person/Alternate Person in charge present		-		(15) O	OUT N/A	Food separated an	from Contamination d protected	V COS R			
demonstrates knowledge and performs duties	Pf	0			00	Food-contact surfa	ces: cleaned & sanitized	P/Pf/C O O			
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	0		17 🗬	0		of returned, previously sed, and unsafe food	POO			
Employee Health				10 0	a la l	Time/Temperature	Control for Safety				
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	0		18 🔾	000	Proper cooking tim	e and temperatures rocedures for hot holding	P/Pf/C O O			
Proper use of restriction and exclusion	Р	0		20 🔿	000	Proper cooling time	and temperatures	POO			
Written procedures for responding to vomiting and diarrheal events	Pf	0				<ul><li>Proper hot holding</li><li>Proper cold holding</li></ul>		P O O			
Good Hygienic Practices				23 🧭	000	Proper date markin	g and disposition	P/Pf O O			
6 Proper eating, tasting, drinking, or tobacco products us No discharge from eyes, nose, and mouth	e P/C	00		24 🔾	00	Time as a public he and records	ealth control: procedures	P/Pf/C			
Preventing Contamination by Hands			25			Consume	er Advisory				
8 S Hands clean and properly washed No bare hand contact with RTE food or a	P/Pf	0	의	25 💇	00	Consumer advisory pro	wided: raw/undercooked food	Pf OO			
pre-approved alternative procedure properly followed	P/Pf/C	1	0	26 🔾	00	Pasteurized foods used	f; prohibited foods not offered	P/C   O   O			
Adequate handwashing sinks, properly supplied/accessible  Approved Source	Pf/C	0		07 0			and Toxic Substances				
11  Food obtained from approved source	P/Pf/C	0			00	Toxic substances p	proved and properly used				
12 O O Food received at proper temperature	P/Pf	0		28	00	stored & used	X8	P/Pf/C O			
Food in good condition, safe, and unadulterated Required records available: molluscan shellfish		0		T_T		Compliance with A	Approved Procedures				
identification, parasite destruction	P/Pf/C		인		00	process/ROP criter		P/Pf/C O			
Good Retail Practices are preventative measures to	o contro	I AIL I the a	dditio	ACTICE on of path	:S oaens. che	emicals, and physical obj	iects into foods				
Mark OUT if numbered item is not in compliance V=violation type Mark in				or COS a		COS=corrected on-s		R=repeat violation			
OUT N/A N/O Safe Food and Water 30 Pasteurized eggs used where required	V P	cos	R	OUT	n uso uto	Proper Use of ensils: properly stored	f Utensils	V COS R			
31 O Water and ice from approved source	P/Pf/C		5	400	Utensils/eq	uipment/linens: properly	stored, dried, & handled	C 0 0			
32 Variance obtained for specialized processing methods  Food Temperature Control	Pf	0	의	45 0	Single-use	/single-service articles: p	roperly stored & used	PC O O			
Proper cooling methods used; adequate equipment for	DEIC			40 0	Gioves us	ed properly Utensils an	d Equipment	000			
temperature control  34 O Plant food properly cooked for hot holding	Pf/C	7				non-food contact surfa	ices cleanable,	P/PICOO			
35 O O Approved thawing methods used	Pf/C	-		1		esigned, constructed, ning facilities: installed	and used , maintained and used;	<u> </u>			
36 Thermometers provided and accurate	Pf/C	0		40	cleaning a	gents, sanitizers, and	test strips available	Pf/C O O			
Food Identification Food properly labeled; original container	Pf/C	0	5	49 00	Non-food	contact surfaces clean	Facilities	000			
Prevention of Food Contamination				50 0	Hot and co	old water available; ad	equate pressure	Pf OO			
38 Insects, rodents, and animals not present 39 Contamination prevented during food preparation, storage & display	Pf/C P/Pf/C	0	웨	51 0	Plumbing	installed; proper backf nd waste water proper	low devices	P/Pf/C O O			
40 Personal cleanliness	Pf/C	0	5	53)	Toilet facil	lities: properly construc	ted, supplied, & clean	P/Pf/C O O			
41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables	C P/Pf/C	0	>	54 0	Garbage at	nd refuse properly dispos acilities installed, main	sed; facilities maintained	C 0 0			
Permit Holder shall notify customers that a copy of the most recent inspection repo		14,000		56 0	Adequate	ventilation and lighting	tained, and clean i; designated areas used	P/Pf/C O O			
QA -	nt is ava	masie.			Natural rul	bber latex gloves not u	sed per CGS §19a-36f				
Person in Charge (Signature) Date 2	-7	<u>-2</u>	-4	Priority I	<mark>ns docun</mark> tem Violat	tions	Date corrections due	3 2			
Person in Charge (Printed)			1	Priority F	oundation	n Item Violations	days 12/17/2	3			
11120 101	-11	<u></u>	. 11	Risk Fac	n Violatio tor/Public	Health Intervention Vi	olations 3/7/24	12			
Inspector (Signature) Date 2	1/0	4/		Repeat F	Risk Facto	or/Public Health Interve ices Violations	ention Violations				
Inspector (Printed) 3050 Kami (eZ	-			Require	s Reinsp	ection - check box if y	ou intend to reinspect	13			
Appeal: The owner or operator of a food establishment aggrieved by the or dispose of unsafe food, may appeal such order to the	is orde	er to c	orre	ct any in	spection	violation identified by	the food inspector or to	hold, destroy,			

F(	ood Esta	blishment Inspe	ection I	Report Page 2	_ of 2
HD Manchester		Inspection Report Continuation Sh		Date 17/	7/23
stablishment_A Mad	ina Restau	rant Town Manch	oster		7
		TEMPERATURE OBSER			
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIC	2065			handshik	11705
by white no				3-bay sink	120°F
5 basmatin				bathroom sink	92°F
4) shredded no					
	CC 10 .				
	OB	SERVATIONS AND CORREC	TIVE ACTION	ONS	
	this report must be	corrected within the time frames belo	ow, or as stated	I in sections 8-405.11 & 8-406.11 of t	the food code.
Number Mohann	ed, CFPA	n on site, on	ner.		
		y at this time			
		microwave on	1000 00	11-120 b 140	0
490 000	of sale	I have been	in the co	onto by mix-	/
7-1		t bin unclean	*		
11110		n prep table by			
44c rolling pi	as and b	pread Knives in	conta	iner on prep	table
	ght side	un ciean			
15P jumbled	foods i	"Imperial" f	42.72c	caw chicken o	wer -
Carr	ots, and	1 in chest fre			V
$i \in O$	age use	· ·			1
fon	food s	safe	W	reezer, not app	ordine d;
49c bay mari	e not	in use interio	CUNC	1900	
9100		lings in bathro		Control of the Contro	
		n bathroom			
		nx by 3-bay	unclear	2 and no name	towels
49c undercou	mter sh	elving unclean	throw	ghout	
49c was bei	hind ari	11 unclean	(	)	
YTC chest fre	ezer hu	grill w/ gash	rot do	maged	
49c extensor				The state of the s	
102 3	1	rs in basemen		Lavon bearing	0
note* Pest con-	trol (A:	1) every 3 me	with c.	on evidence	2 00 CL
viex Discussed	s need	for deep clear	ring +	hroughout Kite	chen
			1	J. 100 1 10 110	
erson in Charge (Signature)	1/10	2		12-	7-23

Inspector (Signature)



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

Facility: A Madina	1
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	FPM/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  Major Allergens 37c  Outdoor Allowance for dogs-preapproval and sign required. 38 Pf  Employee Assessment Form  Momosing/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-co	de/food-code-2022
Town of Manchester Health Dept: <a href="https://www.manchesterct">https://www.manchesterct</a> FDA Handbook: <a href="https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook</a>	stryregulatory-assistance-training/retail-food
Environmental Health Inspector:	<u>JUK</u>
Signature of Inspector:	
Print Name: Jose Ram	irez Date: 12/7/23
Person In Charge:	Date. 12
Signature of Person In Charge:	Title: 12-7-23
Print Name: MOHAMMED A	AZAD Date:
Email	WONER

Risk Category: 3 Food Establ	lishn	nent	: In	specti	on Rep	ort	Page 1 c	of 2		
Establishment type: Permanent Temporary Mobile Other				_	Date: \	2/28/	23			
Establishment ANGCY Egg		+eerland	Coomer	Scott Health	Time In_	10:00 6	M/PM Time Out 1	30 AMPM		
Address 1095 Main 5t.		DF		H)	LHD ^	1anches-	fer			
Town/City Manchester	j		_		Purpose	of Inspection:	Routine Pro	e-op		
Permit Holder Steve Hall		O. I dis	lic He	alth	Reinspection Other					
FOODBORNE ILLNESS RISK FA Risk factors are important practices or procedures identified as the most prevalent cont	2000 12 mm 1 mm							ss or iniury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered if	III A SILERONO A		40000	compliance		ot in compliance	The second secon	O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark in	appro	priat	te box for C			ted on-site during inspection	R=repeat violation		
IN OUT N/A N/O Supervision	v	1	_		UT N/A N/O		on from Contamination	V COS R		
Person/Alternate Person in charge present						Food separated		P/C O O		
demonstrates knowledge and performs duties	Pf			16)0 0			urfaces: cleaned & sanitized	PPF/C O		
2 Certified Food Protection Manager for Classes 2,	С	0		17 00 0	Tia Too		ion of returned, previously			
3, 4				17 00		served, recondi	tioned, and unsafe food	POO		
Employee Health				-1			ture Control for Safety			
Management, food employee and conditional employee;	P/Pf	0		18 🧭 🤇	000	Proper cooking	time and temperatures	P/Pf/C O O		
knowledge, responsibilities and reporting				19 0		Proper reheating	g procedures for hot holding	POO		
Proper use of restriction and exclusion	P	0					time and temperatures	P 0 0		
Written procedures for responding to vomiting and diarrheal events	Pf	0					ing temperatures	P 0 0		
Good Hygienic Practices							ding temperatures rking and disposition	P O O		
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	101	$\overline{}$		A		c health control: procedures	P/Pf O O		
7 O No discharge from eyes, nose, and mouth	C	0		24 0		and records	c nearin control, procedures	P/Pf/C O		
Preventing Contamination by Hands		IOL				10000 CLC   15100 CC   4510 CC   4510 CC	umer Advisory			
8 O O Hands clean and properly washed	P/Pf	0	0	25 00 0			y provided: raw/undercooked food	Pf OO		
9 No bare hand contact with RTE food or a		I [1			-		ceptible Population	1		
pre-approved alternative procedure property followed	P/Pf/C	0		26 0			used; prohibited foods not offered	P/C 00		
Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0				ves and Toxic Substances			
Approved Source				27 0 0	0	Food additives:	approved and properly used	POO		
11  Food obtained from approved source	P/Pf/C	0		28 🐼 🤇	V-10-1		es properly identified,			
12 Food received at proper temperature		0		20		stored & used		P/Pf/C O		
13 🍑 🔾 Food in good condition, safe, and unadulterated	P/Pf	0	$\supseteq$		, C	onformance wi	th Approved Procedures			
Required records available: molluscan shellfish	P/Pf/C	0		29 0			h variance/specialized	P/Pf/C		
identification, parasite destruction	OD DE	TAII	DD	ACTICES		process/ROP c	riteria/HACCP Plan	1		
Good Retail Practices are preventative measures to						isola and physica	I abianta into foods			
				or COS and						
OUT N/A N/O Safe Food and Water	V	The state of the s	R	OUT	JOI K		on-site during inspection se of Utensils	R=repeat violation  v cos R		
30 Pasteurized eggs used where required	P	0	311/11/11		use utensi	ils: properly stor		C 0 0		
31 O Water and ice from approved source	P/Pf/C		-	44 O Ut	ensils/equin	ment/linens: pror	perly stored, dried, & handled	Pf/C O O		
32 O Variance obtained for specialized processing methods	Pf	0	_	45 O Si	ngle-use/sin	ale-service article	es: properly stored & used	P/C () ()		
Food Temperature Control					oves used			000		
Proper cooling methods used; adequate equipment for	DEIC				TOP WITH		and Equipment			
temperature control	FI/C	0		47 O FC	od and no	n-food contact s	surfaces cleanable,	DIDIO O		
34 O Plant food properly cooked for hot holding	Pf	0		pr		igned, construct		P/Pf/C O		
35 O Approved thawing methods used		0					lled, maintained and used;	DEIC O		
36 Thermometers provided and accurate	Pf/C	0		Cle			and test strips available	Pf/C O O		
Food Identification	-			49 0 No	on-food cor	ntact surfaces cl	ean	000		
Food properly labeled; original container	Pf/C	0	2				ical Facilities			
Prevention of Food Contamination  38 Insects, rodents, and animals not present	l Drie						; adequate pressure	Pf O O		
39 Contamination prevented during food preparation, storage & display		0				stalled; proper ba		P/Pf/C O		
40 Personal cleanliness	P/Pf/C	0		52 O Se	ewage and	waste water pro	structed, supplied, & clean	P/Pf/C O O		
41 O Wiping cloths: properly used and stored	C	0		54 0 63	rhage and	refuse properly di	sposed; facilities maintained	PCOO		
42 Washing fruits and vegetables	P/Pf/C			55 Ø Pr	vsical facil	lities installed in	naintained, and clean	C   O   O		
	-		-	56 O Ac	dequate ve	ntilation and ligh	nting; designated areas used	000		
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	mable.		O Na	atural rubbe	er latex gloves n	ot used per CGS §19a-36f			
12/	00/	00			documer		Date corrections due	#		
Person in Charge (Signature)  Date	10%	25			m Violation		cos	1		
Person in Charge (Printed) Jose Badillo 12/	28/	23			undation It Violations	tem Violations	3 28/24	2		
100 700 121	201	12		Risk Facto	or/Public He	ealth Intervention	n Violations	3		
Inspector (Signature) Date Date	00	25					ervention Violations	-		
Inspector (Printed) Fose Ramifez	- 1					s Violations		q		
Inspector (Printed) 3038 AMILEC				Requires	Reinspect	tion - check box	if you intend to reinspect			
Appeal: The owner or operator of a food establishment aggrieved by the or dispose of unsafe food, may appeal such order to the	Directo	er to co	orre	th not late	pection vio	plation identified	d by the food inspector or to	o hold, destroy,		

Food Establishment Inspection Report LHD Manchester Inspection Report Continuation Sheet Town Manchester Egg Establishment Anary Item/Location/Process Temp Item/Location/Process Temp Temp Item/Location/Process YIOF 17600 1345F turkey bain many hash browns UJOF 9700 410= 2 door reach in by butter SGAINZET DUCKET 4105 beef onelette row **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 Item Number Jose - CFPM 00 5110 either get shields or shatterpoo service counter unclean 49 C window unclean 16P marking requirements

Date /

Person in Charge (Signature)

Inspector (Signature)



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

Facility: /than Egg	9				
Violations Documentation No Numerical Scoring Grade-3	3 Violation Levels	CFPM/PIC	on every shift during ting Date Marking (S	operat	ing hours 1 Pf
o <u>PRIORITY</u> – 72 ho	urs for correction  ATION – 10 days for  or correction or spector s violations se by case  ection Required	Signage/Po  Co  Co  Co  Co  Co  Co  Co  Co  Co	Handwashing sign (section 6-301.14) 9 Major Allergens	at all ha 10c 37c e for do 38 Pf an-up P .13) CO	andwash sinks gs -preapproval olicy RE -90 day
Resources:	a production				
Town of Manchester Health Dept:  FDA Handbook: <a href="https://www.fda">https://www.fda</a> protection-employee-health-and	: https://www.manchesterct	.gov/Governme	nt/Departments/Hea		
Environmental Health Inspector:					
Signature of Inspector:  Print Name:	Jose Ramires	2		- Date:	12/27/23
Person In Charge: Signature of Person In Charge:	3		-	- Γitle:	Head chas
Print Name: Jose Bac Email	11/10			Date: _	12-28-23

District A Food Fotoble	: _ I	4 1		4:	D-		5-				
Risk Category: 4 Food Establ	isnm	nent i	nspe	ectio	on Ke	рогі	Pa	ge 1 of			
Establishment type: Permanent Temporary Mobile Other				_	Date:	12/27/2	23				
Establishment BILANT DUTN		teading Cons	ecticat Health	i.	Time In	11:45	AM/PM Time Out_	12:	15	AM/	PM'
Address 452 Tolland toke		DP	H		LHD	manci	18stck				
Town/City Manchester				Purpose of Inspection: Routine Pre-op							
Permit Holder Mells sa Hutchinsun	Co	of Public I	epartment Health	t	Reinsp	ection	Other				_
FOODBORNE ILLNESS RISK FA											1 T.
Risk factors are important practices or procedures identified as the most prevalent cont		The State State	A CONTRACTOR OF THE PARTY OF		The second second second second		The second second second second	27270007774	Committee on the control of		040
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			compli			not in compliance	N/A=not applicable		=not obs	SC 2 A 100	
P=Priority item Pf=Priority foundation item C=Core item V=violation type			TT			T	cted on-site during inspec		=repeat		_
IN OUT N/A N/O Supervision  Person/Alternate Person in charge present,	V	COS R			JT N/A N/		ion from Contaminati	on	V	cos	_
demonstrates knowledge and performs duties	Pf	00			000	Food separate		isima al		0	
Cortified Food Protection Manager for Classes 2				1			surfaces: cleaned & sar tion of returned, previou		P/Pf/C		
2 Ø O Certined Food Protection Manager for Classes 2, 3, & 4	C	00	17			- 15 G	litioned, and unsafe for		P	0	0
Employee Health							ature Control for Safe				
Management, food employee and conditional employee;	P/Pf	00					time and temperature		P/Pf/C	0	0
knowledge, responsibilities and reporting			19 (	0	000	Proper reheating	ng procedures for hot h	olding	P	0	0
Proper use of restriction and exclusion	P	00	20 0	0 9	000	Proper cooling	time and temperatures	5	P	0	
5 Written procedures for responding to vomiting and	Pf	00					ding temperatures		-	-	
diarrheal events							Iding temperatures		P	_	0
Good Hygienic Practices  6 Proper eating, tasting, drinking, or tobacco products us	0 00		23 0	200	200		arking and disposition		P/Pf	0	0
7 O No discharge from eyes, nose, and mouth	e P/C	00	24	$\supset \mid \subset$		and records	lic health control: proce	aures	P/Pf/C	0	0
Preventing Contamination by Hands			$\vdash$	_		U. Branches and Control of the Control	sumer Advisory				
8 O O Hands clean and properly washed	P/Pf	00	25 0	00			ry provided: raw/undercooke	ad food	Pf		0
Me have hand contact with DTE food or a				0_0			sceptible Population	Da 1000	1		$\cup$
pre-approved alternative procedure properly followed	P/Pf/C	00	26	010			used; prohibited foods not	offered	P/C	0	0
10 O Adequate handwashing sinks, properly supplied/accessible	Pf/C	00				-	ives and Toxic Substa		111		_
Approved Source			27	00	1		: approved and properl		Р	0	0
11 O Food obtained from approved source	P/Pf/C	00	28	Ø C			ces properly identified,	,			
12 O O Food received at proper temperature		00	1 20			stored & used	1 2 1		P/Pf/C	0	0
13 O Food in good condition, safe, and unadulterated	P/Pf	00				Conformance w	ith Approved Procedu	ures			
14 O Required records available: molluscan shellfish	P/Pf/C	00	29				th variance/specialized		P/Pf/C	0	0
identification, parasite destruction	0.1.51 36.E				- 60	process/ROP	criteria/HACCP Plan				
Good Retail Practices are preventative measures to	OD KE	TAIL P	tion of a	nother	one abou	micolo and abunia	al abianta inta fanda				
		priate box					on-site during inspection			. data	
OUT N/A N/O Safe Food and Water	V	COS R		UT	JOI K		se of Utensils	I K	=repeat	cos	
30 Pasteurized eggs used where required	Р	00	1		use uten	sils: properly sto			C	-	0
31 O Water and ice from approved source	P/Pf/C						perly stored, dried, & han	dled	Pf/C	-	-
32 O Variance obtained for specialized processing methods	Pf	00	45 0	Sir	gle-use/s	single-service artic	les: properly stored & use	ed		Ō	
Food Temperature Control		Library .	1 4014	~ ~		ed properly			_	0	_
Proper cooling methods used; adequate equipment for	Pf/C	00					s and Equipment				
temperature control			47				surfaces cleanable,		P/Pf/C	0	
34 O Plant food properly cooked for hot holding	Pf	00		pro		signed, construc					$\subseteq$
35 O Approved thawing methods used 36 Thermometers provided and accurate		00	48				alled, maintained and u		Pf/C	0	0
36 Thermometers provided and accurate  Food Identification	Pt/C	00					and test strips available	e	10000000		
37 Food properly labeled; original container	DFIC	00	49		n-iood c	ontact surfaces of	and the second s		С	0	0
Prevention of Food Contamination	FIIC		150 k	N Ha	t and co	Id uptor ovoiloble	sical Facilities e; adequate pressure		Pf		
38 Insects, rodents, and animals not present	Pf/C	00					ackflow devices		P/Pf/C	0	_
39 Contamination prevented during food preparation, storage & display		00				id waste water pr			P/Pf/C		
40 Personal cleanliness		00	53 (	O To	ilet facili	ties: properly con	structed, supplied, & cl	lean	T	_	-
41 O Wiping cloths: properly used and stored	С	00	54 0	○ Ga	rbage an	d refuse properly of	lisposed; facilities mainta	ined	C		0
42 Washing fruits and vegetables	P/Pf/C	00					maintained, and clean		P/Pf/C		
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	nilable.	56		lequate v	entilation and lig	hting; designated areas	s used	С		0
							not used per CGS §19a				
Person in Charge (Signature)	7.71	23	-	MATERIAL PROPERTY AND ADDRESS OF	docum m Violati	COLUMN TO SERVICE STATE OF THE	Date corrections	due	-	#	
			Prior	ity Fo	undation	Item Violations	1/7/24			1	
Person in Charge (Printed)	- /				Violation						
Inspector (Signature) L. HMMW Date 12/2	7/7	3				Health Interventi	on Violations stervention Violations			_	
MILIONIA MAN SILI	111	_	Good	d Rote	ail Practic	ces Violations	itervenuon violations		-		_
Inspector (Printed) WWW (SILD CO)							x if you intend to reins	spect	+	1	_
Appeal: The owner or operator of a food establishment aggrieved by the	nis orde	er to cor	rect an	ov ins	pection	violation identific	ed by the food increase	or or to	hold o	loctr	01/
or dispose of unsafe food, may appeal such order to the	Directo	or of He	alth. no	ot late	r than fo	orty-eight hours	after issuance of such	order	noiu, u	COLF	υy,

Food Establishment Inspection Report Page 2 of 2

LHD_M	anchester		Inspection Report Continuation She	eet	Date	27/23
Establishr	ment Bright Pa	wh	Town Manch	rester		
			TEMPERATURE OBSER	VATIONS		
H &	/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
	reach in				handsink	890E
	heese stick	4000			3-bay sink	8905
- b	otter	4105				
					OM not water	7160°F
	Violations cited in this		SERVATIONS AND CORRECT		ONS I in sections 8-405.11 & 8-406.11 of t	he food code
Item Number			nelissa Drasdis	ow, or as stated	THI SECTIONS 0-400. TT & 0-400. TT OF E	ne 1000 code.
-0.00	011	J. PC 1.	1 0 5005			21
SOPF	5-bay sin	e hot w	vater (a 89",	need 1	o be min. of	11000
	Ma o Cana	10 0	1 1001 -1-1-00			
	yne mome	to and	1 test strips	quaile	1014	
	very clean	and	organized Kite	enen		
	C-07 1 7		C- NO 1			
	freat J	nspec-	Ron!			
						\
					Temp Rite	
					Date: Jeen Period RM RM Company RM Company Com	JE GE
					PAS TURKS DO PAS TURKS DO BAS TURKS DO SULTANIA CO	F 17°C
					160	
Person in	Charge (Signature)	Bullet	2 NO		Date \	RAN
Inspector	(Signature)	Grandi	A CO		Date / 2 / 2	1/23

Risk Category: 2 Food Establ	lishm	nent l	nspect	ion Rep	ort	Page 1 o	f_2		
Establishment type: Permanent Temporary Mobile Other				Date:	2/13/23				
Establishment Burger Class		testing Con	succtions House	Time In_	12:00 AM/PM	Time Out 1:3	AM/FM		
Address 194 Buckland HillS Dr. #2060		DP	H)						
Town/City Manchester			Purpose of Inspection: Routine Pre-op						
Permit Holder YEON WOO LEE	Co	of Public	Department Health	Partment Reinspection Other					
FOODBORNE ILLNESS RISK FA									
Risk factors are important practices or procedures identified as the most prevalent cont Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered if			n compliance				D=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type			-				R=repeat violation		
IN OUT N/A N/O Supervision	V	COS R	1	QUT N/A N/O		m Contamination	V COS R		
Person/Alternate Person in charge present,	Pf	00			Food separated and p		(F)(C)(O)		
Certified Food Destrotion Management Classes 2			<b>100</b>		Food-contact surfaces Proper disposition of r	s: cleaned & sanitized	PPFICO O		
2 Certified Food Protection Manager for Classes 2,	С	00	17 00	( ) months	served, reconditioned		POO		
Employee Health					Time/Temperature C	ontrol for Safety	IS INTEREST		
Management, food employee and conditional employee;	P/Pf	00			Proper cooking time a		P/Pf/C O O		
knowledge, responsibilities and reporting  Proper use of restriction and exclusion	P	00	19 0		Proper reheating proc Proper cooling time a	edures for hot holding	P 0 0		
Written procedures for responding to vomiting and			21 00/		Proper hot holding ter		P 0 0		
diarrheal events	Pf	00	22 00		Proper cold holding te		POO		
Good Hygienic Practices  6 Proper eating, tasting, drinking, or tobacco products us	- 100				Proper date marking a	and disposition	P/Pf O O		
6 O Proper eating, tasting, drinking, or tobacco products us 7 O No discharge from eyes, nose, and mouth	e P/C	00	- 124 ( ) (		nme as a public neal	th control: procedures	P/Pf/C O O		
Preventing Contamination by Hands					Consumer /	Advisory			
8 Ø Ø Hands clean and properly washed	P/Pf	00	25 0	00/		ed: raw/undercooked food	Pf OO		
No bare hand contact with RTE food or a	P/Pf/C	00	0000		Highly Susceptib				
pre-approved alternative procedure properly followed  10 Adequate handwashing sinks, properly supplied/accessible	Pf/C		20 0			rohibited foods not offered and Toxic Substances	P/C O		
Approved Source	11110			-		ved and properly used	POO		
11 Proof obtained from approved source	P/Pf/C	00		The second secon	Toxic substances pro		PPIC O O		
12 O O D Food received at proper temperature	- /-//	00		1000	stored & used		GIAICO O		
Food in good condition, safe, and unadulterated Required records available: molluscan shellfish	P/Pf	00			onformance with App Compliance with varia				
identification, parasite destruction	P/Pf/C	00	29 0		process/ROP criteria/		P/Pf/C O O		
			RACTICE						
Good Retail Practices are preventative measures t									
Mark OUT if numbered item is not in compliance V=violation type Mark i OUT N/A N/O Safe Food and Water	in approp	cos R	x for COS ar	nd/or R	COS=corrected on-site		R=repeat violation v cos R		
30 Pasteurized eggs used where required	P	000		n-use utensi	Proper Use of U ls: properly stored	tensus	C O O		
31 O Water and ice from approved source	P/Pf/C	00	44 O L	Jtensils/equip	ment/linens: properly st	ored, dried, & handled	Pf/C O O		
32 O Variance obtained for specialized processing methods	Pf	00			gle-service articles: prop	perly stored & used	P <b>O</b> O O		
Proper cooling methods used; adequate equipment for	_		46 0	Gloves used			000		
133 Proper cooling methods used, adequate equipment for temperature control	Pf/C	00	O. F	Food and nor	Utensils and I n-food contact surface				
34 O O Plant food properly cooked for hot holding	Pf	00			gned, constructed, an		P/PFOO		
35 O Approved thawing methods used	Pf/C	00	18 O V	Warewashing	g facilities: installed, m	naintained and used;	Pf/C O O		
36 Thermometers provided and accurate  Food Identification	Pf/C	00			nts, sanitizers, and tes	st strips available			
37 Food properly labeled; original container	Pf/C	00		Non-tood con	ntact surfaces clean Physical Fa	acilities	000		
Prevention of Food Contamination	11.110			lot and cold	water available; adeq		Pf 00		
38 O Insects, rodents, and animals not present	Pf/C	00			talled; proper backflow		PPI/C O O		
39 Contamination prevented during food preparation, storage & display		00			waste water properly		P/Pf/C O		
40 Personal cleanliness 41 Wiping cloths: properly used and stored	Pf/C	00			<ul> <li>s: properly constructe</li> <li>refuse properly disposed</li> </ul>		Pf/C O O		
42 Washing fruits and vegetables		00			ities installed, maintai		C 0 0		
Permit Holder shall notify customers that a copy of the most recent inspection repo			56 O A	Adequate ver	ntilation and lighting; or er latex gloves not use	designated areas used	600		
Person in Charge (Signature) Man him Date 12/1	12/2	7	Violation	ns documen	ited Da	te corrections due	#		
Person in Charge (Printed) Miles 1 2:1000	<b>/</b>	Priority F		em Violations	1-16-23	3			
1 -6 01-	-1	Λ ¬		m Violations ctor/Public He	ealth Intervention Viol	ations 24	7_		
Inspector (Signature) Date  2	3/0	15	Repeat Risk Factor/Public Health Intervention Violations  Good Retail Practices Violations						
Inspector (Printed) Jose Ramicez			Requires	s Reinspect	ion - check box if you	u intend to reinspect	- X		
Appeal: The owner or operator of a food establishment aggrieved by the or dispose of unsafe food, may appeal such order to the	his orde	er to co	rrect any in	spection vic	olation identified by the	ne food inspector or to	o hold, destroy,		

		FUU	u Esta	DIISHII	ient ins	spection	1 Rep	ort	Page _	of _
HD Man	chester			Inspection R	eport Continuati	ion Sheet		Da	ate_12/13	123
Establishme	nt Burge	es c	a55	1	own Mana	chester			•	•
				TEMPE	RATURE OB	SERVATIONS	S			
	cation/Proces	ss	Temp	Item/Lo	ocation/Process	s Tem	р	Item/Location	on/Process	Temp
cold Pter	table						31	3al Q1	10-	150ppm
		10	34F				11 - 1	ery y	107	13000
	doed chee	1	- 1 -				Hand	SINK E	y 3 bay	100+
_ \ 31i	ced toma	1805	33F						, ,	
M	alin		338	7.						
	burger coo	had be	200F							
11 1 6										
Hot hol	d fries		175F							
		7,500	OB	SERVATIO	NS AND CO	RRECTIVE AC	CTIONS			
Item .	Violations cit	ed in this r	eport must be	corrected with	in the time frame	es below, or as st	ated in sectio	ns 8-405.11	& 8-406.11 of the	food code
Number /			10/160	MC .	-:10					1000 0000.
1	Miguel &	nac	nel Ct I	ims on s	ITC					
		ĺ								
(()	)amage	>	1 .	,			<del> </del>		0.00	
55C 1	Jater 1	reater	- deli	Sicec	and for	yel store	d by	Conc	donc	
10	0-310	. 1		11.	are II	yer she	a Dy	1 Eau	<i>coo</i> (,	
490 h	Jall Del	nind 3	54KUP 5-	tation u	nclean					
\$ \$ 500 GH	- 1	-			unclean					
16PF 3	-ce 50	000	Stored	in una	lean ca	ntainer. (	<sup>2</sup> 05			
910 (	, as d Doa	(d U	Sed to	line 5	refues a	bove 3 !	3ay			
16PF U	inclean	Wa(c	s store	ed on	Clean was	es shelf	about	Zhali	105	
-1	0 6200	ارا م	ator/h	1 2 01	1\	orep Sink	010	-L 1	- 11 4 1	1_
/-	7 1		/				, , ,	100	s that f	ne
	3 bay	SIA	k 15	being u	15ed to	wash,	ettuce	E t	smatoes.	
17c 3	2 1200	G	istal	RIF De	or days	aged (fa	115 of.	F wher	apened \	1
15P R					E Food 5			11	Signia C	°05
47c 1	Dorc	Tn Si	onia R	15 Da	+ 115F	o ( equiv	alent	19 (31)	oigines) (	
470 /	201/20	1/	Pamaca	through		or egoive	a jen j			
100 1	100	1.1	Minage o	THOO	1007	1	1 -	/, 1		
01	Jn14 De	160	Spray	pottle	of pe	sticede i	under t	front.	service a	writer
450 4	0-90 k	snive:	5 not	inverted	لح					
				244						
lote I	instructe	2 PI	Chni	of use	3 bay	Se FOC	Food	DED0		
Voe h	JIF no	+ Wax	Kina	not ho	ince 1) Sp.	\$ for	122	1.07		
Jote L	necmonal	6-5	to St	Strips a	مام امام					
Jate 1	15000	01 1	1001 C	ad Co	ONINDIC					
				1.0-						80
			egrow!	hura				D	ate 12/13/3	23
nspector (Sig	gnature)	By	2/	1				D	ate  2/1	3/23



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

Facility: Burger Class	
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	CPPM/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  Major Allergens 37c  Outdoor Allowance for dogs-preapproval and sign required. 38 Pf  Employee Assessment Form  Momiting/Diarrhea Written clean-up Policy  Mop Sink Required (Sec. 5-203.13) CORE -90 day  Temperature: Final Cook Temperatures
Resources:  2022 FDA Food Code: <a href="https://www.fda.gov/food/fda-food-cod">https://www.fda.gov/food/fda-food-cod</a>	ode/food.code.2022
Town of Manchester Health Dept: https://www.manchesterdester	ct.gov/Government/Departments/Health-Department ustryregulatory-assistance-training/retail-food-
Environmental Health Inspector:	
Signature of Inspector:	
Print Name: 2038 Kamis  Person In Charge:	Date: $\frac{12 13 23}{2}$
Signature of Person In Charge: Magnum Annual Print Name: Miguel Zivera Email Miguel rivera 980 iclaud. Com	Title: <u>Manager</u> Date: <u>12-13-23</u>

	T												
Risk Category: 2	Food Establ	lishn	nen	t In	ispe	ctio	n Re	eport	Page 1 o	f <u>2</u>			
Establishment type:	Permanent Temporary Mobile Other					_ D	ate:	12/1/2	-3				
Establishment C	narlie's Grilled SubS		+coring	Carrier	cicus Health	Т	Time In 11:45 AMILE Time Out 1:00 AMILEM						
Address 194	Buckland Hills dr. #2058			P	H)	L	LHD Manchester						
Town/City M 0	anchester						Purpose of Inspection: Routine Pre-op						
Permit Holder 50	ing woo	Co	of Pul	ut Dep blic He	partment paith	R	einsp	ection	Other				
	FOODBORNE ILLNESS RISK FA			_									
The state of the s	portant practices or procedures identified as the most prevalent cont	ALTO DE PLANTE DE LA CONTRACTOR DE LA CO	ctors o	f food	lbome illi	ness or ir	njury. Im	terventions are contro	ol measures to prevent foodborne illnes	ss or injury.			
	pliance status (IN, OUT, N/A, N/O) for each numbered in				complia			not in compliance		=not observed			
	ority foundation item C=Core item V=violation type			_	te box	for CØS	and/o	T		R=repeat violation			
IN ØUT N/A N/O	Supervision	٧	cos	R	-		N/A N		ion from Contamination	V COS R			
1 (4 ) ( ) ( )	son/Alternate Person in charge present,	Pf	0	0	15 0		1	Food separate		P/C 0 0			
den	monstrates knowledge and performs duties			$\exists$	(16)C	1/20	0		urfaces: cleaned & sanitized	(P)P)/C			
2 Ø O O Cer 3, 8	rtified Food Protection Manager for Classes 2, & 4	С	0	0	17 0				tion of returned, previously itioned, and unsafe food	P 00			
	Employee Health								ture Control for Safety				
	nagement, food employee and conditional employee;	P/Pf	0	ol	18 Q				time and temperatures	P/Pf/C O			
Kno	owledge, responsibilities and reporting				19 (				ng procedures for hot holding	POO			
	oper use of restriction and exclusion itten procedures for responding to vomiting and	P	0	익	20 (	3/2			time and temperatures	POO			
	rrheal events	Pf	0	0	21 (				ling temperatures	P 0 0			
Gai	Good Hygienic Practices				23 6		0	Proper date ma	arking and disposition	P/Pf 0 0			
6 0/0 Pro	oper eating, tasting, drinking, or tobacco products us	e P/C	0	0					ic health control: procedures				
	discharge from eyes, nose, and mouth	C	0		24		00	and records	io nocial control procedures	P/Pf/C			
	Preventing Contamination by Hands					1		Total Control of the	umer Advisory				
8 6 C Har	nds clean and properly washed	P/Pf	0	0	25 0	10	0/		ry provided: raw/undercooked food	Pf 00			
1 4 M M M M M M M M M M M M M M M M M M	bare hand contact with RTE food or a	P/Pf/C	0					Highly Sus	ceptible Population				
	-approved alternative procedure properly followed				26		Ø _		used; prohibited foods not offered	P/C O O			
10 O Ade	equate handwashing sinks, properly supplied/accessible	Pf/C	0	9					ives and Toxic Substances				
11 0 0 500	Approved Source	Lamus	1-1		27 (	0	0		approved and properly used	POO			
	od obtained from approved source od received at proper temperature	P/Pf/C P/Pf	_	_	(28)	2	0		es properly identified,	PPFIC -			
13 Q O Foo	od in good condition, safe, and unadulterated			읭		١, ٠	7	stored & used	ith Approved Procedures	Y 111			
14 0 0 0 0 Rec	quired records available: molluscan shellfish	1			00				th variance/specialized				
	ntification, parasite destruction	P/Pf/C	0	이	29		0		riteria/HACCP Plan	P/Pf/C			
الرقية والإنتال		OD RE											
	Good Retail Practices are preventative measures to												
		in approp	-		_		r R	COS=corrected	on-site during inspection	R=repeat violation			
OUT N/A N/O 30 Pasteuriz	Safe Food and Water	٧	cos		OU				se of Utensils	V COS R			
Charles and Charle	zed eggs used where required nd ice from approved source	P/Pf/C	_	읮				nsils: properly stor		C 0 0			
	e obtained for specialized processing methods	Pf		읭					perly stored, dried, & handled es: properly stored & used	Pf/C O O			
	Food Temperature Control	<u> </u>		$\stackrel{\smile}{-}$				ed properly	es. properly stored & used	c 00			
33 Proper co	ooling methods used; adequate equipment for	Pf/C							s and Equipment	100			
temperat	ture control	PI/C	0	의	1772	Food	d and r		surfaces cleanable,	20000			
34 O O Plant foo	od properly cooked for hot holding	Pf		0				esigned, construc		P(D(C) C)			
	d thawing methods used	Pf/C	0	의	48	> Wan	ewash	ing facilities: insta	alled, maintained and used;	Pf/C O O			
36 C Thermon	neters provided and accurate Food Identification	Pf/C	0	9		clea	ning a	gents, sanitizers,	and test strips available				
37 C Food properly lai	beled; original container	DEIC	0		47/2	VINON-	-100d C	contact surfaces of	Control Calculation and Calcul	600			
or properly las	Prevention of Food Contamination	PUC		$\dashv$	50 0	) Hot	and co		sical Facilities e; adequate pressure	Df C			
38 O Insects, rodents.	and animals not present	Pf/C	0	<u></u>				nstalled; proper b		Pf O O			
39 Contamination pre	evented during food preparation, storage & display	P/Pf/C						nd waste water pr		P/Pf/C O O			
40 Personal cleanlin			0		53 <	Toile	et facili	ities: properly con	structed, supplied, & clean	Pf/C O O			
41 Wiping cloths: pr		С	0		54 (	Garb	age an	d refuse properly d	isposed; facilities maintained	c 00			
42  Washing fruits a	nd vegetables	P/Pf/C	0	0					maintained, and clean	P/Pf(C)			
Permit Holder shall notify	y customers that a copy of the most recent inspection repo	ort is ava	ilable.						hting; designated areas used not used per CGS §19a-36f	600			
						tions o			Date corrections due	#			
Person in Charge (Sign	nature) Date				-	y Item	-	The state of the s	Company of the second of the s				
Porcon in Character	Start Kan'ı							Item Violations	_	23			
Person in Charge (Prin	ited) 100 / h			4		Item V			3-1-29				
Inspector (Signature)	M 10 Date 12	112	13	.				Health Intervention	on Violations tervention Violations	3			
	0. 2 .:	10		$\dashv$				ces Violations	C Citudii Violaudiis	9			
Inspector (Printed)	Jose Kamile				Regu	ires R	einspe	ection - check bo	x if you intend to reinspect				
Appeal: The owner or	operator of a food establishment aggrieved by the	his orde	er to d	COTTE	ect any	y inspe	ection	violation identifie	ed by the food inspector or to	hold, destroy.			
or dispo	se of unsafe food, may appeal such order to the	Directo	or of I	Heal	th. no	later	than fo	orty-eight hours	after issuance of such order	-			

	Foo	d Esta	blishm	<u>nent Inspe</u>	ction F	Report	Page	of 2
	anchester		Inspection R	eport Continuation She	et	•	Date 12/1/2	23
Establishr	nent Charlies	5 Grilles	1 50b5 7	rown Manch	ester			
léana	/I continu/Ducces	7		RATURE OBSERV				
-	/Location/Process	Temp - NF		ocation/Process	Temp 185F		ation/Process	Temp
WIT	ambient	. 10_1	Steak	cooked temp	1007		by ice machine	
NIC	Sliced tomatoe	415			-	QUATI	DUCKET	Doppe
	511 ced cheese	414						
Cook	5 hredded chase	911					- H	
( )	Sliced cheese	40F						
	Sliced tomatoes	1 -						
	Slices heer	40+						
	o lices pos		SERVATIO	NS AND CORREC	TIVE ACTIO	ONS		
Item	Violations cited in this	report must be	corrected with	in the time frames below	w, or as stated	in sections 8-405	.11 & 8-406.11 of the	food code.
Number	Kevin, mana	ger, CF	PM on Si	te				
47PF	, , , , , , ,		, ,	, ,		1500 8	101. 21	11 -50/2
	Garage	KOKEN	plastic	food contain	es 011	wile she	of by SD	ay SIIK
56C	No light in	n Wit					1°C09	5
35C	FRP Behind	3 ba	u Sink	< not Sealed	L to w	all		
47c	Right exterio	or of i	re march	ine has cus	+ hole	Inot cle	anable	
49c				rup Station			· · · · · · · · · · · · · · · · · · ·	
47C	WIC Gaske			1	01,070	~ (/	11-	
470	WIF Gask		maged					
49C		ling Un	4 3					
39c	Box of Mayo			I on Floor	by ice	machine		
289	Bottle of M						: @ < holizine	h = 1210
16PF	unclean kin						1 Co.	Sy N.C.
169	Quat bucke	I Poor	1 (15	150 mm	by w	16.000	100.	ے
10 (	YVOCT DUCKE	zi oppr	1.00,5	130 1911				
Noto	DISCUSSO	heles I	- 00-0-	li Omo m	71/	150 - NX	00:	
Note	Discussed test strips	5 d Lh.	of sme	be available	was (	10.90	Khu)	
	1	- ·	11/04/07	c aunimie	-		10/1	12
	Charge (Signature)	- 1					Date 16/1	120
nspector	(Signature)	007				0.0-0-	Date (2/	125



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

Facility: Charle's Cheese Steaks	
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 V 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  V Employee Assessment Form Vomiting/Diarrhea Written clean-up Policy V Mop Sink Required (Sec. 5-203.13) CORE -90 day Temperature: Final Cook Temperatures
Resources:  2022 FDA Food Code: <a href="https://www.fda.gov/food/fda-food-cod">https://www.fda.gov/food/fda-food-cod</a>	de/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-indusprotection-employee-health-and-personal-hygiene-handbook	stryregulatory-assistance-training/retail-food- ook
Environmental Health Inspector: Signature of Inspector:	
Print Name: Sose Romis	Date: 12/1/23
Person In Charge:	
Signature of Person In Charge	Title:
Email Keviingomyy829 Mall.	Date: 12/1/23
Email Nevilongomuluseg Mall.	

			_					
Risk Category:	3	Food Establi	ish	me	ent l	nsp	oec	ection Report Page 1 of 2
Establishment	type: Pe	rmanen Temporary Mobile Other						— Date: 12/11/23
Establishment	Chil	is Bar & Grill			esting Con	necticae H.	COUNT	Time In 2:30 AM/PM Time Out 3:45 AM/PM
Address 250 Buckland St.				D	P	H		LHD Manchester
Town/City /	Manc	hester						Purpose of Inspection: Routine Pre-op
		bie Curtis		0	ecticut D of Public	Health		Reinspection Other
		FOODBORNE ILLNESS RISK FA	CT	OR	SAN	ND P	UE	JBLIC HEALTH INTERVENTIONS
				g facto	The selection	000000000	THE PERSON	illness or injury. Interventions are control measures to prevent foodborne illness or injury.
		ance status (IN, OUT, N/A, N/O) for each numbered it				_		liance OUT=not in compliance N/A=not applicable N/O=not observed
		ty foundation item C=Core item V=violation type				rate be		
IN OUT N/A		Supervision	9 7	v c	OS R	45		IN JOST NIA NIO 1 TOLOGUEST II SITT CONTROL
1000		n/Alternate Person in charge present,	1	Pf (		16	V	Food-contact surfaces: cleaned & sanitized PFC C
	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, Online of	nstrates knowledge and performs duties ied Food Protection Manager for Classes 2,	-			7		Proper disposition of returned previously
2 000	3, & 4	[40] (41) [42] [43] [43] [43] [43] [43] [43] [43] [43	- 1	C		17	V	served, reconditioned, and unsafe food
		Employee Health					in a	Time/Temperature Control for Safety
3 \$6		gement, food employee and conditional employee;	Р	/Pf C		)		
//		edge, responsibilities and reporting	-			19	-	POP Proper reheating procedures for hot holding POP Proper cooling time and temperatures POP
4000		er use of restriction and exclusion en procedures for responding to vomiting and	- 1	P (	0 0	-	1	
5 00 0		eal events	1	Pf C	$\supset \mid \subset$	22	-	
	-	Good Hygienic Practices	+			23	_	Proper date marking and disposition
600	Prope	er eating, tasting, drinking, or tobacco products us	e F	P/C	00			Time as a public health control: procedures P/Pf/C
7 0 0		scharge from eyes, nose, and mouth		C	00	24	+	and records
	,	Preventing Contamination by Hands	100			l le		Consumer Advisory
8 8 6		s clean and properly washed	P	P/Pf (	0	25	<b>W</b>	Consumer advisory provided: raw/undercooked food Pf O
9 000		are hand contact with RTE food or a	P/P	f/C			T	Highly Susceptible Population
		pproved alternative procedure properly followed	1		00			Pasteurized foods used; prohibited foods not offered P/C    Food/Color Additives and Toxic Substances
	Adequ	uate handwashing sinks, properly supplied/accessible Approved Source		fit o		27	7	Food additives: approved and properly used POO
1100	Food	obtained from approved source	P/P	ef/C	00			Toxic substances preparly identified
		received at proper temperature	_	-	56	- 1 / 7	3 2	stored & used
13 00 0		in good condition, safe, and unadulterated	_	_	00	_		Conformance with Approved Procedures
14000		ired records available: molluscan shellfish	D/D	f/C	00	20	9 0	Compliance with variance/specialized
14 0 0	identi	fication, parasite destruction	oreone.	201250		1		process/ROP criteria/HACCP Plan
			_	_				TICES
Mode OUT if a	umbarad it		-				_	f pathogens, chemicals, and physical objects into foods.  OS and/or R COS=corrected on-site during inspection R=repeat violation
OUT N/A N/O	umbered ii	tem is not in compliance V=violation type Mark i Safe Food and Water	li ap		cos R			QUT Proper Use of Utensils V COS R
	Pasteurize	d eggs used where required	F		00	-		In-use utensils: properly stored
ACCUSATION AND ADDRESS OF THE PARTY OF THE P		ice from approved source	P/P	YF/C	00			Utensils/equipment/linens: properly stored, dried, & handled Pf/C O
		obtained for specialized processing methods	P	of (	00	) 45	5 <	○ Single-use/single-service articles: properly stored & used P/C ○ ○
		Food Temperature Control				46	3	Gloves used properly C O
133	- 5	oling methods used; adequate equipment for	F	of/C	00		_	Utensils and Equipment
	emperatu	properly cooked for hot holding	-		0	47	/)×	Food and non-food contact surfaces cleanable, properly designed, constructed, and used
		thawing methods used			00			Warewashing facilities: installed, maintained and used:
		eters provided and accurate			00		8	cleaning agents, sanitizers, and test strips available
	110111101110	Food Identification				749	S	
37 Food pro	perly labe	eled; original container	F	of (c)	00	5	À	Physical Facilities
		Prevention of Food Contamination					0 (	Hot and cold water available; adequate pressure
		and animals not present			00			Plumbing installed; proper backflow devices P/Pf/C O
		ented during food preparation, storage & display	_		0			Sewage and waste water properly disposed P/Pf/C O O
40 O Personal			F		99			Toilet facilities: properly constructed, supplied, & clean Pf/C O
42 O Washing		perly used and stored	D/E		000	_		Garbage and refuse properly disposed; facilities maintained C O Physical facilities installed, maintained, and clean P/Pf/C O
42 VVasiling	iluits and	1 vegetables	FIF	1/0		_	_	Adequate ventilation and lighting; designated areas used COO
Permit Holder s	hall notify	customers that a copy of the most recent inspection rep	ort is	avail	lable.	0.		Natural rubber latex gloves not used per CGS §19a-36f
		101 n/	$\overline{}$	/		Vi		plations documented Date corrections due #
Person in Char	ge (Signa	ature) M Date 17-//	0	12	43			ority Item Violations — 0
		" Machael Almida						ority Foundation Item Violations 12-21-23 5
Person in Char	ge (Print	ed) Michael /Timesda		_				re Item Violations 3-11-24 15  k Factor/Public Health Intervention Violations 3
Inspector (Sign	ature)	My 12 Date 12	12	12	.3			peat Risk Factor/Public Health Intervention Violations  O
, , , , , , , , , , , , , , , , , , ,		2		1				od Retail Practices Violations
Inspector (Prin		Sose Kamirez						quires Reinspection - check box if you intend to reinspect
						orrect	an	any inspection violation identified by the food inspector or to hold, destroy,
	or dispos	se of unsafe food, may appeal such order to the	Dir	ector	r of H	ealth.	no	not later than forty-eight hours after issuance of such order.

	Foo	d Esta	blish	ment Inspe	ction F	Report	Page <u>2</u>	of <u>2</u>	
	nchester			Report Continuation She	et		Date 12/11/3	23	
Establishme	ent Chill's Bal	ra Go	.1[	Town Manches	ster		r. [		
Item/I	ocation/Process	Temp		ERATURE OBSERV /Location/Process	The state of the s	ltom/l	ogation/Propose	Tama	
	cheese	150F	E 595 S	aw chicken	Temp 36F		ocation/Process	Temp	
_ \ w	hitecheese	501	Ca	oked Pasta	39F	Hand Sin	Ka soda startion		
	Sandwhich cooked to	185F	Ca	w been patties	38F	Dish mad	chine quat	200ppm	
	lossadilla cooked to	1807		iced cheese	38F				
	ded cheese	39F							
500	or cream	300							
1 131	ced tomates	59+ OB	SERVATI	ONS AND CORREC	TIVE ACTION	ONS			
Item		report must be	corrected w	ithin the time frames below	v, or as stated	in sections 8-4	05.11 & 8-406.11 of the	food code.	
	Debbie CF						1 2		
41c	wire Shelving	in unde	ercount	er cooler at b	our rus	ted/not	cleanable		
38PF	Fruit flies p	resent a	t bar						
37c	unlabeled con-	rainers:	of whit	e granulars (Sug	jar) at	-bar			
490	unclean ceil	ing til	es thro	sighout kitch	ien_				
43C	Ice Cream s	coop d	ipper w	ell W/ standing	y water				
	49c Shelving at cookline W/ to as containers unclean								
10PF	Interior of	hand :	sinkat	Soda Static	on uncle	Pan			
	Soda Station								
				+ kitchen à	wase was	sh area			
47PF	Rubber Seo	tula	n She	IF for clean in	nares d	aMage	l.		
	Interior of i				W- C	200 100900			
				hout kitche	Λ				
	Interior of	reach i	ncoole	/drawers by	Sager <	corle	3 N		
431	Knilles 1,20000	d beta	ppo en	vipment at ca	of line		40		
49C	THECON OF	Cooling	conit	s at cookline	1200 Pea	N			
37C	unlaheled so	0030	affle	at cooklin	P.	71			
49C -	Interior of co	and by and	20 400	ec 0					
99c :	Interior &	xtoria	of mic	rowave @ coop	Vine 11	rden 1			
49C 1	ight fixture	d wich	na in	WIC unclea	s s	or carry			
49c	WIFFLOOR	uncle	an	WIC VICIEN	r)				
				hing observed,	thecom	motord	Lost strict a	veila Ha	
Note	Discussed F	DA Foo	of Code		1110110	1-1014 9	101 9100	walane,	
1.0	harge (Signature)	MA	N				Date 12/12/	123	
	Signature)	1					Date 12/12		
	0			·					



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

Facility: Chili'5	
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-co	de/food-code-2022
Town of Manchester Health Dept: https://www.manchesterc	t.gov/Government/Departments/Health-Department
FDA Handbook: https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook	astryregulatory-assistance-training/retail-food-
Environmental Health Inspector:	
Signature of Inspector:	
Print Name: USose Ramin	eE Date: 12/11/23
Person In Charge:	
Signature of Person In Charge:	Title: AM
Print Name: Deboie Curts	Date: 12/11/23
Email _ COOSIG@Chilis.com	

Risk Category: 3 Food Establ	ishn	nent	t Ir	nspecti	on R	Report		Page 1 of	_3_	
Establishment type: Permanent Temporary Mobile Other					Date:	12/13/2	3			_
Establishment China, IMMK		(seping	Cotine	ectical Healing	Time	In 11	AM/PM Time Ou	ut 12:2	60 A	M/PM
Address 194 BUCKINDO HILLS Dr. #2070				LI)	LHD Manchester					
Town/City Manches tell						ose of Inspection	on: Routine	Pre-	ор	
	C		ut Dep		.S	pection	Other	0.000		
Permit Holder Ship Jian 9 FOODBORNE ILLNESS RISK FA	ACTO	2000		distribut.	100000000000000000000000000000000000000		58556755878			
Risk factors are important practices or procedures identified as the most prevalent control	V1010 70 V1010		10.15	174101	-			dborne illness	or injury.	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			-	compliance		T=not in compliand			=not obse	erved
P=Priority item Pf=Priority foundation item C=Core item V=violation type	A. S.				-	and the second second	rected on-site during ins		=repeat v	
IN QUT N/A N/O Supervision	v	1	R	T	JT N/A		ection from Contamin	· Caller day		COS R
Porson/Alternate Person in charge present		-	237				ited and protected	20011		
demonstrates knowledge and performs duties	Pf	0	0	(F) O O			t surfaces: cleaned & s	nonitized	PIPIC	00
Continue Food Protection Management Classes 2				7	2		sition of returned, prev		PEGG	00
2 \$\phi\$ 0 \$\cap\$ 3, & 4	С	0	0	17 00			nditioned, and unsafe		P	00
Employee Health				1			erature Control for Sa			
Management, food employee and conditional employee;	P/Pf	0		18	00	O Proper cook	ing time and temperatu	ıres	P/Pf/C	00
knowledge, responsibilities and reporting	FIF			19 6	0	O Proper rehea	ating procedures for ho	t holding	P	00
4 Ø/O Proper use of restriction and exclusion	P	0	0	20 0	00	Proper coolii	ng time and temperatu	res		00
Written procedures for responding to vomiting and	Pf	0		27)00	0	O Proper hot h	olding temperatures		(P)	000
diarrheal events	1.1		$\subseteq$	22 00 9	90	Proper cold	holding temperatures			00
Good Hygienic Practices				23	0		marking and dispositio		P/Pf 0	00
6 O Proper eating, tasting, drinking, or tobacco products us		_		24 0 0	0	Time as a pu	ublic health control: pro	cedures	P/Pf/C	00
7 O No discharge from eyes, nose, and mouth	C	0	0			and records			111110	
Preventing Contamination by Hands				/		The second secon	nsumer Advisory			
8  Hands clean and properly washed	P/Pf	0	0	25 0	0		isory provided: raw/underco		Pf (	00
No bare hand contact with RTE food or a	P/Pf/C	0					susceptible Population			
pre-approved alternative procedure properly followed	^	S SERVICE OF THE SERV		26 0 5			ods used; prohibited foods r		P/C	00
Adequate handwashing sinks, properly supplied/accessible	Pf	1921	0				ditives and Toxic Sub			
Approved Source				27 00	0		es: approved and prop		P	00
11 O Food obtained from approved source	P/Pf/C	-		28 00 0	0		inces properly identifie	d,	P/Pf/C	
12 O Food received at proper temperature	-		9			stored & use				
Food in good condition, safe, and unadulterated	P/Pf	0	9				with Approved Proce			
Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0	0	29 0 0	0		with variance/specializ		P/Pf/C	00
	OD DE	TAII	DD	RACTICES	1 1	process/RO	P criteria/HACCP Plan		Table Moss	
Good Retail Practices are preventative measures to						nominals and abus	sign) abjects into founds			
				for COS and				- D		interior.
OUT N/A N/O Safe Food and Water	V	cos	-	OUT	/OI K		ed on-site during inspect	ion R	=repeat v	
30 Pasteurized eggs used where required	P	0	JESTA		uco ut	ensils: properly s	Use of Utensils		1.64	COS R
31  Water and ice from approved source	P/Pf/C		6				properly stored, dried, & h	nandlad	-	00
32 O Variance obtained for specialized processing methods	Pf	-	0				ticles: properly stored & i			00
Food Temperature Control		1-1				sed properly	acido. property stored a t	2000		_
Proper cooling methods used; adequate againment for	T					Uten	sils and Equipment			00
temperature control	Pf/C	0	$\circ$	AlviFo	od and	d non-food conta	ct surfaces cleanable,		00	10
34 O Plant food properly cooked for hot holding	Pf	0		47 9 pro	perly	designed, constr	ucted, and used	(	PIPFIC	Ø 0
35 O O Approved thawing methods used		0		- W			stalled, maintained and	d used.		
36 C Thermometers provided and accurate		0		148			s, and test strips availa		Pf/C	00
Food Identification	0					contact surface			(c)	00
37 Food properly labeled; original container	(Pf)C	0	0	0			nysical Facilities	717 -		
Prevention of Food Contamination	0		717	50 O Ho	t and		ble; adequate pressure	3	Pf C	00
38 Insects, rodents, and animals not present	Pf/C	0		51 O Plu	umbing	installed; prope	r backflow devices		P/Pf/C	
39 Contamination prevented during food preparation, storage & display	P/Pf/C	0	$\bigcirc$				properly disposed		P/Pf/C	
40 Personal cleanliness	Pf/C	0	$\circ$				onstructed, supplied, 8	clean		00
41 Wiping cloths: properly used and stored	C	0		54 🔾 Ga	rbage a	and refuse properl	y disposed; facilities mail	ntained		00
42 Washing fruits and vegetables	P/Pf/C	0	0	55 O Ph	ysical	facilities installed	d, maintained, and clea	in	P/Pf/C	50
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable.		(56) X Ad	equate	e ventilation and	lighting; designated are	eas used	(c)	XO
^-			_	Violations	doc-	monted	es not used per CGS §		_	4
Person in Charge (Signature) Date Date	2170	077		Priority Ite			Date correction	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND		#
Alanta in a M	4/	-	$\vdash$			on Item Violation		6/23	9	
Person in Charge (Printed),				Core Item				23/23	1 3	2
1 Alamadian	010	_		Risk Facto	r/Publ	ic Health Interver	ntion Violations		12	-
Inspector (Signature) 7 Date 12/1	3/2	5		Repeat Ris	sk Fac	tor/Public Health	Intervention Violations	>	1	_
Inspector (Printed)   All I P A-MAN						ctices Violations	hov if you intend to	inopost	1	8,
Appeal: The owner or operator of a food establishment aggrieved by the	nie ord	er to a	2000	ect any inc	nectic	pecuon - cneck	box if you intend to re	inspect	hold 1	V
or dispose of unsafe food, may appeal such/order to the	Directo	or of h	Heal	Ith, not late	r than	forty-eight hour	s after issuance of su	ich order	rioid, de	stroy,

Food Establishment Inspection Report Page 2 of 3

LHD_M	oncheskr		Inspection Report Continuation Shee	et	Date12/13	123			
Establish	ment China a	NOK	Town Menches	iter					
			TEMPERATURE OBSERV	ATIONS					
NIF	/Location/Process	Temp ♂°F	Item/Location/Process	Temp	Item/Location/Process	Temp			
Chic	V 10	4/0 =	hot hold rice	11408					
beef		4/07	hat hald space o'm	13905					
			reheated chicken on	1720=					
			steam table						
			SERVATIONS AND CORREC						
Item	Violations cited in thi	s report must b	e corrected within the time frames below	v, or as stated ir	n sections 8-405.11 & 8-406.11 of the	e food code.			
Number									
10 04	washing glo	urs St	ored on handsink (	- cus					
44 pf	1 1	4		shelvi	ng by 3-bay un	riean			
47 P		- 1	d for food storage		dwif not and	mined			
	1 1				The state of the s	70000			
43 ( for where I are close stoned as discovered in the form in									
13 C TOTA OTOSA, ON CHAM, STORED ON BUILDING OF STATE OF									
56 C	cigonettes s	sto red	w dry storage iten	, _	7	2			
56 C	light shie	lds da	naged missing o	n cook	line + storage 6	y will			
49C	995Kets 0	n UI	c'not clean						
15P	proceed)	in Wi	c not protecte	d - CO					
49C	WIL Ploar		+ clean						
56C	hood no								
49 C			by arill interfor	2001	Ologo				
	1	1	3 0			,			
note#	gasket ton		bay marke, PI			do red			
49 C	undercount	sc bust	ofridge by ha	ndsink	in back exter	ior			
	Vacted	<u>~</u>							
490	shelving in	on otic	ige area not clei	m		(t			
1604 491	interfor	and ex	Aerior of ice	machin	of not clean				
47 P	- CAC 50		de (where water g						
ZIP	9		steam table 114			650 P(00			
Pers			on of Steam tabl	1		io			
16 pf			unter fridge			op front)			
47 C	100 - CO MM &	creial	microwave on p	reptabl	e by store in	FORT			
Person in	Charge (Signature)	9	m i		101121	2023			
Inspector	(Signature)	ton dr.	N		Date  2  13/2	-			

	Establishment Inspec		Report Page 3	of <u>5</u>
HD_Manchester	Inspection Report Continuation Sheet	t	Date 12/13	3/23
stablishment Ching Wo	K Town Manches	ter	*	
	TEMPERATURE OBSERVA	ATIONS		
Item/Location/Process	Temp Item/Location/Process	Temp	Item/Location/Process	Temp
			Sanitizer bucket	20-100
			handsink in front	96°F
	OBSERVATIONS AND CORRECT	IVE ACTIC	NS	
Item Violations cited in this repo	ort must be corrected within the time frames below,			food code.
Number				
49c under grill to	op in front, not cle	ean		
47c tray table u	sed as side table no	ext to	anll up front	
37 pf squeeze both	Mes and contained	malak	seled whousehous	· <del>L</del>
when thermometer	on site, discussed	10 1/ in	tends of Ro	
an steam	table to mon to	O	1 1/2	
49C PROPINATION BY S	table to monitor			
- 1000 / walker 301 S	was syrups not cle	5/1		
10 d Dia 1		3.00	0 1	
1046 1 U15 COSSED NEC	ed for routine cleani	ng of	thours   walls   ce	evilogs
and Stora	ge oreas.	V		-
	·			
iotex Health Dept.	to follow up w/ Fire	Mars	hall regarding	hood
			<i>J G</i>	
A.	Ark		10 ::2	12-22
erson in Charge (Signature)	m IIm		Date 12/13	1202
spector (Signature) 🛴 🕬	ICOV		Date 12/13/	23

Risk Category: 3 Food Establ	Risk Category: 3 Food Establishment Inspection Report Page 1 of 2								
Establishment type: Permanent Temporary Mobile Other				Date:	2/6/23				
Establishment (J'S Pizza & Glinders		+sering Con	necticat Health	Time In_	12:00 AMIEM Time Out 1	.45 AN(PM			
Address 273 Broad St.		DP	H)	LHD (	nanchester				
Town/City Manchester				Purpose	of Inspection: Routine	Pre-op			
Permit Holder Nick Maratta	Co	of Public I	epartment Health	Reinspec	ction Other				
FOODBORNE ILLNESS RISK FA	ACTO	RS AN	ID PUBLI	C HEAL	TH INTERVENTIONS				
Risk factors are important practices or procedures identified as the most prevalent conti	ributing fa	ctors of foo	odborne illness d	or injury. Inter	ventions are control measures to prevent foodborne	illness or injury.			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	tem	IN=ir	compliance	OUT=no	ot 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	appropri	ate box for C	OS and/or F	COS=corrected on-site during inspection	R=repeat violation			
IN OUT N/A N/O Supervision	V	COS R		UT N/A N/O	Protection from Contamination	V COS R			
1 Person/Alternate Person in charge present,	Pf	00			Food separated and protected	P/C O O			
Contified Food Protection Manager for Classes 2			(6)	CO. 10 10 10 10 10 10 10 10 10 10 10 10 10	Food-contact surfaces: cleaned & sanitize Proper disposition of returned, previously	,			
3, & 4	С	00	17 🥨 🤇		served, reconditioned, and unsafe food	POO			
Employee Health			1000		Time/Temperature Control for Safety	Taissal = I =			
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	00			Proper cooking time and temperatures	P/Pf/C O O			
4  Proper use of restriction and exclusion	P	00			Proper reheating procedures for hot hold Proper cooling time and temperatures	ing POO			
Written procedures for responding to vemiting and		0.00			Proper hot holding temperatures	POO			
diarrheal events	Pf	00	22 0/0		Proper cold holding temperatures	POO			
Good Hygienic Practices			23 &		Proper date marking and disposition	P/Pf O O			
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	00	24 0 0		Time as a public health control: procedur	es			
7 O No discharge from eyes, nose, and mouth	С	00	24 0		and records	P/Pf/C			
Preventing Contamination by Hands					Consumer Advisory				
8	P/Pf	00	25 0		Consumer advisory provided: raw/undercooked for	ood Pf O O			
9 No bare hand contact with RTE food or a	P/Pf/C	00		-	Highly Susceptible Population				
pre-approved alternative procedure properly followed			26 0	The state of the s	Pasteurized foods used; prohibited foods not offer				
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	00			od/Color Additives and Toxic Substance				
Approved Source	DIDGG			) Q	Food additives: approved and properly us	sed POO			
11 Proof obtained from approved source 12 Proof Food received at proper temperature		00			Toxic substances properly identified,	P/Pf/C O O			
12 O Food received at proper temperature  13 O Food in good condition, safe, and unadulterated	P/Pf P/Pf				stored & used onformance with Approved Procedure				
Doguired records available; mally sees shallfah		Tanana Tanana		7	Compliance with variance/specialized				
identification, parasite destruction	P/Pf/C	00	29 0		process/ROP criteria/HACCP Plan	P/Pf/C O O			
			RACTICES						
Good Retail Practices are preventative measures to	o contro	I the add	ition of pathog	gens, chemi	cals, and physical objects into foods.				
	n approp	oriate box	for COS and	i/or R	COS=corrected on-site during inspection	R=repeat violation			
OUT N/A N/O Safe Food and Water	٧	COS R			Proper Use of Utensils	V COS R			
Pasteurized eggs used where required	P	00	43 O In	use utens	ils: properly stored	c 0 0			
31 Water and ice from approved source 32 Variance obtained for specialized processing methods	P/Pf/C	99	44 O Ut	ensils/equip	ment/linens: properly stored, dried, & handle				
	Pf	00			gle-service articles: properly stored & used	R/C O O			
Proper cooling methods used; adequate equipment for	1		46 C G	oves used		000			
temperature control	Pf/C	00	A FC	ond and no	Utensils and Equipment n-food contact surfaces cleanable,				
34 O Plant food properly cooked for hot holding	Pf	00			igned, constructed, and used	PPC OO			
35 O Approved thawing methods used		00	W		g facilities: installed, maintained and used	1:			
36 C Thermometers provided and accurate	Pf/C	00	48 Cle		ents, sanitizers, and test strips available	" Pf/C O O			
Food Identification			(49) (X) No		ntact surfaces clean	600			
Food properly labeled; original container	Pf/C	00			Physical Facilities				
Prevention of Food Contamination			50 O H	ot and cold	water available; adequate pressure	Pf OO			
38 O Insects, rodents, and animals not present	Pf/C	00	61) Ø PI	umbing ins	stalled; proper backflow devices	P/Pf(C)OO			
39 Contamination prevented during food preparation, storage & display 40 Personal cleanliness	P/Pf/C	00	52 O Se		waste water properly disposed	P/Pf/C O O			
41 Wiping cloths: properly used and stored		00			es: properly constructed, supplied, & clear				
42 Washing fruits and vegetables	C	00		arbage and	refuse properly disposed; facilities maintained				
				iysical tacı	lities installed, maintained, and clean ntilation and lighting; designated areas us	P/P(C)OO			
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable.			er latex gloves not used per CGS §19a-36				
Person in Share 18:	112	マ	Violations	documen	nted Date corrections de				
Person in Charge (Signature)		J		m Violation					
Person in Charge (Printed) With maraffa	SELT"				tem Violations 12-16-23	2			
la ma	111			Violations or/Public H	ealth Intervention Violations	10			
Inspector (Signature) Date 2/	62	13	Repeat Ri	sk Factor/F	Public Health Intervention Violations	7			
Pr. D. 162	70				es Violations				
Inspector (Printed) Jose Sami(ez			Requires	Reinspect	tion - check box if you intend to reinspe	ct			
Appeal: The owner or operator of a food establishment aggrieved by the	his orde	er to cor	rect any ins	pection vi	olation identified by the food inspector of	or to hold, destroy,			
or dispose of unsafe food, may appeal such order to the	Directo	or of He	alth, not late	er than fort	v-eight hours after issuance of such or	der			

Inspection Report Continuation Sheet  Date_  Establishment C 5 'S Pizza & Grinders Town Manchester	/ / %
Establishment CJS Pizza & Garder Town Manchester	12/6/23
	1
TEMPERATURE OBSERVATIONS	
Item/Location/Process Temp Item/Location/Process Temp Item/Location/P	
roast beef 370+ marinara 1410+ handsin K	9705
ground beef 3:800 hot hold nearball 14500 utility sink will mozz cheese 3900 sonitizer	
	720000
bathroom sin	1K 990F
Just delivered	
Delive .	
OBSERVATIONS AND CORRECTIVE ACTIONS	
Item 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.
Number Nick on Site, CFPM	
56C fry station/grill top hoods unclear, Scheduled to con	1.0 17/10/22
	12/10/25
16 P Sonitizer chlorine (a > 200	
37c unlabelled squeeze bottles and granulars through	00+
390 bread loaves Stored on the 900r by fryers	
	111
	vic)
47 PF Towels (bath) used as nethod for rising dough,	not approved u
490 2 -door "North America" freezer interior unclean	
	4 = 11000
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TSHEET
49C exterior of fryers unclear	
49C wall behind grill unclean	
49C ceiling in back prep area unclear	
Jacob O. C. J. VV Ca. CVIC. CW.	
16 pf table mounted can opener blade by WIC unclea	<b>M</b>
45C reuse of single use containers	
to seed alone use and locativestime alone	
notex good glove use and handwashing observed	
noted discussed repairing caulking behind 3-bay sink	as needed
note * no map sink on site	
M. A. m. A.	
Person in Charge (Signatyre) Mat Matter	12(6/23
Person in Charge (Signature) MM Mother  Date  Inspector (Signature) Date	10/1/12



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

Facility: CJS Pizza & Grinde	25,
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 V Signage/Posters required
Resources:  2022 FDA Food Code: <a href="https://www.fda.gov/food/fda-food-co">https://www.fda.gov/food/fda-food-co</a>	de/food-code-2022
Town of Manchester Health Dept: https://www.manchesterci	
FDA Handbook: <a href="https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook</a>	stryregulatory-assistance-training/retail-food- ook
Environmental Health Inspector:	
Signature of Inspector:	
Print Name: Jose Ramire	Date: 12/6/23
Person In Charge:	
Signature of Person In Charge: ////////////////////////////////////	Title: Swoll
Print Name: Nick Maratta	Date: 12/6/23
Email <u>NM Stang</u> @ aol. com	2010.

Risk Categor	ry: 3	Food Estal	olishr	nent	t Ins	spec	tio	n Re	port	Page 1	of 2		
Establishme	nt type: Pe	$\sim$					T	ite:	12/4/2	.3		<u> </u>	
Establishme	nt (0	Smic Omelet		Section of	Connectic	M Health		me In		AMPM Time Out \	2:26	) <sub>AM</sub>	IÉM.
Address 4		artford Rd, Unit D		DI	1	1)	Lŀ	ID	Manche	0, -			<u> </u>
Town/City		hester '					Pı	irpose	e of Inspection	n: Routine P	re-op		
Permit Holde	er Trac	cy Devine	G	of Publ	at Depar olic Heal	ith			ection	Other			
Dick for	dam on importe	FOODBORNE ILLNESS RISK I	FACTO	ORS A	IND	PUB	LIC	HEAL	LTH INTERV	ENTIONS		41	-11
Mark desig	nated complia	ant practices or procedures identified as the most prevalent co ance status (IN, OUT, N/A, N/O) for each numbered	ntributing to	and the second	COTTON DO	The second second		F148106200	Action 1997		7000 - T		_
P=Priority item		y foundation item C=Core item V=violation type				omplian			not in compliance	N/A=not applicable  cted on-site during inspection	N/O=not o	100000	
IN OUT N		Supervision	V		R			N/A N/O		tion from Contamination	R=repea		1
	Person	n/Alternate Person in charge present,		1 1	- 7	(15) (15)			Food separate		(PX		-
100,00	demor	nstrates knowledge and performs duties	Pf	0	211	16	10			surfaces: cleaned & sanitize		co	0
2 0000	Certific	ed Food Protection Manager for Classes 2,		0						tion of returned, previously			
2 0 0	3, & 4		C	0		17 0	1		served, recond	litioned, and unsafe food	F	PO	0
-		Employee Health								ature Control for Safety			
3 8/0		ement, food employee and conditional employee;	P/Pf	0	⊃1 ⊢	18	0	00	Proper cooking	time and temperatures	P/Pf/	CO	0
	knowle	edge, responsibilities and reporting				19 🔾	0		Proper reheating	ng procedures for hot holding	g I	PO	0
400	Proper	r use of restriction and exclusion	P	0	의년	20 9	0	00	Proper cooling	time and temperatures		PO	
5 00 0		n procedures for responding to vomiting and eal events	Pf	0		21 1	,0	00	Proper hot hold	ding temperatures		PO	0
	ylanne	Good Hygienic Practices				22	0	$\frac{9}{6}$	Proper cold ho	lding temperatures			0
600	Proper	r eating, tasting, drinking, or tobacco products u	use P/C	0		23 00		/	Time	arking and disposition	P/Pf	0	0
700		charge from eyes, nose, and mouth	C	0	:[[	24 🔘	0	a	and records	lic health control: procedure	S P/Pf/C	0	0
		Preventing Contamination by Hands						_		umer Advisory			1
8 00/0		clean and properly washed	P/Pf	101	<u> </u>	25	0			ry provided: raw/undercooked foo	d Df	10	
9 000	No bar	re hand contact with RTE food or a						7		sceptible Population	d Pf		0
	pre-ap	proved alternative procedure properly followed	P/Pf/C	0	이	26 🔾	0	do	Pasteurized foods	used; prohibited foods not offere	d PIC		
10		ate handwashing sinks, properly supplied/accessible		0	5		H HO		ood/Color Addit	ives and Toxic Substance	5 1.70	. 0	
	1	Approved Source				27 0	0	B	Food additives	: approved and properly use		0	
11 00,0		obtained from approved source	P/Pf/C	0		28 6		100	Toxic substance	ces properly identified,			
		eceived at proper temperature		0	2	20 0	0		stored & used		P/Pf/0		0
13 00 0	Food in	n good condition, safe, and unadulterated	P/Pf	0				1		ith Approved Procedures	CON		
14000	d Cidentifi	ed records available: molluscan shellfish cation, parasite destruction	P/Pf/C	00		29 🔿	0	0		th variance/specialized	PIDfil		
	lideridii		OOD RE	TAIL					process/ROP o	criteria/HACCP Plan	1.71.07		
		Good Retail Practices are preventative measures	to contro	I the an	ddition	of not	hogone	chom	sicolo and abusio	of a bis ada inde for a de			
Mark OUT if	numbered ite	m is not in compliance V=violation type Mark	in approp	nriate h	nox for	COS :	and/or	D D		on-site during inspection	2		
OUT N/A N/O		Safe Food and Water	V		R	OUT	I I I I I I			se of Utensils	R=repea		The state of the state of
30 🔾	Pasteurized	eggs used where required	P	0			In-use	utens	sils: properly sto	red	V	cos	
31 🔾	Water and i	ce from approved source	P/Pf/C	00	5 4	440	Utens	ls/equi	pment/linens: pro	perly stored, dried, & handled			_
32 0 0	Variance ob	tained for specialized processing methods	Pf	0	5 7	15/X	Single	-use/si	ngle-service articl	es: properly stored & used		10	
		Food Temperature Control			<u> </u>	46	Glove	s used	d properly			0	
33 🔾		ng methods used; adequate equipment for	Pf/C	00	ء ااد		=Λ			s and Equipment			100
Control of the last of the	temperature	roperly cooked for hot holding			V2	47)06	Food	and no	on-food contact :	surfaces cleanable,	P/Pf/C	1	
35 0 0 0	Approved th	awing methods used	Pf	00	_		prope	rly des	signed, construct	ted, and used	1.1.10		0
36 🔾	Thermomete	ers provided and accurate	Pf/C							alled, maintained and used;	Pf/C	0	
	· · · · · · · · · · · · · · · · · · ·	Food Identification	Pf/C	00	_     /					and test strips available		-	
37 Food pr	roperly labele	ed; original container	Pf		76	19/0	INOI I-I	000 00	ontact surfaces o			10	의
		Prevention of Food Contamination			-	50 0	Hot a	nd colo	d water available	sical Facilities e; adequate pressure	- 00	101	
38 O Insects,	, rodents, an	d animals not present	Pf/C	00	715	51 (	Plum	ning in	stalled; proper b	ackflow dovices	Pf		
39 Contami	ination prever	nted during food preparation, storage & display	P/Pf/C		5115	2 0	Sewa	ge and	waste water pro	nerly disposed	P/Pf/C P/Pf/C		
40 Persona	al cleanlines:	S		00		53 🔘	Toilet	facilitie	es: properly con:	structed, supplied, & clean		0	
41 O Wiping	cloths: prope	erly used and stored	С	00	$\supset   5$	34 0	Garba	ge and	refuse properly d	isposed; facilities maintained	C		
42 Washin	ig fruits and v	vegetables	P/Pf/C	0	□ 5	55 0	Physic	cal fac	ilities installed, n	naintained, and clean	P/Pf/C		
Permit Holder:	shall notify cu	stomers that a copy of the most recent inspection rep	port is ava	ilable.	5	6 0	Adequ	uate ve	entilation and ligi	hting; designated areas use	d C		
				1.1			Natur	al rubb	er latex gloves r	not used per CGS §19a-36f			
Person in Cha	rge (Signati	ire) Macul Date	12	14/1		iolatio				Date corrections due		#	
		11/2 / 5 ( )		40		riority I			Item Violations			1	-
Person in Cha	rge (Printed	pracy Devine.		-		ore Ite				3-4-24	0		$\dashv$
		1/2 7	1 1 1		R	isk Fac	ctor/P	ublic H	lealth Intervention	on Violations	-	6	$\dashv$
Inspector (Sign	nature)	Date 2	4	25	R	Repeat	Risk F	actor/	Public Health Int	tervention Violations		0	$\dashv$
Incoertor (D-i-	ofacil U_	Iose Raminez	1		G	Good Re	etail P	ractice	es Violations		6	_	
Appeal: The		orator of a food actablish		out a fell of		Require	s Rei	nspec	tion - check bo	x if you intend to reinspect			
Appeal. The	or dispass	erator of a food establishment aggrieved by	this orde	er to co	orrect	t any ir	nspec	tion vi	iolation identifie	d by the food inspector or	to hold,	destro	оу,
	oi dispose	of unsafe food, may appeal such order to the	Directo	or of He	ealth	, not la	ater th	an for	ty-eight hours a	after issuance of such orde	εr.		

1 2	100	u Lata	DIISII	ment m	spe	ction	Kepc	rt	Page _	of _<
LHD MA	nchester			Report Continua			<del></del>	Date	= 12/9/	13
Establishm	nent CoSMiC	Omele-	<u>t                                    </u>	Town Ma	nche	Ster			1	
			TEMP	ERATURE OF	BSERV	ATIONS				
$\sim$	Location/Process	Temp	Item	/Location/Proces	ss	Temp	Ite	em/Location	/Process	Temp
2 Doc	x RIC@cookline		cold P	cep table &	cont line		Hand		1	1105
	shredded cheese	38F	1 -1 1				Plano		3 bay	
			17-	tomatoes		39F	400	Sinkby	egall'	1008
	soked Potatoes		shreo	ded chees	E	396	Wa	t buck	=tagrill	200 ppm
	Cooked hash	38F	Cook	ed chicke	20	38f	11100		ront counta	
Crok f	final temp			5/iced che		375	1000		TOTT COSTITO	100
Ibach	browns	195F					+-	MUK		40F
			-	ream chees		365	<u></u>	Milk Half &	Halt	406
OM	elet	170F		Zicotta c	heese	364	Quart	bucket i	Front counte	200 pan
1 Sau	isage	190F	1 6	ico de gal	10	386				11
			SERVATION	ONS AND CO	RRECT	IVE ACTIO	ONS			
Item	Violations cited in this	report must be	corrected w	ithin the time fram	nes below	, or as stated	in sections	8-405.11.8	8-406 11 of the	food code
Number		(M) - 0	-1-						0 100.11 01 010	lood code.
4.0	Tracy CtP	1 DI	Dite.							
49c	Speed rack i	12 D	DOOF F	316 64 1	cook	ine unc	lean			
45c	reuse of s	finale u	150 C	025/15	مل مح	5 5000	05).	thousal	hant	
37c	unlabeled c	ontainers	of a	Canalacs	d 50	1002 6	att/x	the	a has it	
/ _	Raw meats	Stored	DILEC	RTELO	k .		( ( )		gno	
4 752	Exterior of	ice ~	a hia -	1000	۱۱ <del>در</del>	IWIT	. 0	ر		
1						1 .				
	gaskets in	ulber C	bonter	coolers	ONC	clean.				
410	wood Shelvi	16 (a) c	boklin	e Chipping	peelin					
47C	Milk crates	used	as 51	nelving in	1 W	C				
.0 (										
Note	Pest contro Employees ki	LAAA	BON	Pest Co	ontrol	a5 no	eeded			
Note (	Employees ki	nowledgo	able or	Hot/coll	. hold	temps	and le	portable	illness s	imakans
Note -	Test Strips	& the	rmoma	eter ava	ilahl	o d		1		1. 110.10
1De	Discussed	Cleaning	a exte	to of co	annes	ands	s has	TOCE OF	pains	
Note	Good glove u	5e & T	nand w	ashina al	Ser	ned.		ore of	<u> </u>	
Note 7	Discussed Pro	per con	olina m	ethods 1	2	- 701	Ein '	1 10-00	-116	
	6 total hour	<u> </u>	9	-111003.	201	-> 101	111 0	× 110013	7917	10
	Discussed Fi		1 0-1							
Mala	Discussed 11	1000	2 10d	·	ı	1.	1.1	· ·	-1 1	
NUTE !	Discussed H	1000	70 les	nace Stai	ned	certific	, tile	s in k	sitchen	5001
	with cleanable	nonabsorb	ant ceil	ling tiles	5					
		B	2.							
Person in C	harge (Signature)	Mary	W/	T.	/			Dat	e 12-141	23 -
nspector (S	Signature)	Mass	z()					Dat	e 12/4	23



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

Facility: Cosmic Omelet	
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  Handwashing sign at all handwash sinks (section 6-301.14) 10c  Major Allergens 37c  Outdoor Allowance for dogs-preapproval and sign required. 38 Pf  Employee Assessment Form  Momiting/Diarrhea Written clean-up Policy Mop Sink Required (Sec. 5-203.13) CORE -90 day  Temperature: Final Cook Temperatures
Resources:	
2022 FDA Food Code: <a href="https://www.fda.gov/food/fda-food-code">https://www.fda.gov/food/fda-food-code</a> Town of Manchester Health Dept: <a href="https://www.manchesterct">https://www.manchesterct</a>	
FDA Handbook: <a href="https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook</a>	stryregulatory-assistance-training/retail-food- ook
Environmental Health Inspector:	
Signature of Inspector:	
Print Name: Jose Rami	rez Date: 12/4/23
Person in Charge:	
Print Name:	ne Title: wher Date: 12/4/23

Risk Category: 4 Food Establ	Food Establishment Inspection Report Page 1 of								
Establishment type: Permanent Temporary Mobile Other					— Date: 12 21 23				
Establishment Crestfield Marchester CTSNF		+serior	connec	Time InAM/PM Time Out					
Address 565 Vernon St			P	H)	LHD M	anch	nester_		
Town/City Mancheste	J				Purpose o	Inspect	tion: Cout ne P	re-op	
Permit Holder	Co		ut Dep blic He	partment paith	Reinspect	ion	Other		
FOODBORNE ILLNESS RISK FA	000 1000 1000 1000		1 - 1 - 1	200					
Risk factors are important practices or procedures identified as the most prevalent control.  Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it.	0.0000000000000000000000000000000000000	V-00/2007		A PRODUCTION APPROXIMATION AND A PROPERTY OF					
P=Priority item Pf=Priority foundation item C=Core item V=violation type	1201 20 10		-	compliance	The state of the s	in compliar	nce N/A=not applicable Norrected on-site during inspection	N/O=not observed  R=repeat violation	
IN OUT N/A N/O Supervision	V	cos	_		OUT N/A N/O		tection from Contamination	V COS R	
Person/Alternate Person in charge present							rated and protected	P/C O O	
demonstrates knowledge and performs duties	Pf	0	0	16 0			act surfaces: cleaned & sanitize		
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17 0			position of returned, previously conditioned, and unsafe food	P00	
Employee Health						ime/Tem	perature Control for Safety		
Management, food employee and conditional employee;	P/Pf	0					king time and temperatures	P/Pf/C O O	
knowledge, responsibilities and reporting  Proper use of restriction and exclusion	P	0					eating procedures for hot holding		
Written procedures for responding to vemiting and							ling time and temperatures holding temperatures	P O O	
diarrheal events	Pf	0	0				holding temperatures	P 0 0	
Good Hygienic Practices		NIT-A		23 🔾	0 0 F	roper date	e marking and disposition	P/Pf O O	
6 O Proper eating, tasting, drinking, or tobacco products use			0				public health control: procedure	S P/Pf/C O O	
7 O No discharge from eyes, nose, and mouth	С	0	0	24	) / a	nd records		P/Pf/C O	
Preventing Contamination by Hands  8					- /-		onsumer Advisory		
No hare hand contact with PTE food or a	P/Pf	0	9	25 0	3/0 0	onsumer ad	lvisory provided: raw/undercooked for	od Pf OO	
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26 0	500		Susceptible Population oods used; prohibited foods not offere	d P/C OO	
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0	20			dditives and Toxic Substance		
Approved Source	1			27/00	1		ives: approved and properly use		
11 O Food obtained from approved source	P/Pf/C	0	0	2800			tances properly identified,		
12 C C Food received at proper temperature	P/Pf	0	0	200	S	tored & us		P/Pf/C O	
Food in good condition, safe, and unadulterated Required records available: molluscan shellfish	P/Pf	0	9				e with Approved Procedures		
identification, parasite destruction	P/Pf/C	0	6	29 0			e with variance/specialized OP criteria/HACCP Plan	P/Pf/C O	
	DD RE	TAIL	PR	ACTICES	3	100633/110	or citeria/ IACCF Fiair		
Good Retail Practices are preventative measures to	contro	the a	additio	on of patho	gens, chemica	als, and phy	ysical objects into foods.		
Mark OUT if numbered item is not in compliance V=violation type Mark in				for COS an			cted on-site during inspection	R=repeat violation	
OUT N/A N/O Safe Food and Water	/	cos		OUT		Prope	r Use of Utensils	V COS R	
30 Pasteurized eggs used where required 31 Water and ice from approved source	P	0	_	43 O in	use utensils	: properly	stored	c 0 0	
32 O Variance obtained for specialized processing methods	P/Pf/C Pf	-	읭	44 0 0	tensils/equipm	ent/linens:	properly stored, dried, & handled articles: properly stored & used	Pf/C O O	
Food Temperature Control		101	$\preceq$		loves used p		articles, properly stored & used	P/C O O	
Proper cooling methods used; adequate equipment for	7	ПП		10 0			nsils and Equipment	1000	
temperature control	Pf/C	0	9	47 O F	ood and non-		act surfaces cleanable,	Dings Ol-	
34 O Plant food properly cooked for hot holding	Pf	0		pi			tructed, and used	P/Pf/C O	
35 O Approved thawing methods used		0					installed, maintained and used;	Pf/C O O	
Thermometers provided and accurate Food Identification	Pf/C	0	9				ers, and test strips available		
37 Food properly labeled; original container	Pf/C	0	0	49   O   N	on-food cont		es clean Physical Facilities	C 00	
Prevention of Food Contamination	1. 110		$\preceq$	50 O H	ot and cold v		able; adequate pressure	Pf OO	
38 Insects, rodents, and animals not present	Pf/C	0	0				er backflow devices	P/Pf/C O O	
39 Contamination prevented during food preparation, storage & display	P/Pf/C	0	0	52 O S	ewage and w	aste wate	er properly disposed	P/Pf/C O O	
40 Personal cleanliness		0					constructed, supplied, & clean	Pf/C O	
41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables	P/Pf/C	0					rly disposed; facilities maintained	000	
							ed, maintained, and clean	P/Pf/C O O	
Permit Holder shall notify customers that a copy of the most recent inspection repo	rt is ava	ailable.		O N	atural rubber	latex glov	d lighting; designated areas use yes not used per CGS §19a-36f	ed COO	
maratacah Maran 12/	7//	2 2			s document		Date corrections due		
Person in Charge (Signature)/UM/000 CDUMUDate 12/0	11/0	23		Priority Ite	em Violations	3		-	
Person in Charge (Printed) CONDACE KEENTS +S	60				oundation Ite	m Violatio	ns		
	1/2	マ	$\dashv$	Risk Fact	Violations or/Public Hea	alth Interve	ention Violations		
Inspector (Signature) STAUL Date 12/2	-1/2	ب			isk Factor/Putail Practices		h Intervention Violations		
Inspector (Printed) Denise raynu	100			Requires	Reinspection	on - check	hox if you intend to reinspec	t	
Appeal: The owner or operator of a food establishment aggrieved by the	is orde	er to d	corre	ect any ins	spection viol	ation iden	tified by the food inspector or	to hold destroy	
or dispose of unsafe food, may appeal such order to the	Directo	or of h	Heal	th, not late	er than forty	eight hou	irs after issuance of such order	er.	

	FO	od Esta	blishment inspe	ection	Report Page	0T
LHD <u>₩</u>	anchester		Inspection Report Continuation S	heet	Date /2/2	21/23
Establishn	nent Crestifie	1 1	Town_Mana	nest	a *	
			TEMPERATURE OBSER			
Item/	Location/Process	Temp	Item/Location/Process	Temp	, Item/Location/Process	Temp
milk		38F -	Turkey Sorep	167F	HOT Water	130 F
MIMUL	me pkt	41=	Hor Held			700/
ry	1.				Quat buckel	150Dom
=						77
	Violetiana sitad in I	OB	SERVATIONS AND CORRE	CTIVE ACTI	ONS	
Item	violations cited in i	inis report must be	e corrected within the time frames be	low, or as stated	d in sections 8-405.11 & 8-406.11 of t	he food code.
Number						
	Facility of	=:0100 d :	1.1 to FIGE	21/2		
	1 acility ?	Schlatt	led to Feb S	,27.		
	1					
	Resi	dents a	down to 4.			
	1)00.			72		
	2					
	Kitchen	Clean	, organized	. — Л	o issues	
1	,,				VC	
			V			
	(					
	<del></del>					
					3	
1 0						
Not (	ompleted:					
1000	1/11-1- 0	1				
	Altcher Be	model				
(	Leiling - 5	tate Tu	re Marshal need	to app	nove	
+	troops /	1210	not a document	00		
	···cogs/	V. V	re Marshal need.			
	*					
		( Mainla	whenly		Date 12	121/2023
Person in	Charge (Signature)	<u>cumuu</u>	will hay		Date 100	011000
Inspector	(Signature)	me to	une		Date 12/3	4/23

Risk Category: Food Establishment Inspection Report Page								f	
Establishment type: Permanent Temporary Mobile Other					Date: 12	14/23			
Establishment Dollar General		4587 M	Connec	cticar Healing	Time In	AM/PM Ti	me Out		AM/PM
Address 260 North Wain			P	H)	LHD Ma	Mesto			
Town/City Manchester	-				Purpose of Insp	pection: Routi	ing Pre	e-op	
Permit Holder	Co	of Pui	ut Dep blic He	partment salth	Reinspection	Other 3	20 day		
FOODBORNE ILLNESS RISK FA	ACTO	RS	ΔΝΓ	PIIRI	IC HEALTH IN	TERVENTIONS			
Risk factors are important practices or procedures identified as the most prevalent control							event foodborne illne	ss or injury	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			1	compliance				D=not obs	erved
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Senting.					S=corrected on-site dur	(a) 11a 120 11	R=repeat	27 - 122
IN OUT N/A N/O Supervision	V		-			Protection from Con			COS R
Person/Alternate Person in charge present						eparated and protecte			00
demonstrates knowledge and performs duties	Pf	0	$\circ$	16 0		ontact surfaces: clear			00
2 Certified Food Protection Manager for Classes 2,	С	0	0	17 0 0	Proper	disposition of returne	ed, previously		
3, & 4				170	served	, reconditioned, and u		I P	00
Employee Health						emperature Control			
Management, food employee and conditional employee;	P/Pf	0		18 0	O O Proper	cooking time and tem	nperatures		00
knowledge, responsibilities and reporting	Peters in					reheating procedures			00
Note that the second se	Р	0	9			cooling time and tem		Р	00
Written procedures for responding to vomiting and diarrheal events	Pf	0	0			hot holding temperate			00
Good Hygienic Practices	11222			22 0 0	O O Proper	cold holding tempera	tures	P	00
6 Proper eating, tasting, drinking, or tobacco products use	e P/C	0		23 0		date marking and dis s a public health cont		P/Pf	00
7 O No discharge from eyes, nose, and mouth	C		8	24 0	and red		ioi. procedures	P/Pf/C	00
Preventing Contamination by Hands			-		and red	Consumer Adviso	m.		
8 O O Hands clean and properly washed	P/Pf	0	0	25 0	Consum	er advisory provided: raw/		Pf	00
No have hand contact with RTE food or a						hly Susceptible Pop	A STATE OF THE PERSON OF THE P		00
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26 0		zed foods used; prohibited		P/C	00
10 O Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0		- Processed	or Additives and Toxi		1	00
Approved Source			FILE	27 0		dditives: approved an		P	00
11 O Food obtained from approved source	P/Pf/C	0	0	28 🔾	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED	ubstances properly id			
12 C Food received at proper temperature	P/Pf	0	0	20	stored a	& used	e vander av elek-volkoer <del>e</del>	P/Pf/C	00
13 C Food in good condition, safe, and unadulterated	P/Pf	0	0		Conform	ance with Approved	Procedures		
Required records available: molluscan shellfish	P/Pf/C	0	$\circ$	29 0		ance with variance/sp		P/Pf/C	00
identification, parasite destruction	OD DE	TAIL	-			s/ROP criteria/HACCF	P Plan	1.7	
Good Retail Practices are preventative measures to				ACTICES		d = 6			
							\$4 (CE)		
OUT N/A N/O Safe Food and Water	v	cos		out Out		orrected on-site during		R=repeat	
30 Pasteurized eggs used where required	P	-	0		n-use utensils: prop	oper Use of Utensils	5	C	COS R
31  Water and ice from approved source	P/Pf/C	-	<u></u>			ens: properly stored, dr	riod 2 handlad		00
32 O Variance obtained for specialized processing methods	Pf	20.000	ð			rice articles: properly sto			00
Food Temperature Control					loves used properl		orod a doca		00
Proper cooling methods used; adequate equipment for	Delo					Utensils and Equipm	nent		0,0
lemperature control	PI/C	0	9	47 F		contact surfaces clear		2,000	
34 O O Plant food properly cooked for hot holding	Pf	0		47 O pr	roperly designed, c	constructed, and used	(B)	P/Pf/C	00
35 O Approved thawing methods used		0		18 O W	arewashing faciliti	es: installed, maintain	ned and used;	DHO	
36 C Thermometers provided and accurate	Pf/C	0	0		leaning agents, sar	nitizers, and test strips	s available	Pf/C	00
Food Identification  37 Food properly labeled; original container	l marco	Г		49 O N	on-food contact su			С	00
	Pt/C	0	9			Physical Facilities			
Prevention of Food Contamination  38 Insects, rodents, and animals not present	Della					available; adequate pr		Pf	90
39 Contamination prevented during food preparation, storage & display	P/Pf/C					proper backflow devic			00
40 Personal cleanliness		0	_	53	oilet facilities: pro-	water properly dispose erly constructed, supp	oliod 2 alcas		
41 Wiping cloths: properly used and stored	C	0		54 0 6	arbage and refuse n	roperly disposed; faciliti	ies maintained		00
42 O Washing fruits and vegetables	P/Pf/C			55 O PI	hysical facilities ins	stalled, maintained, ar	nd clean		00
Permit Holder shall notify customers that a serve of the most secret in				56 O A	dequate ventilation	and lighting; designa	ated areas used		56
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	mable.			atural rubber latex	gloves not used per C			
D	111/	77		Violation	s documented		rections due		#
Person in Charge (Signature)	4 10	45		Priority Ite	em Violations	3 day			
Person in Charge (Printed)		195.77%			oundation Item Viol	lations to day	V	1	
i dison in charge (Fillited) USMALLY (Salis)	-		-		Violations	ton and a second	I.		
Inspector (Signature) Selves Forme Date 12	4/2	3		Repeat P	isk Factor/Public L	tervention Violations lealth Intervention Vio	plations	1	
O My	110		-		tail Practices Violat		nauoris	-	
Inspector (Printed) Denise Faulle	_			Requires	Reinspection - ch	neck box if you intend	d to reinspect	<b>–</b>	
Appeal: The owner or operator of a food establishment aggrieved by the	nis orde	er to c	corre	ect any ins	spection violation	identified by the food	inspector or to	hold d	estrov
or dispose of unsafe food, way appeal such order to the	Directo	or of I	Healt	th, not late	er than forty-eight	hours after issuance	e of such order		J,

Foo	d Esta	blishment Insp	ection R	eport Page 2	of_ 2
LHD Manchester		Inspection Report Continuation	Sheet	Date 12/4/	23
Establishment Dollar Gen	eral	Town Mana			
		TEMPERATURE ØBSE	RVATIONS		
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
250 COURT - 250	remp	item/Location// Tocess	remp	item/Location/F10cess	remp
MilkCooler	000				
Ambient	38F				
Control Panel	38F				
Wilk-	25%				
11)11	305				
(Act)					
	OB	SERVATIONS AND CORR	ECTIVE ACTION	10	
Violations cited in this				sections 8-405.11 & 8-406.11 of the	e food code
110111	o roport made be	socreoida wanii ale une names c	clow, or as stated in	Sections 0-400.11 & 0-400.11 01 till	s lood code.
Number					
1 4	$\sim$	11 11	11 10		1
To rue treener	mage	n Novelties, VISI	blethem	ometer required	λ,
/ × - 1 = 2	1,0	11 - 7 - 10/2	العدان والمسا	hem. Ros. Store	a. D.
-12)11	axiola	Units-> Intend	CUISIBLY	nem. ROB. (3100	re noun
38PF Side Door	- Eme	reach Exit	-x/2 ) hal	esia along	0 ,
3100 000	٥١١٥	gerry exi	7/2/101	LS In Oldo	1 1
		0 .	-> large ga	n on dontal thres	hold
			iway ga	P S C C C C C C C C C C C C C C C C C C	-570
			U V	·	
150 Slovy Boar'					
SP Steak Erys	over-ru	ly Cooked produ	LCT		
15P Smithfield	Sausa	se (Roll) are fu	ly cooked	1	
. C. CALLIVATERCE	- unsu	x (1011) 20 1/2	un curea	J IUNS	
			,		
1					
\					
\					
			77. 75. 10g.		
( 1			race 1		
Emoul of	Dayne	an lanchester	Ct abv		
		- i -			
Send	Emai	@Manchestera 1 W/ Pictures	of corre	ections !	
	12/15	4123	75 <del>5</del> 2		
0		110			
	<u> </u>				
	1/1/1	1124		1	/25
Person in Charge (Signature)	Lower	N Orling		Date 12/4	/23
nengetor (Signature)	1/2	<i>d</i>		1.1	0.3
nspector (Signature)	MINC PO	yre		Date 12 4	125
		[ ]			40

Risk Category: 2 Food Establishment Inspection Report Page 1 of 2									
Establishment type: Permanent Temporary Mobile Other				Date:	2/28/	23	1		
Establishment Dunkin - Oakland St.		Aseding Co	meeticar Health	Time In_	_	M/M Time Out 4:	OO AMIPM		
Address 8 Oakland St.		DP	H)	LHD /	1 anches	, —			
Town/city Manchester				Purpose o	of Inspection:	Routine Pr	e-op		
Permit Holder Kaisha Laboy	Co	of Public	Department Health	Reinspect	tion	Other			
FOODBORNE ILLNESS RISK FA	ACTO	RS A	ND PUBL	C HEALT	TH INTERVE	ENTIONS	A SHEW SPEED		
Risk factors are important practices or procedures identified as the most prevalent contr							ess or injury.		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	tem	IN=	n 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						ted on-site during inspection	R=repeat violation		
IN OUT N/A N/O Supervision	V	COS R		UT N/A N/O		on from Contamination	V COS R		
Deven / Alternate Deven in charge present			7	100	4 100 100 100 100	and protected	PC 00		
demonstrates knowledge and performs duties	Pf	00		_		urfaces: cleaned & sanitized			
Certified Food Protection Manager for Classes 2	6					on of returned, previously			
2 3, & 4	6	0	17 🐨		35 5	tioned, and unsafe food	POO		
Employee Health						ture Control for Safety			
Management, food employee and conditional employee;	P/Pf	00	)			time and temperatures	P/Pf/C O O		
knowledge, responsibilities and reporting		Sec. 150	19 0			g procedures for hot holding			
4 🗘 C Proper use of restriction and exclusion	P	00				time and temperatures	P 0 0		
Written procedures for responding to vomiting and	Pf	00	)			ing temperatures	POO		
d'arrheal events			22 00/0			ding temperatures	POO		
Good Hygienic Practices			23 🐼 🤇			rking and disposition	P/Pf O O		
6 Proper eating, tasting, drinking, or tobacco products use		00			and the second second second second	c health control: procedures	P/Pf/C		
7 W No discharge from eyes, nose, and mouth	C	00			and records		1.11.110		
Preventing Contamination by Hands	Taras					umer Advisory			
8 W C Hands clean and properly washed	P/Pf	00	25 0			y provided: raw/undercooked food	Pf OO		
9 No bare hand contact with RTE food or a	P/Pf/C	00				ceptible Population			
pre-approved alternative procedure properly followed	1600		200	The state of the s		used; prohibited foods not offered			
	PfC	00	-			ves and Toxic Substances			
Approved Source  11  Food obtained from approved source	DIDNO			1,000		approved and properly use	d P00		
12 Food received at proper temperature		00	- 1 28 (M2) (			es properly identified,	P/Pf/C O O		
13 Food in good condition, safe, and unadulterated	P/Pf	00			stored & used	th Annuary of Decaders			
Dequired records available; mally sees about the				1		th Approved Procedures h variance/specialized			
14 C Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0	29 0			riteria/HACCP Plan	P/Pf/C O		
	OD RE	TAIL	RACTICES				Harris I		
Good Retail Practices are preventative measures to	o contro	I the add	dition of patho	gens, chemic	als, and physica	l objects into foods.			
Mark OUT if numbered item is not in compliance V=violation type Mark in	n approp	oriate bo	x for COS an	d/or R	COS=corrected	on-site during inspection	R=repeat violation		
OUT N/A N/O Safe Food and Water	V	COS F	OUT		Proper Us	e of Utensils	V COS R		
30 Pasteurized eggs used where required	Р	00			s: properly stor		0.00		
31 O Water and ice from approved source	P/Pf/C	00	44) 10 U	tensils/equipr	ment/linens: prop	perly stored, dried, & handled	P(C) 0 0		
32 O Variance obtained for specialized processing methods	Pf	00				es: properly stored & used	PO O		
Food Temperature Control			46 O G	loves used			000		
Proper cooling methods used; adequate equipment for	Pf/C	00		m - L		and Equipment			
temperature control			170			surfaces cleanable,	P/Pf/C		
34 O Plant food properly cooked for hot holding	Pf	00	) p		gned, construct		1.11.110		
35 O Approved thawing methods used		00				lled, maintained and used;	P/C 00		
36 Thermometers provided and accurate	Pf/C	00				and test strips available			
Food Identification  37 Food properly labeled; original container	Drio			on-tood con	tact surfaces c		000		
	Pt/C	0				ical Facilities			
Prevention of Food Contamination  38 Insects, rodents, and animals not present	200					; adequate pressure	Pf 0 0		
39 Contamination prevented during food preparation, storage & display		00				ackflow devices	P/Pf/C O O		
40 Personal cleanliness		00				perly disposed	P/Pf/C O		
41 Wiping cloths: properly used and stored	C	00				structed, supplied, & clean	Pf/C 0 0		
42 Washing fruits and vegetables		00				isposed; facilities maintained naintained, and clean	000		
						nting; designated areas use	P/Pf(C) O		
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable.				not used per CGS §19a-36f			
W/ M/V = 10/1	10	11/		s documen		Date corrections due			
Person in Charge (Signature)	M	1 ,		em Violation			0		
Person in Charge (Printed) Knight	. 1		Priority F	oundation Ite	em Violations	1-8-24	4		
Person in Charge (Printed)	V .			Violations	olth Intercert	3-28-24	14		
Inspector (Signature)	281	23	Reneat F	isk Factor/P	ealth Intervention	tervention Violations			
9 0		0-0		tail Practices		VIVIAUOTI VIVIAUOTIS	13		
Inspector (Printed) Jose Kamice?			Requires	Reinspecti	ion - check bo	x if you intend to reinspect			
Appeal: The owner or operator of a food establishment aggrieved by the	his orde	er to co	rrect any in	spection vio	lation identifie	d by the food inspector or	to hold destroy		
or dispose of unsafe food, may appeal such order to the	Directo	or of H	ealth not lat	er than forth	veight hours	ofter issuance of such and	or		

<u> </u>	F00	d Estai	oiisnme	nt inspec	ction f	Keport	Pageo	1
LHD May	nchester			rt Continuation Sheet			Date 12/2"	8/23
Establishme	ent DUNKIN	Oak	Jand St.	n Manche	ester		/	./
			TEMPERA	TURE OBSERVA	ATIONS			
	ocation/Process	Temp	Item/Locat	tion/Process	Temp	Item/Lo	cation/Process	Temp
WIC	Whipped icina	40 F				Hand Sin	k by Font counte	- 95F
lic	ant Cream	38F				3 bay 0	vat	150ppm
151	ced cheese	38F				2 1 1	tot water	97F
	under counter						Bathrzon Hardson	187F
Cooler	eaq5	38F				1	Bathforn Sink	86F
1	hash browns	25F				000010	Den Holi Shirk	201
	oat milk	36F						
2 000	RIC in back chee							
or you	DIC IN WICH CIRE		FRVATIONS	AND CORRECT	IVE ACTIO	ONS		
Item Number	Violations cited in this						5.11 & 8-406.11 of the f	ood code.
IDPF -	Interior of	- hand	Sink by	Front car	nter i	unclean	(n5	
49C F	floors uncle	: 1	, /	pater under		1 1	raby 3 E	all
44C (	Empty food	-11	L)	ers store	· C	floor by	13 bay	`)
9,	itchess Stor	ed in	hand Sin	kby 3	bay.	C05'		
34c 1	Vo trash ca	n at he	and Sink	by 36	a11 (	COS		
49c 1	Walls in W	ic un	i \	Floor	7			
1PF !	NO PICE	n site	. Cos	- CFPM 1	du Kais	sha retu	rned	
2c 1	VO CFPM	on Sit	e cos	5 4	1			
99c (	gaskets u	nclean	through	shout				
490 i	wall behind	3 bo	ay uncl	ean				
44C	Wet nesting		of hold a	drawers o	xt 3 b	pay		
49C =	2 Door T	vobo A	tic RIC	interior	uncle	can		
35C 1	Missina F	loor ti	le by 1	back pref	, table	e acros	5 from W	IC
550	unused eg	vipment	Stored	l in back				
	rue pase in	SSING D	9 2 00	CKIC				
45C	Coffee Silt	ers at	front (	ounter no	t prot	ected o	rinverted	-4
150	15age 15 & 1	ros. Sain	ts not 1	totertel	by to	aster.		
40Pt	3 bay 1-104	water	4110F					,
Note 3	instructed P	10 to	legister a	nother employ	ee for	CFPM Coo	orse within 3	o days
	Katrina GM							
	test strips &							
	Good glove				rved		10/00	. /-
Person in Cl	harge (Signature)	Haush	in Mill	WW			Date 1754	123
Inspector (S	ignature)	1/12	- ' '				Date 12/2	9/27



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

Facility: Dunkin - Oakland St.	
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-cod	de/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-induprotection-employee-health-and-personal-hygiene-handbook	stryregulatory-assistance-training/retail-food- ook
Environmental Health Inspector:	
Signature of Inspector:	7
Print Name: 505e Rumi	rez Date: 12/29/23
Person In Charge:	
Signature of Person In Charge: 1000hoc 200	DOTS Title: 12 29 23
Print Name: Kaisha Labbu	Date:
Email Oakland donuts 194 @an	nail.com

Risk Category: Y Food Establ	ichn	nent Ir	isne	ctic	n Re	nort			Pag	e 1 of	2		4
Establishment type: Permanent Temporary Mobile Other											-		
		-	Date:	12/4	5/23	3							
Establishment Tresh Monkey	to entrol Cook	Healing.		Time In		AN	I/PM	Time Out			AM/	PM	
Address 1540 Heasant Valley Kd D		DP	H)	1	_HD ∤	nac	che	oter	·				
Town/city Manchester	3			1	Purpos	e of Inspe	ection:	R6	utine	Pre-c	р		
Permit Holder	C	onnecticut De of Public H	partment ealth		Reinsp	ection		Other_				1	
FOODBORNE ILLNESS RISK FA	ALL CAN PROPERTY.	AZARON ARRONALISMO	- All - Const	-300	AND PROMITE AND ADDRESS.	A DESTRUCTION	CONTRACTOR OF STREET						3
Risk factors are important practices or procedures identified as the most prevalent control		MATRICE STATE	11500	_		7800			73 - 797/	35-39-39			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it  P=Priority item Pf=Priority foundation item C=Core item V=violation type			complian	-		not in comp	22.0.100.000	- The collection of the	ot applicable during inspecti		not ob repea		
IN OUT N/A N/O Supervision	V	COS R		_	T N/A N/	T			ontaminatio		v	cos	-
Person/Alternate Person in charge present						Food se			ALL MANDES THE CONTRACTOR TO COMMITTEE OF		10	0	
demonstrates knowledge and performs duties	Pf	00	16 🔾						eaned & sanit	tized (	P/Pf/C		
Certified Food Protection Manager for Classes 2	С	00	17 (						ned, previous				-
3, & 4			17		SIL	served, i	econdition	oned, and	d unsafe food		P	0	0
Employee Health				_					rol for Safety		10 -		
Management, food employee and conditional employee;	P/Pf	00							emperatures	W.	P/Pf/C		
knowledge, responsibilities and reporting	P	1/1 50-30 03000	19 (						res for hot ho	lding		0	
Written procedures for responding to vomiting and		00				Proper b			emperatures			00	
diarrheal events	Pf	00				Proper c						0	
Good Hygienic Practices									disposition		P/Pf	0	
6 O Proper eating, tasting, drinking, or tobacco products us	e P/C	00							ontrol: proced	ures			
7 O No discharge from eyes, nose, and mouth	С	00	24 🔾			and reco	rds				P/Pf/C	0	0
Preventing Contamination by Hands								ner Advi					168
8 O Hands clean and properly washed	P/Pf	00	25 🔾				CALL SECTION AND ADDRESS OF THE PARTY.		aw/undercooked	i food	Pf	0	0
9 No bare hand contact with RTE food or a	P/Pf/C	00	0010						opulation		T	1 =	
pre-approved alternative procedure properly followed  Adequate handwashing sinks, properly supplied/accessible	Dilo	00	26	ار					ited foods not of		P/C	0	$\circ$
Approved Source	IPI/C	,1010	27 (	TO			THE CONTRACT OF THE PARTY.	S SULPROPRIES TO THE SE	oxic Substar and properly		T D	0	
11 O Food obtained from approved source	P/Pf/C	00							/ identified,				
12 O O Food received at proper temperature		00	28			stored &		s property	y identified,		P/Pf/C	0	0
13 O Food in good condition, safe, and unadulterated		00						Approv	red Procedui	res			
14 O O Required records available: molluscan shellfish	P/Pf/C	00	29 🤇						/specialized		P/Pf/C		
identification, parasite destruction						process/	ROP crit	eria/HAC	CP Plan		FIFIIC		
		TAIL PF					e comi						
Good Retail Practices are preventative measures to  Mark OUT if numbered item is not in compliance V=violation type Mark it											9397-1-1-X		
OUT N/A N/O Safe Food and Water	n appro v	cos R	OUT	-	ork			of Utens	ng inspection	R=	repea		THE PARTY
30 Pasteurized eggs used where required	P	00			ise liter	sils: prope			SIIS		V	cos	0
31 O Water and ice from approved source	P/Pf/C								, dried, & hand	led	Pf/C	_	
32 O Variance obtained for specialized processing methods	Pf	00							stored & used		P/C	0	_
Food Temperature Control		-11	46 C	Glo	ves use	ed properly	í.				С	0	
Proper cooling methods used; adequate equipment for	Pf/C	00						and Equi					
lemperature control			47			non-food co					P/Pf/C	0	0
34 O Plant food properly cooked for hot holding 35 O Approved thawing methods used	Pf	00		pro		signed, co							$\overline{}$
36 Thermometers provided and accurate		00	48 C						ained and us		Pf/C	0	0
Food Identification	FIIC		49			ontact surf			rips available		0		
37 O Food properly labeled; original container	Pf/C	00	40 6	2,140	1-1000 0	Onlact Sun		al Facili	tios		<u>C</u>	) _	0
Prevention of Food Contamination	1		50	Ho	and co	ld water av					Pf	0	
38 Insects, rodents, and animals not present	Pf(C	00				nstalled; pr					P/Pf/C		
39 Contamination prevented during food preparation, storage & display		00	52 🤇	Sev	wage an	d waste wa	ater prop	erly disp	osed		P/Pf/C	0	Ö
40 Personal cleanliness		00							upplied, & cle	an	Pf/C	0	
41  Wiping cloths: properly used and stored	C	00							cilities maintair		С	0	
42  Washing fruits and vegetables		00							and clean		P/Pf/C		
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable.							nated areas er CGS §19a-		С	0	$\circ$
1/15- 0 71		3. 8			docum		ioves no		corrections		1	#	-
Person in Charge (Signature) / all   will Date 12/5/	23		Priority	y Iten	n Violati	ons	,=	3daus			1	77	
	- ,		Priority	y Fou	ındation	Item Viola	tions	my:				_	
Person in Charge (Printed)	,	4	Core It	tem \	/iolation	IS	9	i) da	us 35	23	2	~	
Inspector (Signature)	1-1	22	Risk F	acto	/Public	Health Inte	rvention	Violation	19				
Date 19	121	0)	Good	Reta	N Factor	r/Public He ces Violatio	aith inte	rvention	violations		١,	~	
Inspector (Printed) Denise Paulal								if you int	end to reinsp	nect	+-		
Appeal: The owner or operator of a food establishment aggrieved by the	nis orde	er to corr	ect any	insp	ection	violation ic	entified	by the fo	ood inspecto	r or to h	nold o	estr	OV
or dispose of unsafe food, may appeal such order to the	Directo	or of Hea	Ith, not	later	than fo	orty-eight h	ours aft	er issual	nce of such	order.	.o.u, c		1

410 Capitol Avenue MS#11FDP Hartford, CT 06134

	F00	u Esta	<u> Diisnment i</u>	nspecti	on R	eport	Page	of
LHD (	anchester		Inspection Report Contin	nuation Sheet			Date 12/2	5/23
Establish	ment Fresh M	onley	Town	anchest	ter		•	
			TEMPERATURE	OBSERVATION	ONS	energy and		
	/Location/Process	Temp	Item/Location/Pro		Temp	, Item/Loc	ation/Process	Temp
$\bigcap_{\alpha \in \Omega} C_{\alpha}$	nwtmik	37F				110-11)	ate-	122F
Made	2 Milk	39F				1101 00		10.0
www		317	72.90-00-00-00-00-00-00-00-00-00-00-00-00-0			25- 0	1 1 4/	Zer 1100
						1-	Sanituger	
			n - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1			*YK	eviewed 400	may
						1101		
						Tost St	rips on sit	e .
						, , , , , ,		
		OB	SERVATIONS AND	CORRECTIVE	ACTIO	NS		
Item Number	Violations cited in this		e corrected within the time f				.11 & 8-406.11 of the	food code.
490	BlenderRo	xxxx	clean					
-	. 3						6	_
20.	R	_	_ t			· ·	Cans	1
Joe			sopped open.				4	
HEP.	Impoper s	ant -	ng - Contac	ct time	ĺλ (	OD SEC	hon Air d	Ω
	7	0,0	, 5		_ & ,	<i>90 30 0</i>	(A)	
	- 1 jetra	in sta	$\mathcal{A}$				(CC	<b>3</b>
	J	(	70					
<u></u>	Monkey b	alls -	Not made Dearth De	athis	loca	ation.	Provide	
	50	usce to	2 Health D	pt to s	ello	t this	s location	<b>γ</b> .
				di	ayre	z@man	chester ct.	gov.
	Discussed	hano	Lwashing w	ith stay	<u> </u>	Change	ng tasks	
			oh setrip,					
	hai	r etc.	. Handwas	sh beti	Jeen	HACKS	+ be love	: 1
		1	ice or Drep.					
	( <u>) () () () () () () () () () () () () ()</u>		Staff					
V No			section Lea	1 Ha Do	+ +	Scand	Tu 1 + + 0 0.	1005
1	200/100	2200	Any question	oc Die	20150	Contain	1000	2100
	010/01	31016.	sing quesin	712 / Pie	use	Carrac	inje	
			047		60 (	047318	70 Deni	se
	*Covers pl	aced or	"Add in" da	Hairer				
		1	7.					
Person in	Charge (Signature)	faller	aville				Date / 2/5/2	3
Inspector	(Signature)	Enil	- Layne				Date (2)5)	23
	_						1 1	

# "Labeling"

#### **Denise Payne**

From:

Denise Payne

Sent:

Friday, December 8, 2023 3:39 PM

To:

Judy Flynn

Subject:

RE: \*\*\*SPAM\*\*\* Monkee Ballz

Attachments:

FDA Labeling requirements.docx; FDA Checklist with Handouts 5.8.23.pdf

#### Hello!!

Sorry, I have been meaning to reach out to you! The inspection was actually on Tuesday. I wasn't sure if you were aware of changes to CT food code. We are now enforcing the CT FDA food code – no longer B-42. I am attaching a memo and some handouts about the changes. Please take a look and if you are not aware of the required changes, we can schedule a time to go over them.

As for the Monkey balls, I was inquiring about where they were made. The code requires proper labelling for in-house packaged items. I have attached that section of the code for your reference. Another option while you review the labeling system would be to offer them for sale and have your staff package and handed out. This would not require labelling.

From: Judy Flynn < judy@thefreshmonkee.com>
Sent: Friday, December 8, 2023 10:53 AM
To: Denise Payne < dpayne@manchesterct.gov>
Cc: Annie Silk < annie@thefreshmonkee.com>

Subject: \*\*\*SPAM\*\*\* Monkee Ballz

Importance: Low

## EXTERNAL MESSAGE - Don't just click it, put in a ticket!

Hi Denise, hope you're doing well. Thanks for our satisfactory inspection today. I understand there is just a question about where our Monkee Ballz are made. They are all made at one of our other licensed Fresh Monkee shop at 1107 Silas Deane Hwy, Wethersfield CT.

Judy Flynn Founder The Fresh Monkee

Risk Category: 2 Food Establishment Inspection Report Page 1 of 7											
Establishment type: Permanent Temporary Mobile Other					- Da		17/5/23	<u> </u>			
Establishment Fong Cha		+serius	Connecti	Cat Health	Tir	ne In_	1: 36 A	M/PM Time Out 2	:15	AM/PM	
Address 194 BJCKland Hills dr #5536			P	-1)	LH	D /	Manche	ster			
Town/City Manchester				Purpose of Inspection: Routine Pre-op							
Permit Holder	Co	-Celsiani	ut Depa blic Hea	W 100	1000	inspe		Other			
FOODBORNE ILLNESS RISK F											
Risk factors are important practices or procedures identified as the most prevalent cont Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			The state of the s	omplianc		and the second second second	ot in compliance	The state of the s	O=not ob	San area and a	
P=Priority item Pf=Priority foundation item C=Core item V=violation type			_							t violation	
IN OUT N/A N/O Supervision	V	cos				N/A N/O		on from Contamination	V	COS R	
1 6 Person/Alternate Person in charge present,	Pf	0					Food separated			00	
demonstrates knowledge and performs duties	-			16 🐼				rfaces: cleaned & sanitized on of returned, previously	P/Pf/C	00	
2 0 Certified Food Protection Manager for Classes 2, 3, & 4	С	0	에	17 🐼	0		0.51: 15	ioned, and unsafe food	P	00	
Employee Health							/Time/Temperat	ure Control for Safety			
Management, food employee and conditional employee;	P/Pf	0	$\circ$	18 🔾	0		Proper cooking t	time and temperatures	P/Pf/C	00	
knowledge, responsibilities and reporting  4 Ø Proper use of restriction and exclusion	P	0						procedures for hot holding ime and temperatures		00	
Written procedures for responding to vomiting and							Proper hot holding			00	
diarrieal events	Pf	0	의	22 0	0	00	Proper cold hold	ling temperatures	P		
Good Hygienic Practices  6 Proper eating, tasting, drinking, or tobacco products us	e P/C		$\sim 11$	- 1	0			king and disposition	P/Pf	00	
7  No discharge from eyes, nose, and mouth	C	0		24 🕏	0	0	and records	health control: procedures	P/Pf/C	00	
Preventing Contamination by Hands		1				/	Consu	mer Advisory	V. 17		
8	P/Pf	0	의	25 🔾	0	<b>4</b>		provided: raw/undercooked food	Pf	00	
9 No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	0	oll	26		\$		ceptible Population used; prohibited foods not offered	DIC	1010	
10 O Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	all	20 0				res and Toxic Substances	P/C	00	
Approved Source				27 🔘	0	_		approved and properly used	P	00	
11   Food obtained from approved source	P/Pf/C			8	\$			s properly identified,	PIPEC	00	
12 C Food received at proper temperature  13 C Food in good condition, safe, and unadulterated		0	읡	$\mathcal{A}$	( )		stored & used	th Approved Procedures			
Required records available: molluscan shellfish				00		1050		variance/specialized		TETE	
identification, parasite destruction	P/Pf/C		$\mathbb{C}$	V				iteria/HACCP Plan	P/Pf/C	00	
Good Retail Practices are preventative measures to				ACTICE					سلقصي		
				or COS a					D=ropos	t violation	
OUT N/A N/O Safe Food and Water	V		R	OUT				e of Utensils	v v	COS R	
30 Pasteurized eggs used where required	Р		0	43 🔘	In-use	utens	ils: properly store	ed	С	00	
31 Water and ice from approved source 32 Variance obtained for specialized processing methods	P/Pf/C Pf	-	의	44 0	Utensi	ls/equip	oment/linens: prope	erly stored, dried, & handled		00	
Food Temperature Control	L PI	0	의				ngie-service article: I properly	s: properly stored & used		00	
Proper cooling methods used; adequate equipment for	DEIC	0						and Equipment			
temperature control		-						urfaces cleanable,	P/Pf/C	00	
34 O Plant food properly cooked for hot holding 35 O Approved thawing methods used	Pf	0					igned, constructe	ed, and used led, maintained and used;	1		
36 Thermometers provided and accurate								nd test strips available	Pf/C	00	
Food Identification							ntact surfaces cle		С	00	
37 Food properly labeled; original container	Pf/C	0		[0]				cal Facilities			
Prevention of Food Contamination  38 Insects, rodents, and animals not present	DFIC	0					l water available; stalled; proper ba	adequate pressure	Pf	00	
39 Contamination prevented during food preparation, storage & display	P/Pf/C						waste water proj		P/Pf/C	00	
40 Personal cleanliness	Pf/C	0		53	Toilet	facilitie	es: properly const	tructed, supplied, & clean	Pf/C		
41 © Wiping cloths: properly used and stored 42 © Washing fruits and vegetables		0		54 00	Garba	ge and	refuse properly dis	posed; facilities maintained	С	00	
	P/Pf/C			56	Adea	al tacı	littles installed, ma	aintained, and clean ting; designated areas used	P/Pf/C	00	
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable.		OI	Natura	al rubb	er latex gloves no	ot used per CGS §19a-36f	С		
Person in Charge (Signature)	11	23		Violatio	ns do	cume	nted	Date corrections due		#	
Person in Charge (Signature) Date ("C")	, 1 ,	/		Priority I			ns tem Violations	3 days 12/8/23		2	
Person in Charge (Printed)				Core Ite				90 days 3/8/24	+	1	
Inspector (Signature) L BMWW Date 17	ニー	2	7	Risk Fac	ctor/P	ublic H	lealth Intervention	n Violations		2	
Inspector (Signature) Date Date	7/6	)		Repeat I	etail D	ractice	Public Health Inte	ervention Violations		-	
Inspector (Printed)				Require	es Rei	nspec	tion - check box	if you intend to reinspect	+	1	
Appeal: The owner or operator of a food establishment aggrieved by the	nis orde	er to c	corre	ct any in	nspec	tion vi	olation identified	by the food inspector or to	o hold, o	destroy,	
or dispose of unsafe food, may appeal such order to the	Directo	or of h	-lealt	h, not la	ater th	an fort	ty-eight hours af	ter issuance of such order			

Food Establishment Inspection Report Page 2 of 2

LHD Manchester			Inspection Report Continuation She	eet	Date 12/5	23
Establishm	ent Gong cho	R.	Town mach			
	0		TEMPERATURE OBSERV	VATIONS		
Item/	_ocation/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
milk		4108			handshik	103°F
+apiora	pearls	38°F				
puddin		4000				
0 000	8					
		OBS	ERVATIONS AND CORRECT	CTIVE ACTIO	DNS	
Item	Violations cited in this	s report must be o	corrected within the time frames belo	ow, or as stated	in sections 8-405.11 & 8-406.11 of t	the food code.
Number						
410	rags not ;	in use.	not in sonitize	r (we	<del></del>	
20 P	. 1 -		son temp after		ng no cooling	is to
			ish Dept to reac			
			health control		7	
28 P		A .	nes used for f	Bood co.	ntact surfaces.	discorred
			in charge			
note &			pe on underco	ouriter o	Caoler	
note*			technique for			+122C
notex	overau o	lean an	ad organized	-	7	
note *	CFPM OD	and the second	and Knowledger	Kle		
		<u> </u>	J.			
						er in a
Person in (	Charge (Signature)	1. 4			Date 12	15/23.
Inspector (	Signature) $\mathcal{J}\cdot \mathcal{J}$	nond			Date 12/5	12073

Risk Category: 3 Food Estab	Food Establishment Inspection Report Page 1 of 2											
Establishment type: Permanent Temporary Mobile Other	T		015			_						
			ropnechi	ica.	- Dat	te: \	110	23	2.50		_	
Establishment Hana SuShi LLC		Veening.		New York	Tin	ne In_	2.95	AM/P/W Time Out_	5.20	AIV	new	
Address 248 Broad St.		DF		-1)	LH	DΛ	nanch	ester				
Town/city Manchester	J				Pui	rpose	of Inspection	on: Routine	Pre-op			
Permit Holder XIU-YI KUANG	Co	of Publ	t Depa lic Hea		Rei	nspec	tion	Other				
FOODBORNE ILLNESS RISK FA		1000								, NE		
Risk factors are important practices or procedures identified as the most prevalent cont Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	2/4	1100000		THE PERSON NAMED IN COLUMN						riem.		
P=Priority item Pf=Priority foundation item C=Core item V=violation type				e box for			t in complianc	e N/A=not applicable rected on-site during inspection	N/O=not		- CYGN	
IN OUT N/A N/O Supervision	٧		R			I/A N/O		ction from Contamination			S R	
1 Person/Alternate Person in charge present,	Pf	0		(15)	100	00		ted and protected	6		0	
Cortified Food Protection Manager for Classes 2			$\exists$		6			t surfaces: cleaned & saniti sition of returned, previous		íc C	0	
3, & 4	С	0		17	0		served, reco	nditioned, and unsafe food	У	PC	0	
Employee Health				40				erature Control for Safety				
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	0	$\supset    \cdot   $	18 🔾	0		Proper cooki	ng time and temperatures ating procedures for hot hole	P/Pi	f/C C		
4 Ø/O Proper use of restriction and exclusion	P	0	5	20	0	0	Proper cooling	ng time and temperatures	Jing		0	
Written procedures for responding to vomiting and	Pf	0	5	21 00	00		Proper hot he	olding temperatures			0	
djerrheal events  Good Hygienic Practices								nolding temperatures			0	
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	0		i lases	100			marking and disposition ablic health control: procedu	P/F	भ 🔾	0	
7 No discharge from eyes, nose, and mouth	C	0		24 0	9		and records	ibilo ficalar control, procedi	P/Pf	C	0	
Preventing Contamination by Hands				/				nsumer Advisory				
8  Hands clean and properly washed  No bare hand contact with RTE food or a	P/Pf	00	2	25 🕏	0			sory provided: raw/undercooked	food F	of C	00	
pre-approved alternative procedure properly followed	P/Pf/C	0	에	26 🔘	0	5		usceptible Population ds used; prohibited foods not offer	ered P	IC C		
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0		1	7	TOO SECOND		litives and Toxic Substan		o <sub>1</sub> C	70	
Approved Source				27 🕏	0			es: approved and properly t	ısed	PC	0	
11  Food obtained from approved source 12  Food received at proper temperature	P/Pf/C	00		230	DO			nces properly identified,	RP	( C		
13 O Food in good condition, safe, and unadulterated		0	=				stored & use onformance	with Approved Procedure			-	
Required records available: molluscan shellfish	PPf/C		5	29 🔾	0			with variance/specialized		r/c C	1	
identification, parasite destruction	•		- 11	ACTICE	100		process/ROF	criteria/HACCP Plan	FIFT	10	$\perp$	
Good Retail Practices are preventative measures to	o contro	the ac	dditio	n of path	noaens.	chemic	cals, and phys	ical objects into foods				
				or COS a				ed on-site during inspection	R=repe	eat vio	lation	
OUT N/A N/O Safe Food and Water	٧		R	OUT				Use of Utensils	,		SR	
30 Pasteurized eggs used where required 31 Water and ice from approved source	P/Pf/C	00					ls: properly s		. 5		0	
32 O Variance obtained for specialized processing methods	Pf							roperly stored, dried, & handle ticles: properly stored & used		90	00	
Food Temperature Control							properly					
Proper cooling methods used; adequate equipment for	Pf/C	0	$ \cdot $					sils and Equipment				
temperature control  Plant food properly cooked for hot holding	Pf	0						ot surfaces cleanable, ucted, and used	P/Pf/	CC	0	
35 O O Approved thawing methods used		0						stalled, maintained and use	d:	-		
36 C Thermometers provided and accurate		0						s, and test strips available	P1/			
Food Identification  67/ Food properly labeled; original container	1006			49/00	Non-fo	ood con	tact surfaces	and the same of th			0	
Prevention of Food Contamination	Pily	0		50 0	Hot an	d cold		ysical Facilities ble; adequate pressure	1 -	*	10	
38 O Insects, rodents, and animals not present	Pf/C	0						backflow devices		f O		
39 Contamination prevented during food preparation, storage & display	P(P)/C	0	[[⊆	52 🔾	Sewag	e and	waste water	properly disposed	P/Pf/	ic O		
40 Personal cleanliness 41 Wiping cloths: properly used and stored		00						onstructed, supplied, & clea		200	0	
42 Washing fruits and vegetables	P/Pf/C	00		55 0	Physic	ge and r	etuse properly	disposed; facilities maintaine, maintained, and clean				
Permit Holder shall notify customers that a copy of the most recent inspection repo		-		56 0	Adequ	ate ver	ntilation and I	lighting; designated areas u	sed C		5	
					Natura	l rubbe	er latex glove	s not used per CGS §19a-3	36f			
Person in Charge (Signature)	S-2	23		Violatio Priority I				Date corrections of 12-8-2:	ue	#		
4				Priority I	Found	ation Ite	em Violations	12-15-23		23		
Person in Charge (Printed)	1	1 7		Core Ite Risk Fac	ctor/Pu	ıblic He	ealth Interver	3-5-24 htion Violations		47	_	
Inspector (Signature) Date (2)	5/0	13		Repeat I	Risk F	actor/P	Public Health s Violations	Intervention Violations		0		
Inspector (Printed) Sose Ramirez				Require	es Rei	nspect	ion - check l	box if you intend to reinsp	ect			
Appeal: The owner or operator of a food establishment aggrieved by the or dispose of unsafe food, may appeal such order to the	his orde Directo	or to co	orre	ct any ir	nspec	tion vic	lation identi	fied by the food inspector	or to hold	, dest	troy,	

1st - White: Health Department

Food Establishment Inspection Report LHD Manchester Inspection Report Continuation Sheet Establishment Hana Sushi Town Manchester TEMPERATURE OBSERVATIONS Item/Location/Process Temp Item/Location/Process Item/Location/Process Temp SU.Shi box 1204 Hand Sink by 3bay Hand Sink bathroom. Salmon Shrimp **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 39Pf bottle of cleaning chemica Misswave entainers / used as scoops tion records Seasonings along cookline Explained to PIC What Parasite destruction forms No cooking or cooling during in spection Person in Charge (Signature) Date Inspector (Signature)



Violations Documentation

### 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.

CFPM/PIC on every shift during operating hours 1 Pf

No Numerical Scoring Grade-3 Violation Levels	/ Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
<ul> <li>PRIORITY – 72 hours for correction</li> </ul>	▼ Signage/Posters required
PRIORITY FOUNDATION – 10 days for	<ul> <li>Handwashing sign at all handwash sinks</li> </ul>
correction	(section 6-301.14) 10c
	o 9 Major Allergens 37c
determined by inspector	<ul> <li>Outdoor Allowance for dogs -preapproval</li> </ul>
Corrections and ReInspections	and sign required. 38 Pf
<ul> <li>Corrected on site violations</li> </ul>	Employee Assessment Form
/ o Reinspection – case by case	Vomiting/Diarrhea Written clean-up Policy
Repeat violations	Mop Sink Required (Sec. 5-203.13) CORE -90 day
No Bare Hand Contact – Correction Required	Temperature: Final Cook Temperatures
9 P/Pf/C	- 15perature. Final cook remperatures
Resources:  2022 FDA Food Code: <a href="https://www.fda.gov/food/fda-food-cod">https://www.fda.gov/food/fda-food-cod</a>	de/food-code-2022
Town of Manchester Health Dept: https://www.manchesterct	.gov/Government/Departments/Health-Department
FDA Handbook: <a href="https://www.fda.gov/food/retail-food-indusprotection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-indusprotection-employee-health-and-personal-hygiene-handbook</a>	stryregulatory-assistance-training/retail-food- ook
Environmental Health Inspector:	
Signature of Inspector:	<i></i>
Print Name: 2505e Kamira	Date: 12/5/23
Person in Charge:	
Signature of Person In Charge:	Title: Avne
Print Name: XTW YT XWOV	Date:
Email _ LL Chefa hot mail. Con	~

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2										
Establishment type: Permanent Temporary Mobile Other					Date: \	2/4/2	13			
Establishment Hartford Road Cafe		4serint)	Connec	tions Healing	Time In_	1:30	AM/IM Time Out_	L: 40 AM/Fin)		
Address 378 Hartford Road		DI		H)	LHD Manchester					
Town/City Manchester					Purpose	Purpose of Inspection: Routine Pre-op				
Permit Holder Christian Morin	artment salth	Reinspec		Other						
FOODBORNE ILLNESS RISK FA										
Risk factors are important practices or procedures identified as the most prevalent cont		1000	10000							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it  P=Priority item Pf=Priority foundation item C=Core item V=violation type			_	compliance		ot in compliance	N/A=not applicable cted on-site during inspection	N/O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type  IN ØUT N/A N/O Supervision	V	cos	_		OUT N/A N/O		ion from Contamination	v cos R		
Person/Alternate Person in charge present							d and protected	P/C 0 0		
demonstrates knowledge and performs duties	Pf	0	0	16			urfaces: cleaned & sanitiz			
Cortified Food Protection Manager for Classes 2	С	0		17	THE RESERVE AND ADDRESS OF THE PARTY NAMED IN		tion of returned, previously			
2 0 9 Certified 1 odd Flotection Wallager for Classes 2,				17		-	itioned, and unsafe food	FOO		
Employee Health			0012				ture Control for Safety			
Management, food employee and conditional employee;	P/Pf	0	0				time and temperatures	P/Pf/C O O		
knowledge, responsibilities and reporting	P	8574		19 🔾		Proper reheatii	ng procedures for hot hold time and temperatures	ing POO		
Written precedures for responding to vemiting and	- P	0	$\subseteq$	21 0		Proper cooling	ding temperatures	POO		
diarrheal events	Pf	0	$\circ$				Iding temperatures	POO		
Good Hygienic Practices							arking and disposition	P/Pf O O		
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0				ic health control: procedur	res P/Pf/C O O		
7 No discharge from eyes, nose, and mouth	С	0	0	24 0		and records		P/Pf/C O O		
Preventing Contamination by Hands				1			umer Advisory			
8  Hands clean and properly washed	P/Pf	0	9	25 00	00/		ry provided: raw/undercooked for	ood Pf O		
9 No bare hand contact with RTE food or a	P/Pf/C	0		20			sceptible Population	1 1001010		
pre-approved alternative procedure properly followed  Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0	26 0	-		used; prohibited foods not offe ives and Toxic Substance			
Approved Source	FIIC		$\subseteq$	27 0			: approved and properly u			
11 Food obtained from approved source	P/Pf/C	0	0	1			es properly identified,			
12 O Food received at proper temperature	P/Pf		ŏ	28		stored & used	oco proporty identifica,	P/Pf/C O		
13 O Food in good condition, safe, and unadulterated	P/Pf		0				ith Approved Procedure	s		
14 O Required records available: molluscan shellfish	P/Pf/C	0		29 🔾	00		th variance/specialized	P/Pf/C O O		
identification, parasite destruction	Market Consumer					process/ROP	criteria/HACCP Plan	171110		
				ACTICE		ingle and about	al abianta inte fondo	estruction of the		
Good Retail Practices are preventative measures t  Mark OUT if numbered item is not in compliance V=violation type Mark it				for COS ar				Description of district		
OUT N/A N/O Safe Food and Water	v	cos	-	OUT	nd/or K		on-site during inspection se of Utensils	R=repeat violation		
30 Pasteurized eggs used where required	P	0			n-use utensi	ils: properly sto		c 00		
31 O Water and ice from approved source	P/Pf/C	_	_	-			perly stored, dried, & handle			
32 Variance obtained for specialized processing methods	Pf	0	0				les: properly stored & used	P/C 0 0		
Food Temperature Control	_			46 0	Gloves used			000		
Proper cooling methods used; adequate equipment for	Pf/C	0					s and Equipment			
temperature control  Plant food properly cooked for hot holding	Pf	0					surfaces cleanable,	P/P(0)		
35 O Approved thawing methods used		0	$\exists$			igned, construc	ted, and used alled, maintained and used			
36 Thermometers provided and accurate	Pf/C	0	허				and test strips available	Pf/C O O		
Food Identification	1, 5	1				ntact surfaces of		7000		
Food properly labeled; original container	Pf/C	0	0				sical Facilities			
Prevention of Food Contamination				50 O F	lot and cold		e; adequate pressure	Pf 00		
38 O Insects, rodents, and animals not present		0		51 O F	Plumbing ins	stalled; proper b	ackflow devices	P/Pf/C O O		
39 Contamination prevented during food preparation, storage & display	P/Pf/C						operly disposed	P/Pf/C O O		
40 Personal cleanliness 41 Wiping cloths: properly used and stored		0					structed, supplied, & clea			
42 Washing fruits and vegetables	P/Pf/C	0					disposed; facilities maintaine maintained, and clean			
	*						hting; designated areas us	P/Pf/C O O		
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is ava	ilable	•				not used per CGS §19a-3			
We als MAI	1.12				ns docume		Date corrections de			
Person in Charge (Signature) WANT Date 12-4	12)		_		tem Violation			0		
Person in Charge (Printed) ( hos han H. Marin D2						tem Violations	2 / 2 /			
Person in Charge (Printed) ( nr Shan H. Marin 02	,,,		$\dashv$		m Violations	ealth Interventi	3-4-24	50		
Inspector (Signature) Date 1	1412	23					tervention Violations	0,		
A	, 11		$\neg$			es Violations		5		
Inspector (Printed) Jose Ramilez				Require	s Reinspec	tion - check bo	x if you intend to reinspe	ect		
Appeal: The owner or operator of a food establishment aggrieved by the	his orde	er to	corre	ect any in	spection vi	olation identifie	ed by the food inspector	or to hold, destroy,		
or dispose of unsafe food, may appeal such order to the	Directo	or of l	Heal	th, not la	ter than for	ty-eight hours	after issuance of such or	der.		

	ou Establis	mment inspe	ction Re	port	Page c	of
LHD Manchester		ction Report Continuation Shee			ate 12 4	23
Establishment Hartford	Road Cafe	Town Manches	ster	<u></u>	1 1	
	TE	MPERATURE OBSERV	ATIONS		Sente Anna	
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location	n/Process	Temp
Cold Prep table bottom	- Cold	PCP table top	l.	tand sink	LN Follor	954
1 Brisket		Shreader chase		land sink		ane
Pot coast	38F	9) , ,				705
	776	Siced chase	375 9	just Spray	<u> </u>	150 ppn
c (eam	37F WI	Sliced tomato	3/4			
cooked meatballs		Cooked (105	385			
Shredled checse	394	chicken wings	38F		1	emp Rite. \$
1 Chicken Wings	364	gloond beef	38+			Date: Fecha
		Taw chicken boost				Empleado PASS WHEN BLUE PASS WHEN ORANGE
	OBSERV	ATIONS AND CORRECT	TIVE ACTION	S		BAR TURNS CUMBO LA BAROL ES ACEPTASE CUMBO LA BAROL CAMBIA A COLUR MIRANU
Item Violations cited in t	his report must be correct	ed within the time frames below	, or as stated in s	ections 8-405.11	& 8-406.11 of th	160°F 171°
Number Chas C	FPM (owne	r) on 51te			N.	
Ago Tub LE	a lac bu	1000				
49c Exhaust Fo	in cover by	trye unclear)	_			
490 unclean L	vire Shelvina	left of ovens	5			
370 201111	1. 2 1. 1	11 - 11 - 1				
37c unlabeled	squeeke bot	tles throughout				
47c/47c Freezer ch	lest damage	1 agsket/non-	Commercial			
		39071-1/11011	201 11 10 001			
		1				
Note Discussed	adding a Se	econd CFPM				
Note Test Stra	c & Thornon	alor 1 1/2				
Note Discussed	FDA Food	Code				
Note No cooking	, or prep ac	ring inspection				1.114
8						
	-					
	_					
	/ /	1				
	0/1/	1100				
Demon in Ob /O'	/ 1/2 / Al	11/1/			/	
Person in Charge (Signature)	W W				Date 12-4-1	17
nspector (Signature)	fille			г	Date 12/4	1/13
0					12/	72



Violations Documentation

#### 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.

CFPM/PIC on every shift during operating hours 1 Pf

No Numerical Scoring Grade-3 Violation Levels	Implementing Date Marking (Sec. 3-501.17) 23 P/Pf						
<ul> <li>PRIORITY – 72 hours for correction</li> </ul>	Signage/Posters required						
PRIORITY FOUNDATION – 10 days for	<ul> <li>Handwashing sign at all handwash sinks</li> </ul>						
correction	(section 6-301.14) 10c						
/ O CORE – 90 days for correction or	o 9 Major Allergens 37c						
determined by inspector	<ul> <li>Outdoor Allowance for dogs -preapproval</li> </ul>						
Corrections and ReInspections	and sign required. 38 Pf						
Corrected on site violations	TV / mbloves Assessment Forms						
o Reinspection – case by case	W/Employee Assessment Form						
Repeat violations	Yomiting/Diarrhea Written clean-up Policy						
No Bare Hand Contact – Correction Required	Mop Sink Required (Sec. 5-203.13) CORE -90 day						
9 P/Pf/C							
Resources:							
2022 FDA Food Code: https://www.fda.gov/food/fda-food-cod	de/food-code-2022						
Town of Manchester Health Dept: https://www.manchesterct	.gov/Government/Departments/Health-Department						
EDA Handhook: https://www.fda.com/fa.al/1.C1.1							
FDA Handbook: https://www.fda.gov/food/retail-food-indu	stryregulatory-assistance-training/retail-food-						
protection-employee-health-and-personal-hygiene-handbo	<u>00K</u>						
Environmental Health Inspector:							
Signature of Inspector:							
Print Name: Jose Ramirez	Date: 12/4/23						
Person In Charge:							
Signature of Person In Charge:	Title: Owner						
Print Name: Christian Ho Morin Ja	Date: 12-4-23						
Email hrcchr. Necoxmail.com	12 1						

Risk Category: 3 Food Establishment Inspection Report Page 1 of 2											
Establishment type: Permanent Temporary Mobile Other					Date:	12/29	123				
Establishment Indigo Indian Bistro		*serving	Connectic	III Healify	Time I	n 12:30	AMJON Time Out 2	DO AMIPM			
Address 232 SPENCER St.		DF		4)	LHD	Manche	1				
Town/City Manchester	, j				Purpo	Purpose of Inspection: Routine Pre-op					
Permit Holder SHEEN MATHEND		of Publ	lic Heal	lth		pection	Other				
FOODBORNE ILLNESS RISK FA	ACTO	RS A	AND	PUBL	IC HE	ALTH INTERV	ENTIONS				
Risk factors are important practices or procedures identified as the most prevalent conti	ributing fa	ctors of	foodbo	ome illness	or injury. I	nterventions are contr	ol measures to prevent foodborne il	lness or injury.			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	tem	IN:	=in co	ompliance	e 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	appro	priate	box for	COS and	or R COS=correc	cted on-site during inspection	R=repeat violation			
IN OUT N/A N/O Supervision	V	cos	R	IN V	OUT N/A	N/O Protect	ion from Contamination	V COS R			
Person/Alternate Person in charge present						Food separate		P/C 0 0			
demonstrates knowledge and performs duties	Pf	0		16			urfaces: cleaned & sanitize				
Cartificat Frank Doublettin Manual Front Co.	-	$\vdash$	$\dashv$	10	00	THE RESERVE TO SERVE THE PARTY OF THE PARTY		a PIPIICOO			
3, & 4	С	0		17	0	served, recond	tion of returned, previously itioned, and unsafe food	POO			
Employee Health							ature Control for Safety				
Management, food employee and conditional employee;	P/Pf	0	) I -				time and temperatures	P/Pf/C O O			
knowledge, responsibilities and reporting							ng procedures for hot holding	<u> </u>			
4 Proper use of restriction and exclusion	P	0					time and temperatures	POO			
Written procedures for responding to vomiting and	Df	0				Proper hot hold		POO			
diameal events	Pf		_ [:	22	00	Proper cold ho	lding temperatures	POO			
Good Hygienic Practices							arking and disposition	P/Pf O O			
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	0	ol.	,,,,,	00	7	ic health control: procedure	ae l			
7 Ø P No discharge from eyes, nose, and mouth	С	0	511 <sup>2</sup>	24 0		and records		P/Pf/C			
Preventing Contamination by Hands				12000	1	Cons	umer Advisory				
8 W Hands clean and properly washed	P/Pf	0		25 0	00		ry provided: raw/undercooked for	od Pf OO			
/ No hare hand contact with PTE food or a							sceptible Population	11100			
9 pre-approved alternative procedure properly followed	P/Pf/C	0	이 :	26 0			used; prohibited foods not offere	ed P/C OO			
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	əH	20 0		Supposed	ives and Toxic Substance				
Approved Source	11.110			27 0	00		: approved and properly us				
11 Proof obtained from approved source	P/Pf/C										
Food obtained from approved source    12	Andrew Control		터(	23	$\infty$		es properly identified,	<b>®</b> /c ● ○			
13 C Food in good condition, safe, and unadulterated	P/Pf	_				stored & used		-			
Descripted as a selection as all the second	P/Pf	0	의				ith Approved Procedures				
14 O G Required records available: molluscan shellinsh identification, parasite destruction	P/Pf/C	0	$ \cdot $	29 🔘	W 85		th variance/specialized	P/Pf/C O O			
	00.00	TA	DD 4	OTIOE		process/ROP	criteria/HACCP Plan				
				CTICE							
Good Retail Practices are preventative measures to		200 000									
				r COS ar	nd/or R	COS=corrected	on-site during inspection	R=repeat violation			
OUT N/A N/O Safe Food and Water	V		R	OUT		Proper U	se of Utensils	V COS R			
30 Pasteurized eggs used where required	P					ensils: properly sto		c 0 0			
31 Water and ice from approved source	P/Pf/C	0					perly stored, dried, & handled	Pf/C O O			
32 O Variance obtained for specialized processing methods	Pf	0		45) 90 5	Single-use	e/single-service artic	les: properly stored & used	<b>PO</b> 00			
Food Temperature Control			1	46 0	Gloves us	sed properly		000			
Proper cooling methods used; adequate equipment for	Pf/C	0	$\neg \Box$	digitalia v			s and Equipment				
temperature control			2	17 00 F	ood and	non-food contact	surfaces cleanable,	P/P(C)00			
34 O Plant food properly cooked for hot holding	Pf		<u> </u>	~ F	properly o	designed, construc	ted, and used	P/P(C)			
35 O Approved thawing methods used	Pf/C	0	21	18 N	Varewas	hing facilities: inst	alled, maintained and used	Dric C			
36 C Thermometers provided and accurate	Pf/C	0		48 0	leaning a	agents, sanitizers,	and test strips available	Pf/C			
Food Identification				49/00 N	Non-food	contact surfaces	elean	000			
Food properly labeled; original container	Pf/C	)0		HELEN			sical Facilities				
Prevention of Food Contamination	0	No.		50 O F	Hot and o		e; adequate pressure	Pf 00			
38 Insects, rodents, and animals not present	Pf/C	0				installed; proper b		P/Pf/C O O			
39 Contamination prevented during food preparation, storage & display	P/Pf/C		ol i			and waste water pr		P/Pf/C O O			
40 Personal cleanliness		0				CONTRACTOR OF A CONTRACTOR OF	structed, supplied, & clean				
41 Wiping cloths: properly used and stored	C	0					lisposed; facilities maintained				
42 Washing fruits and vegetables	P/Pf/C						maintained, and clean	P/Pf/C O O			
× × × × × × × × × × × × × × × × × × ×	-						hting; designated areas us	ed C O O			
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable.			Natural ru	ibber latex gloves	not used per CGS §19a-36	f			
Borron in Charge (Signature) 6/02	001	22			ns docui		Date corrections du				
Person in Charge (Signature) Date 12/	27/	43			tem Viola			0			
Person in Charge (Printed) 84EN MADUCO						on Item Violations					
Person in Charge (Printed) OULEN MADIUM					n Violatio		3-29-2	5			
Inchester (Signature) 110 D = 171	201	17	-   <u>  F</u>	Kisk Fac	tor/Publi	c Health Interventi	on Violations				
Inspector (Signature) Date Date	471	ムン	) F	Repeat F	Kisk Fact	or/Public Health In	tervention Violations	0			
Inchester (Bringer) T. 10 Ramica Z						tices Violations		5			
Inspector (Printed) Jose Kamicez		- 2	[	Requires	s Reinsp	ection - check bo	x if you intend to reinspec	t			
Appeal: The owner or operator of a food establishment aggrieved by the	his orde	er to c	correc	ct any in	spection	violation identifie	ed by the food inspector o	r to hold, destroy,			
or dispose of unsafe food, may appeal such order to the	Directo	or of H	lealth	n, not la	ter than	forty-eight hours	after issuance of such ord	ler.			

Food	d Establis	hment Inspe	ction F	Report	Page 2 o	f 2
LHD Manchester		ction Report Continuation She			Date 12/29	123
Establishment Indigo Ind	lian Bistro	_ town_Manche≤	ter.			1
Item/Location/Process		MPERATURE OBSERV				
Rice in warmer		tem/Location/Process	Temp		ation/Process	Temp
		DOC RIF ambient	39F	Hand SI	nk by wok	95F
Cold preo table top SamoSas	40F I	Chicken	39F	121311 Ind	achine chlorine	100 9911
	40F	Milk	40 F	Sani fier	bucket	Tochbia
Cold Reptable bottom	401	Potatoes	39F	Front Cou	ntor	
nil K	fof	Butter	39 F		1. 1 1 1 -	72F
		+ counter Rice	TASE	3	hicken	150 F
	AIF T	Chick Peas	ILAF	Hand Sink	(Bathroom	100 F
	OBSERV	ATIONS AND CORREC	TIVE ACTIO	ONS		ices (
		ed within the time frames belo	w, or as stated	in sections 8-405.	11 & 8-406.11 of the f	ood code.
Number Matter CFF	11011311	E				
37c unlabeled co	intainers of	food thoughts	+			
28PFUNlabeled	Socal hot	He is chaine	105			
45C Reuse of pl	lastic Sing	le use contains	ecc than	in has it		
ATC Duct tape	050d 05	repair on front	Control	-		
		Sink unclea				
490 Walls throw	ahost unc	lean	11 7 100	5,00		
Note Discussed:	FDA Food	code				
Note Good glove u	se & hand	washing observe	ed			
Note test Strips	5 & therm	ometer available	2			
Note lentils in		SOF cooling.				
Note overall clear	1 & organia	led -				
		$ \Lambda$				
	(d) 1					. 1 -
Person in Charge (Signature)	20	7			Date /2/29	/23-
Inspector (Signature)		-			Date 12/2	1/23



### 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.

- 1.

Facility: Indigo Indian 13/5/10	
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	CPPM/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   Omiting/Diarrhea Written clean-up Policy   Mop Sink Required (Sec. 5-203.13) CORE -90 day   Temperature: Final Cook Temperatures
Resources:  2022 FDA Food Code: <a href="https://www.fda.gov/food/fda-food-co">https://www.fda.gov/food/fda-food-co</a>	de/food-code-2022
Town of Manchester Health Dept: https://www.manchesterce	
FDA Handbook: <a href="https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook</a> Environmental Health Inspector:	astryregulatory-assistance-training/retail-food- ook
Signature of Inspector:	Z
Print Name: 505e Ramii	5e2 Date: 12/29/23
Person In Charge:  Signature of Person In Charge:  Print Name:	Title: Ownth -
Print Name: SHETA MATHEND.	Date: <u>/2/20/202</u> 3

Foo	d Esta	blishmer	t Inspe	ction R	eport F	ageo	of
LHD Manchester		Inspection Report	Continuation She	et		11/30/	23
Establishment KODE 17810	an Bis	Town_	manc	hester	rei	nspecti	00
			JRE OBSERV				
Item/Location/Process	Temp 187F	Item/Locatio	n/Process	Temp	Item/Location/P	rocess	Temp
noodies 40th	10/1						
raw chicken	375						
shrimp	36F						
Chickien	34F						
MILLDININKON	30F						
raw enicken	741						
	OB	SERVATIONS A	ND CORREC	TIVE ACTION	NS		
Item Violations cited in this	report must be	corrected within the	time frames below	w, or as stated in	sections 8-405.11 & 8-	406.11 of the f	ood code.
Number # SEE PREVIOU	strispec	a con for v	wation	s record	ed -not col	rectical	this day
nozzies of h	and was	nsinks no	otclean				J
reuse of sin	ale use	containe	rs				
sneiving abo	We hren	table all	DA CANK)	line hat	- liaan		
interior of m					Crear)		
				wina /	handles ch	2) In Lace	0.10
- exterior of a	11 Eyu	OLLIGIT OF	ury coo	nillie (	manones, sia	(ILIKA)	CHO)
- Plot clean			U				
notest replaced 2	Shelves	in walk	in cooler				
Adamio cioth	son co	io Kline sto	red on p	rentah	le-must b	e Store	d
insanitizer	in be	tiveen u	• a a a a a a	TO TOO	<u> </u>	V V   V   V	
V-barehand co	ntaet	with rais	sins-di	iscardeo	bupic		
trents/ceilin	19 alor	a cookiir	142		91		
screen door	not ci	ran laap	in hac	ik door			
Leutting bog	rds +	hrovanou	it not	clean			
Interior of	coid p	rep Units	not cle	an th	rovahout		
V-dirty Knive	s on c	odkline	1 prep	area	J.		
Soap spray	DOTTI	es not v	roperu	1 lane	red		
Ino handwa	shing	observe	dby s	taff			
* Tperson in ch	argen	ot knowle	daple	in Food	sattly-m	ust him	re
CFPM Tconsvi	tant 1	-o retrair	1 Staff 1	n tood so	atety know	viedge	
* person in cha	arge to	voluntar	in clos	e this o	lay- rein	spection	on
required p	rior +	o re-oper	ling + c	onsulta	nt training	4 +0 pe	1
ischeduled wi	thin 2 i	neeks of	this day.	9.	15	)	
Person in Charge (Signature)	CMB	N VEB	) '	7	Date	11/30	/23
Inspector (Signature) 🛴 💹	may				Date	11/30/2	023

Risk Category: 3 Food Establ	ishn	nen	t In	spection	n Rep	ort	Page 1	of _4_	
Establishment type: Permanent Temporary Mobile Other				D	Date: ) 2	2/6/23			
Establishment KOBC ASIAN BISTTO		+series	Conne	Time Time	ime In_/	0.45 AMP	M Time Out	: 00 AM/PM	
Address 1155 TOILAND TOKE			D	H) L	HD M	nanch	ESTER		
Town/City Manchester	J			P	Purpose of Inspection: Routine Pre-op				
Permit Holder Shawn Chen	Co	of Pu	iblic He		Reinspect		U-UP		
FOODBORNE ILLNESS RISK FA Risk factors are important practices or procedures identified as the most prevalent control			_					ess or injuny	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it				compliance				/O=not observed	
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark ir	appr	opria	ate box for COS	S and/or R	COS=corrected o	n-site during inspection	R=repeat violation	
IN OUT N/A N/O Supervision	V	cos	R	IN OUT	N/A N/O	Protection f	rom Contamination	V COS R	
Person/Alternate Person in charge present,	Pf	0				ood separated and	d protected	P/C O O	
demonstrates knowledge and performs duties	T.I			(1) O (X)	National Science Street, or other Designation of the last of the l		es: cleaned & sanitized		
Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17 0 0	CONTRACTOR AND PARTY.		of returned, previously ed, and unsafe food	POO	
Employee Health							Control for Safety		
Management, food employee and conditional employee;	P/Pf	0				Proper cooking time		P/Pf/C O O	
knowledge, responsibilities and reporting							ocedures for hot holdin	V	
Proper use of restriction and exclusion	Р	0	0			Proper cooling time		800	
Written procedures for responding to vomiting and diarrheal events	Pf	0	0			Proper hot holding to Proper cold holding			
Good Hygienic Practices			-	200		Proper date marking	and disposition	P/Pf O O	
6 O Proper eating, tasting, drinking, or tobacco products us	e P/C	0				Time as a nublic he	alth control: procedures		
7 O No discharge from eyes, nose, and mouth	C	0	_	24 0 0		and records	aiai oona on procedure.	P/Pf/C O	
Preventing Contamination by Hands							r Advisory		
8 O O Hands clean and properly washed	P/Pf	0	0	25 🔾 🔾	0	Consumer advisory prov	vided: raw/undercooked foo	d Pf OO	
9 O O No bare hand contact with RTE food or a	P/Pf/C	0	0				tible Population		
pre-approved alternative procedure properly followed	907200 30000	-	1	26 0 0			prohibited foods not offered		
10 O Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0	Tank Tank			and Toxic Substances		
Approved Source  11 O Food obtained from approved source	DIDUO			27 0 0	The state of the s		roved and properly use	d POO	
11 C Food obtained from approved source 12 C Food received at proper temperature	P/Pf/C	0		28 0 0		Foxic substances postored & used	roperly identified,	P/Pf/C O	
13 O Food in good condition, safe, and unadulterated		0	-	-			pproved Procedures		
14 O Required records available: molluscan shellfish				(C) X	1	Compliance with va		A	
identification, parasite destruction	P/Pf/C	0		(29) 🛇		process/ROP criteri	a/HACCP Plan	PPf/C O O	
				RACTICES					
Good Retail Practices are preventative measures to									
	n appro			for COS and/o	orR	COS=corrected on-si		R=repeat violation	
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	P	cos	10000	OUT In III	ico utoncil	Proper Use of s: properly stored	Utensils	V COS R	
31 Water and ice from approved source	P/Pf/C	_	0				stored, dried, & handled	P(C)00	
32 O Variance obtained for specialized processing methods	Pf	0	0				roperly stored & used	P(C)OO	
Food Temperature Control				46 Glov	ves used	properly		800	
Proper cooling methods used; adequate equipment for	Pf/C	0	0				d Equipment		
lemperature control		-	TO LICE	1/4/10X)		n-food contact surfa		P/P(C) 0	
34 O Plant food properly cooked for hot holding	Pf	_				gned, constructed, a			
35 O Approved thawing methods used 36 Thermometers provided and accurate		00		148 (			maintained and used; test strips available	Pf/C O O	
Food Identification	1110	10				tact surfaces clean		(0)00	
37 Food properly labeled; original container	Pf/C	0	0	9 70	1 1000 0011		Facilities	0,00	
Prevention of Food Contamination		_		50 O Hot	and cold	water available; ade		Pf OO	
38 O Insects, rodents, and animals not present	Pf/C	0	0	51 O Plun	mbing inst	alled; proper backfl	low devices	P/Pf/C O O	
39 Contamination prevented during food preparation, storage & display	P/Pf/C	-	-	Sew	vage and v	waste water properl	y disposed	P/P(C)	
40 Personal cleanliness		0	_	53 Toile	et facilities	s: properly construc	ted, supplied, & clean	PICOO	
41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables	P/Pf/C	0				etuse properly dispos ties installed, maint	sed; facilities maintained	000	
							; designated areas use	P/Pf/C O O	
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is av	ailable	·	O Natu	ural rubbe	r latex gloves not u	sed per CGS §19a-36f		
Person in Charge (Signature) Date	16.	12-3		Priority Item			Date corrections due	# 6	
Person in Charge (Printed)				Priority Four Core Item V		em Violations	3/6/23	2.8	
Inspector (Signature) Januar Culfra Date   2   6	112	ř	$\neg$	Risk Factor/	/Public He	ealth Intervention Vi	olations	-	
2/1					l Practices	s Violations		1	
Inspector (Printed) VOISE (COLINE Appeal: The owner or operator of a food establishment aggrieved by the coline and the coline	his ord	er to	corr	ect any inche	ection vio	on - cneck box if y	ou intend to reinspect	to hold doctrou	
or dispose of unsafe food, may appeal such order to the	Direct	or of	Hea	ith, not later	than forty	y-eight hours after	issuance of such orde	er.	

	u Estat	<u>olishment Inspec</u>	Juon	Report Page of 3	_
LHD Manchester		Inspection Report Continuation Shee	t	Date 12 6 2	3_
Establishment Kobe As	ian Bist	trown Manch	rester	12/1/23 TO 110W-UP	
		TEMPERATURE OBSERV	ATIONS		
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process Ten	пр
Shrima 435-XI	Discard	Mushron Soup Kehest	2125	Quat@ 3Bay 300-400	nor
Noodles	418			aum, o song so	
Butter	410				
Bean Sprouts	36F			1	80
Chicken	37F			\$00 1015	0.7
Cricicos.	3/2	h-		See 12/15/	
		A STATE OF THE STA		Follow-U	P
	000	AFRICATIONS AND CORRECT			
Violetiene eited in this		SERVATIONS AND CORRECT	Committee of the Commit		
item	report must be o	corrected within the time frames below	, or as stated	in sections 8-405.11 & 8-406.11 of the food code	le.
Number		9			
(ILP Unlean gla	sses/d	n'n K containers	atbas	<u>^</u>	
Puppy 2	The con	de Norman	2 N	-nnsed-sanituged litems to be wash	اده
otag	of day	yo william coo	, ~	Than's -10 Me waste	eel
areno	Jan				
Hackle Jane		Co - 11-1-	100-	i - 1	( _)
No. Carlines	usale	in trum Hoods	reanin	ig-the previous nights walls unclean	N
			ainles	s walls inclear.	
mon o	1	*	* 1	,	
		vers unclean-			
		aunerst covers un	dian		
	U.	on preptable		. 1	
Now Continue to	Clean	wire shelving or	n (00	Kline/Kitchen	
Note Request dis	card cu	Hing boardson B	ain M	arie (new on order) u	مد
Small c	yan cu	utting boards unti	I new	Comin	
DI - Sauce both	tes not	labelled			
44c Pansonfie	or und	le over/fry bo	SKet	in prepsink	
49c Prep SINK	w/soa	p+ scrubbers -	Note	approved at Prep Sin	K
		re from yesterdar		scard	
(450 #10 can use	d on co	okline forwater	- disa	and Use non well hand	e
490 Pots + Pan	suscl	ean on cookline		, , , , ,	
47PF Salamand	er intc	nor with heav	y one	ase build-un	
470 Remove tag	e on Br	in Manie Cover -	repain	I needed	
Person in Charge (Signature)	_			Date 126/-3	
Inspector (Signature)	nisé Pa	auni		Date 12/4/23	

Foo	d Estal	blishment Inspe	ection Re	eport Page 2	_of_3_		
LHD Marchesk Inspection Report Continuation Sheet Date 12 16 3							
Establishment KobeAsian Bistro Town Marchesto							
d		TEMPERATURE OBSER	RVATIONS				
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp		
	OBS	SERVATIONS AND CORRE	CTIVE ACTION	IS			
Item Violations cited in this		corrected within the time frames be			e food code.		
Number							
(4785) Unchan co	ntaine	r of salt - dis	card				
470 Container	Sailer	rebottles uncle	an Ext	- mcl. cam			
Hac Ext Di	oct .	coldpreps/bain	marie on	was swince			
		re unciean ag					
330		introors-clea		tright - too	<u> </u>		
must be s	squeez	udto drain or	mopped	Ldby.			
530 Kestroom de	por not	self closing - A	my pur	chased notinst	alled		
530 Restroom st	borage -	No approveds	torage he	re unless wilet	Dags_		
Note Remove Sac	ellon b	ucket in Elect	nicel man	-Norforfoodstora	ue!		
	98.7 530	brage - unclear			Ď		
Note Sanitagery		/	mad.				
470 Rice table	+1001	1 station stai	aless luce	1100	Disa		
228 5	· · · · ·	10 00 m timp.	from 12/5/22)	LIC No. 7	Discarde		
329 Sushi sauc	e with	i lemonde refina	vale Lo	ubel for MAX 70	ay		
21P Rice from yo	studa	y in pots — dis	rarded	Rice pots us	clea		
470 Residential	utensi	Chipped in wa	m Water	-discorder			
49c Wallin Fr	elegs -	floors under	EX+ 84	xep unclean			
		cterior therm @ "		INCON 38F			
Shelledea	GS OVE			1110-10			
31c Wic - conta	A		alles com	tainers not labelle	ed.		
			\ I		-0		
Note Lettuce in	A DA	as not Clearable	$\frac{1}{2}$ - $\frac{1}{2}$	- Mar 2 1 1	-6-1		
470 Eacs in Co	ofoice ~	> ok to wash T	in water	, spin, luly digt	(601		
30	Junes	with wet pape	Tower		1/2		
Person in Charge (Signature)		,		Date 12	6/25		
Inspector (Signature)	tenise	- Yayne		Date 12 6	1 23		

	F00	u Esta	blishment inspe	ection R	eport Page	of		
LHD_M	D_Marchester   Inspection Report Continuation Sheet   Date 12623							
Establish	Establishment Kobe Asian Bistro Town Marchester							
			TEMPERATURE OBSER	VATIONS				
Item	/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp		
			SERVATIONS AND CORREC					
Item	Violations cited in this		corrected within the time frames below			e food code.		
Number								
450	Signal III	Snoon	in product -r	nto mon	pp d			
27-	F . A							
210			tems without lo					
Ner	Dushed on (	lean ro	eck with stander	g Wate	in them			
			ing-dishes rea			2		
	^ /\		n dishes on Cre	9	//			
Mate -					. `	7		
1010	Dry Storag	e-re	pairs to follow	as de	ired in Dec 1,23	report		
NOTE	Coats in D	ystura	ge - discussed	lockers	to hanging in	area		
	by mo	o buch	lets					
31c	Dry Straw	4	ainers require !	-1-18				
LIOI C.	- 1 0	. 4						
710	Jushi ous	day o		-greas	y			
XIC	sushi rice (	<u>ම 43</u> .	F No documen	taction i	of datemarkers			
<i></i>	Restau	rant.	to Keep Sushi r	ice abo	VP 135F	2		
299	Setali -	to alon	BSERICIA	late on	and out to con	1		
<b>N</b>	0.00	10 State	e 1355 Rice on p sushirals. Do	wer Spi	eacour 10 co	100		
	us ma	uring :	susmirais. Do	not lea	ve ou arrown	Temp		
		of or h	Sopher workers in probuckets with	cesso	olling sushi . re	ils		
Noti	Sushi line	usina	1 Obuckets with	plastic	wrap as chair	- 25		
			· Olay to purch					
	7.0.	1	Vision I IS	1000 50	1			
47.	Can	be wi	ashed-rused +=	antrye	入,			
710	galeyy ove	1 inter	ior unclean.					
_/_				, ((	× 14. 14	+ 10:0		
D'	"Consultar	tmust	review and train	statt	using Health L	DI WAS		
	OCT, NO	V, Dec	2023 Inspecti	ions.	ranslater must	beusic		
	, ,	/						
Person in	Charge (Signature)			50.00	Date /2/5	/23		
Inspector	(Signature)	nise M	auhe_		Data 17	6/23		
					Date / 2			

	8
Page	of
i age	01



# Manchester Health Department

# 479 Main Street Manchester, CT 06040

Establishment:	Date of Inspection:
Kobe Timeline	Nov/DCC 2023
)	bec,15,23
Gasket by March 1,2	13 onsite
11-20 h. Dan 8 13	12151分かれる15
Cutting boards ordered	Dec 4,23- Mare to 7011000
Shelving NSF Commerce	Fal
WIC-7 >To	bereplaced I per week.
Shelving NSF Commerce WIC-7 > To	,
Ceiling Tiles - Deep cles	aned by Feb 1,24
Back Hibachi dy stora	ge organized by March 1,24
	¥
CFPM Certificates to be	eavailable by Jan 1,24
Dry Storage "Walls" to be	addressed by March 1,24
Consultant scheduled for	Required
	Required
	LI DP/LG spoketo consultant
Barewood-seal w/Polly	12/11/23 Consultant unsite to
Barewood - seal w/ Pally ong. spoke to sear bu	y next Evaluate prior to "plan"
ins	5p.
Moneyo.	
Sushi Rice T/Temp	Date Marking
Advisory/Allergens.	
Initial (Inspector)	nitial (Person in Charge)

Risk Category: 3 Food Estab	lishn	nen	f Ir	nspeci	tio	n Re	port	Page 1	of .3
Establishment type: Permanent Temporary Mobile Other				юрос		ate:	12/1/202		
Establishment KODE ASIAN BISTRO		agion's	Canne	cticus Hosp		ime In	1 A	PM Time Out	2 AM/PM
Address 1155 TOLLAND TOKE							yanch es		AWIEW
						-	e of Inspection:	1927/4 2021 2020	e-op
Town/city Manchester	C	ennectic	cut Dep	partment	+				с-ор
Permit Holder S hawn Chen I Ken Chen FOODBORNE ILLNESS RISK F	ACTO	of Pu	A NII	n DIIRI		einspe		Other	
Risk factors are important practices or procedures identified as the most prevalent cont		_						The state of the s	ess or injury.
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			1	compliance	_		not in compliance	N/A=not applicable N/	O=not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type								on-site during inspection	R=repeat violation
IN OUT N/A N/O Supervision  Person/Alternate Person in charge present,	V	cos	R	IN O	OUT	N/A N/O	o Protection	from Contamination	V COS R
demonstrates knowledge and performs duties	Pf	0	0		SX.	0	Food separated a	no protecteo aces: cleaned & sanitized	FPC O
Certified Food Protection Manager for Classes 2,	С	0	0	1	0	THE REAL PROPERTY.		of returned, previously	POO
3, & 4		Ľ,	Ц		_			ned, and unsafe food	
Employee Health  Management, food employee and conditional employee;		Т -		18	0			ne and temperatures	P/Pf/C O O
knowledge, responsibilities and reporting	P/Pf	0	0		0	00	Proper cooking til	procedures for hot holding	POO
4 Proper use of restriction and exclusion	Р	0	0		0	00	Proper cooling tim	ne and temperatures	P 0 0
Written procedures for responding to vomiting and	Pf	0	0	-	0	00	Proper hot holding	g temperatures	POO
diarrheal events  Good Hygienic Practices					8	00	Proper cold holdin	ng temperatures	P 0 0
6 O Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0					nealth control: procedures	P/Pf O O
7 O No discharge from eyes, nose, and mouth	С	0		24 0	0	(S)	and records	icalii control. procedures	P/Pf/C O
Preventing Contamination by Hands				/	/		Consum	ner Advisory	
8 O Hands clean and properly washed No bare hand contact with RTE food or a	P/Pf	0	0	25	0	0		rovided: raw/undercooked food	Pf OO
pre-approved alternative procedure properly followed	P/Pf/C	0		26		8		ptible Population ed; prohibited foods not offered	Ing old
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0	20 0	<u> </u>	Buch		s and Toxic Substances	P/C   O   O
Approved Source	1	1-		27 0	0	0		oproved and properly used	
11 🗸 O Pood obtained from approved source	P/Pf/C	0	0	28	0			properly identified,	
Food in good condition, safe, and unadulterated	P/Pf	0	0	20	$\cup$		stored & used	**************************************	P/Pf/C O O
Food in good condition, safe, and unadulterated Required records available: molluscan shellfish	PPf	98	0	- T T				Approved Procedures	
14 Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0		29	0	8	process/ROP crite	rariance/specialized	P/Pf/C O O
GO				ACTICE				Calgarine En l'Anne	- VETTO - VET
Good Retail Practices are preventative measures to									
				for COS ar	nd/o	R		site during inspection	R=repeat violation
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	P	cos		OUT	In	o uton	Proper Use sils: properly stored		V COS R
31 Water and ice from approved source	P/Pf/C		0					ly stored, dried, & handled	C O O
32 O Variance obtained for specialized processing methods	Pf	-	0	45 🔾 5	Singl	e-use/si	ingle-service articles:	properly stored & used	P/C 0 0
Food Temperature Control		, , ,					d properly		c 00
Proper cooling methods used; adequate equipment for temperature control	Pf/C	0		- T- T-	-		Utensils a	nd Equipment	
34 O Plant food properly cooked for hot holding	Pf						on-food contact sur signed, constructed		P/Pf/C O O
35 O O Approved thawing methods used		0		l V				d, maintained and used;	
36 Thermometers provided and accurate		0						d test strips available	Pf/C O O
Food Identification	^			(49) X N	Non-	food co	ontact surfaces clea	ın	(c) 00
Food properly labeled; original container   Prevention of Food Contamination	PC	0	0	50 01				al Facilities	
38 ( Insects, rodents, and animals not present	PC	0					d water available; a stalled; proper back		Pf O O
39 Contamination prevented during food preparation, storage & display	P/Pf/C						d waste water prope		P/Pf/C O O
40 Personal cleanliness	Pf/C	0		(3) X	Toile	t faciliti	ies: properly constr	ucted, supplied, & clean	PfC 00
41 Wiping cloths: properly used and stored	С	0		54 0	Garb	age and	d refuse properly disp	osed; facilities maintained	200
42 Washing fruits and vegetables	P/Pf/C						cilities installed, mai		P/Pf(C) O
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable		00 O A	Natu	ral nubb	enulation and lighting	ng; designated areas used used per CGS §19a-36f	100
	-	200	7	Violation				Date corrections due	#
Person in Charge (Signature) Bank b Date ),	0/,	2	2	Priority It				corrected V	2
Person in Charge (Printed)							Item Violations	12/11/23	4
1 1/2 ma N/1/	00		$\dashv$	Core Iter			s Health Intervention	Violations	14
Inspector (Signature) 1. 94/1/W/ Date 2	120	13		Repeat F	Risk	Factor	/Public Health Inter		
Inspector (Printed) AMTEN AYANAV				Good Re	etail	Practic	es Violations		14
Appeal: The owner or operator of a food establishment aggrieved by the	nie o-d-	or to		requires	s Re	einspe	cuon - check box il	you intend to reinspect	4
or dispose of unsafe food, may appeal such order to the	Directo	or of	Heal	th not la	ispe	han for	riv-eight hours after	by the tood inspector or t	o noid, destroy,

Food Establishment Inspection Report Page 2 of 3

LHD Manchester	O ECIAL	Inspection Report Continuation Shee	et	Date_ 12/1	12023				
Establishment KODE AS	Establishment KODE ASIAN BISTTO Town Manchester								
		TEMPERATURE OBSERV		Mary II agation / Dragge	Tomp				
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp				
WIF	395								
notwater	ILDE								
101 100100	40'								
•									
		SERVATIONS AND CORREC							
item	is report must be	corrected within the time frames below	w, or as stated i	n sections 8-405.11 & 8-406.11 of ti					
Number					7 n000 to b				
notex commercial	ETL-S n	nicrowave purcha	red		Cleaned b				
19c Shelving ak	ove pre	n table not clean	t v		perfire				
13p Terivaki sa	UCP PF	Fout - closed vester	day-di	scarded (cos)					
note* hand to be	TEANER	Manday I Tiresda	V- Merl						
16pF-Cutting bag	rde by	MAIL MARIE 121-1	he to b	ne ardered hills	10173				
man contract mi	Mar x	vaint March Da and	110100	& Laucandil amancha	-10/62.				
-special or	an, 10	cerpt iviust be ein	larlea t	o coraray comunicae	sterct-gov				
19c -gaskets to b	e replac	<u> 201 - WIII GIVE 9000</u>	cys to I	eplace all gasket	13 OF				
all retrige	ration	units-email inv	oices as	purchased is	11/23)				
ibpf-discussed n	estingo	F Hood in pain Ma	ries-no	stacking					
53c TSELF CLOSING	a doorr	equired - purchas	ed-to	be installed					
37 OF - White arar	ALLIAY CA	ntainers labeled I	n Chines	e-natenalish	1				
notex screeng-ga	in Fived:	· · · · · · · · · · · · · · · · · · ·	0111703	0 170 . 0179 . 101					
400 -Shelving hi	1010 3 C	Jaar underchunter	· nA+ /i	ANIO					
100 - 55 21 51 200	10 de 3 (	door undercounter	1101 (1	CUT I					
49C ISHELVING C	muter pr	eptable by prej	sinh	not coun					
		liscarded on site							
15c tgrovery bag	s used t	ostore food in w	IF-disc	carded (cos)					
notex - continue to	replac	e shelving in wi	$\mathbb{C}$						
160F MUShroom SO	up stac	ked with Food in it	-nesti	na					
49C -glassracks									
notex spelving in	VALARE IAM	snto be replaced:	2 nt n +11	MP-2 INDOKE					
550 FRD romin	red in a	ry storage -wall	Chinn	nd Inealing					
AGC Shallahain	COVIDE C	tation not clean	CITIPAL	ry/peciling					
	) KIV(I O	141 101 (101 (101)		27	0/ 1-2				
Person in Charge (Signature)	1.0.001.10	Jun fu	~	Date /2,					
Inspector (Signature)	TIMOUS			Date [2])	12023				



INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEET

# STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

CONTINUA	TION SHEET								
	STABLISHMENT	TOWN		DATE OF INSPECTION					
INSPECTION	sian Bistro	manchester		12/1/2023					
FORM #	FORM# REMARKS								
55C	55c dry storage area at old hibachi station cluttered >90 days to remove all unused equipment from this day								
	1>90 days to remove	e all unused equipm	nent from	n this day					
38c	gap at back door-			1					
49c	interior of keg co		ot clean						
NOH+X	date juice not to	oe done perown	1er						
55c	ceiling tiles unc	Itan - cookline to	o be done	e within month of					
	today; remainder	lall ceiling tiles t	o cleaned	l Feb 1.8+ 2024					
notex	cover for baffle	cleaner required							
52 C	severe ice build	Up in Freezer	-walki	nfreezer					
notex	notex Fire Marshal told clean hood baffles daily by owners /staff								
*	owner is working	on certified Foo	od protect	ion manager					
	certificates - Find	ing classes availa	bie in cr	ninese - Must email					
				me. Must be signed					
	uptora class 12			J					
	1								
*	owner to reach out	to consultant to	comeir	nto restaurant					
	to retrain staff!	observe practices	by staf	F. owner to set or					
	Schedule appt wi	ith consultant	by 12/4	123.					
	1 [			,					
	onay to re-open	this day per H.	ealth p	epartment					
	Health Dept to F	wes		1					
	4 unannounced		1						
INITIAL (IN	SPECTOR) L. 47 M OU	12/1/23 INITIA	AL (PERSON IN C	CHARGE) Landon					
	Distribution: 18	t - White - Health Department	2nd - Yellow -	Owner/Manager					

Risk Category: 3 Food Establ	lishn	nent	Insp	ecti	ion Rep	port	Page 1 c	of <u>3</u>
Establishment type Permanent Temporary Mobile Other					Date:	12/15/2	3	
Establishment KObe ASIAN BISTO		ASSESSION CO.	gamecticuz Ho	Miles	Time In_	10:30 AM	VPM Time Out	AM/PM
Address 1155 TOLLAND TURNDINE		DF	H		LHD (	nanchi	'ster	
TOWN/City Manchester					Purpose	of Inspection:	Routine Pre	e-op
Permit Holder WED Chen		of Publi	Departme		Reinspec		Other	
FOODBORNE ILLNESS RISK FA								
Risk factors are important practices or procedures identified as the most prevalent cont			7	200				
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	200000000		in com	10-20-20-20-20-20-20-20-20-20-20-20-20-20	St. Control of the second	ot in compliance		O=not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type	_	_		T T		T		R=repeat violation
IN OUT N/A N/O Supervision	V	cos	7.00		OUT N/A N/O		from Contamination	V COS R
Person/Alternate Person in charge present,	Pf	00	15			Food separated a	nd protected	P/C 0 0
demonstrates knowledge and performs duties  Certified Food Protection Manager for Classes 2,	-			100	<b>X</b> O		faces: cleaned & sanitized	(FIPFICOO
3, & 4	С	0	) 17	00		the contract of the contract o	n of returned, previously oned, and unsafe food	POO
Employee Health							re Control for Safety	
Management, food employee and conditional employee;	P/Pf	00		0	200	Proper cooking tir	me and temperatures	P/Pf/C O O
knowledge, responsibilities and reporting  Proper use of restriction and exclusion		0	19	9		Proper reheating	procedures for hot holding	
Written procedures for responding to vomiting and	P	00					ne and temperatures	P 0 0
diarrheal events	Pf	0	)   <del>2</del> 1			Proper hot holding Proper cold holding	a temperatures	P O O
Good Hygienic Practices	-						ing and disposition	P/Pf O O
6 O Proper eating, tasting, drinking, or tobacco products us	e P/C	00	$\neg \Box$				health control: procedures	Contractor Contractor
7 O No discharge from eyes, nose, and mouth	С	0		0	0	and records	iodiai odilaoli procoddico	P/Pf/C O
/ Preventing Contamination by Hands	The sale						ner Advisory	
8 Ø O Hands clean and properly washed	P/Pf	0	25	0		Consumer advisory p	rovided: raw/undercooked food	Pf 00
9 No bare hand contact with RTE food or a	P/Pf/C	0			/	Highly Susce	ptible Population	
pre-approved alternative procedure properly followed		1 127	20	0			ed; prohibited foods not offered	
Adequate handwashing sinks, properly supplied/accessible	Pf/C	0		-	For	od/Color Additive	s and Toxic Substances	
Approved Source  11	T	T T =		00			pproved and properly used	I POO
11 Cook Food obtained from approved source 12 Cook Food received at proper temperature	P/Pf/C			0	00		properly identified,	P/Pf/C O
13 O Food received at proper temperature		00	긔			stored & used	Assessed December	
					- A		Approved Procedures variance/specialized	
14 C Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0	>  29	0		process/ROP crite		P/Pf/C O
GO	OD RE	TAIL	PRAC	TICES	S			
Good Retail Practices are preventative measures to	o contro	I the ad	dition of	f patho	gens, chemi	icals, and physical o	bjects into foods.	
	n approp	priate b	ox for C	OS an	d/or R	COS=corrected on	-site during inspection	R=repeat violation
OUT N/A N/O Safe Food and Water	V	cos		TUO		Proper Use		V COS R
30 Pasteurized eggs used where required	Р	00	2 43	Olr	ı-use utensi	ils: properly stored		000
31 Water and ice from approved source 32 Variance obtained for specialized processing methods	P/Pf/C			98 U	tensils/equip	ment/linens: proper	ly stored, dried, & handled	(Pricoo
32 Variance obtained for specialized processing methods  Food Temperature Control	Pf	00					properly stored & used	P(c)00
Proper cooling methods used: edequate equipment for		Т	46		Sloves used			1000
temperature control	Pf/C	00		LAF	ood and no	on-food contact sur	nd Equipment	
34 O O Plant food properly cooked for hot holding	Pf	00	5 47			igned, constructed		P(Pffc)
35 O O Approved thawing methods used		00	5				ed, maintained and used:	
36 C Thermometers provided and accurate		00					d test strips available	Pf/C O O
Food Identification			49	Ø N	on-food co	ntact surfaces clea	an	(0)00
Food properly labeled; original container	PPC	0		,		Physic	al Facilities	
Prevention of Food Contamination			50	OH	ot and cold	water available; a	dequate pressure	Pf OO
38 O Insects, rodents, and animals not present		00	≥ 51			stalled; proper bac		P/Pf/C O
39 Contamination prevented during food preparation, storage & display 40 Personal cleanliness	P/Pf/C					waste water prope		P/Pf/C O
41 Wiping cloths: properly used and stored		00					ucted, supplied, & clean	Pf/C O O
42 Washing fruits and vegetables	P/Pf/C	00					osed; facilities maintained	500
		_		90 1	nysical taci	ittes installed, ma	intained, and clean ng; designated areas used	P/Pf(C) O
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable.	30		atural rubbi	er latex gloves not	used per CGS §19a-36f	000
Person in Charge (Signature)	15	23	-	lation	s documer	nted	Date corrections due	#
Person in Charge (Signature) Date	. /		_	_	em Violation		3 days 12/18/23	3 4
Person in Charge (Printed) CILD HIFO					oundation It Violations		0 day 12/25/2	7 7
Inspector (Signature) J DI MAN IN	12	3	Ris	k Fact	or/Public H	ealth Intervention	Violations	
Inspector (Signature) Date Date	2/0					Public Health Inter	vention Violations	
Inspector (Printed) UWI WI & MAN I						es Violations	fuou intend to referent	1
Appeal: The owner or operator of a food establishment aggrieved by the	nis orde	er to co	orrect o	ny in	enaction vi	olation identified	f you intend to reinspect	a hald district
or dispose of unsafe food, may appeal such order to the	Directo	or of H	ealth r	not late	er than for	by-eight hours after	or issuance of such order	r noid, destroy,

1st - White: Health Department

Food Establishment Inspection Report LHD MANCHORSE Inspection Report Continuation Sheet Date Establishment KONE ASIGN \_ Town Manchester Bistro TEMPERATURE OBSERVATIONS Item/Location/Process Temp Item/Location/Process Temp Item/Location/Process Temp COOKLINE 38F BPRF - aF WIF 38F 39 F shrimo WILL cooked ( 39F chicken 201F BRRE saimor 39 F 43 door **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 160 450 3 to be replaced - discarded lbn oncookline plashquard th p 40 waitress stattion

Date |

Person in Charge (Signature)

Inspector (Signature)

	V 889	u Esta	Inspection Report Continuation		10 /	= 122		
	Date_17_11_5[							
Establishr	ment kobe As	5100 DIS		cheste				
Item	/Location/Process	Temp	TEMPERATURE OBSE  Item/Location/Process	Temp	Item/Location/Process	Temp		
`	\			, sinp		Tomp		
	<u> </u>							
					2-24-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-			
	Violations sited in this		SERVATIONS AND CORR					
Item Number	violations cited in this	s report must be	corrected within the time frames	pelow, or as stated in	n sections 8-405.11 & 8-406.11 of the	- 1		
				0.0.		nating		
4/PF					nove plastic over			
470	sealinglipai	Intrna	bare wood at	oar area	-discussed poly	urthane		
nater	in and societa	2	5/2023 - good t		1			
<del>110 1 ×1</del>	MIAIN NO CANIT		VI		₹4	+11:00		
Name of the last o					AIF, owner to	1011		
	down wic	aown 2	2 degrees - '37	0.5				
490	Kitchen a	ccess	doors/window	os und	ian			
490			re cookline					
$\sim$ $\wedge$			board replace					
16P.	ach you we to	211	Jour a repluc	THE SUSP	a ma book as			
IUT.		. V .			e emptied/cl	eared		
	at the	endo	eachday >	ready.	for rise next d	ay		
	Includ	ing So	enitinerbild	Let . En	oty each day	_1		
, -	Discussed	(	0		1			
$\sim$	Sughi Rici	e -time	marking lagg	reement-	to follow	<u> </u>		
1	Just 11 Per	<u> </u>	311/0-12/18/19/19	))	,			
	>	Much	Improved					
		1	\					
~ )			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>			
( )	Dry Storag	froom	s much bette	conti	nueto organis	e		
		•				0		
Porcen in	Charge (Signature)				12/	15/53		
	Charge (Signature)	70000110			Date	1		
nspector	(Signature) 🖔 ε 🚫 🦠	widy			Date 12/1	5/23		

Risk Category: 2	Food Estab	lishr	nent l	nspec	ction	Repor	t	<b>1</b> 0	Page 1	1 of <u>2</u>	_	
	Establishment type: Permanent Temporary Mobile Other					te: 12	14/2	3				
Establishment Sham 8 sham 2 (krispy krunchy) Address 270 W. Middle Take			Time In 11-15 AM)PM Time Out				Time Out_ i	2:30	AM	/PM		
Address 270 W	. Middle Toke chicken)		DP	H)	LH	D Mai	nches	ter				
Town/City Mana	chester	j			Pu	rpose of l	nspection	: Æ	outine F	re-op		
Permit Holder KAZ	i Rahman		onnecticut D of Public	Health		inspection		Other				
	FOODBORNE ILLNESS RISK F	ACTO	DRS AN	ID PUB	BLIC F	HEALTH	INTERV	ENTION	IS			TAY:
	rtant practices or procedures identified as the most prevalent con		actors of foo	odborne illne	ess or inju	ury. Interventi	ons are contro	ol measures	to prevent foodborne ii	lness or inju	ry.	
	pliance status (IN, OUT, N/A, N/O) for each numbered in	S-E-C-1947		compliar		OUT=not in	compliance	N/A=	not applicable	N/O=not o	bserv	eď
	rity foundation item C=Core item V=violation type	Mark in	n appropri	ate box fo	or COS	and/or R	COS=correc	cted on-site	during inspection	R=repe	at vio	lation
IN OUT N/A N/O	Supervision	V	COS R	IN		N/A N/O			Contamination	V	cos	S R
1 6 0 Pers	on/Alternate Person in charge present,	Pf	00	199		O F00						
	onstrates knowledge and performs duties ified Food Protection Manager for Classes 2,			16 💇	900	The Park Name of Street, or other Desires.			leaned & sanitize	d P/Pf/	CO	0
2 0 0 Certi		(6)	00	17 🕏	0				umed, previously nd unsafe food		PO	0
	Employee Health				1				trol for Safety		1	in the same of
3 Mana	agement, food employee and conditional employee;	7	TIT	18	000	Pror	ner cooking	time and	temperatures	D/Df/	co	10
know	vledge, responsibilities and reporting	P/Pi	100	19 🔾	00	Prop	per reheatir	na procedi	ures for hot holding		PO	
	er use of restriction and exclusion	Р	00		00	D Prop	per cooling	time and	temperatures		PO	
5 Ø O Writt	en procedures for responding to vomiting and	Pf	00	21 🦪	00	O Prop	per hot hold	ding tempe	eratures		PO	
diarri	heal events	E1	00	22 🐼	0	O Prop	per cold ho	Iding temp	peratures		PO	
	Good Hygienic Practices			23 🔾	00	O Prop	per date ma	arking and	disposition	P/P		0
6 0/0 Prop	er eating, tasting, drinking, or tobacco products us	se P/C	00	24 0					control: procedure	e l		
7 🗘 🔾 No d	ischarge from eyes, nose, and mouth	С	00	1 24 0			records			P/Pf/C		0
	Preventing Contamination by Hands					/	Cons	umer Adv	risorv			+
8 O O Hand	ds clean and properly washed	P/Pf	00	25 🔾	0	Cons	umer advisor	ry provided:	raw/undercooked for	od Pf	TO	0
9 0 0 0 No b	are hand contact with RTE food or a	P/Pf/C				/	Highly Sus	ceptible	Population			1
pre-a	approved alternative procedure properly followed	2		26 🔾	00	Paste	eurized foods	used; prohi	bited foods not offere	d P/C		
	uate handwashing sinks, properly supplied/accessible	Pf/C	\$ O		11114	Food/C	olor Additi	ives and	Toxic Substance	\$	-10	
	Approved Source			27 0	00				d and properly use		PO	10
11 🗷 🔾 Food	obtained from approved source	P/Pf/C	00	00 0		Tovi			ly identified.			
12 0/0 0 <b>5</b> Food	received at proper temperature		00	28	0		ed & used	ос рісро.	.y idonanou,	P/Pf/	CO	0
13 🐠 🔾 Food	in good condition, safe, and unadulterated	P/Pf	00					ith Appro	ved Procedures		-	-
14 0 0 0 Requ	uired records available: molluscan shellfish	P/Pf/C	00	29 🔾	0	Com	pliance wit	th variance	e/specialized	20.0000		T
ident	ification, parasite destruction					proc	ess/ROP c	riteria/HA	CCP Plan	P/Pf/	CO	0
	GO	OD RE	TAIL PI	RACTIC	ES							
Made OUT 15	Good Retail Practices are preventative measures t	o contro	I the addi	tion of pat	hogens,							
Mark OUT if numbered it				for COS	and/or F	R COS	=corrected	on-site dur	ing inspection	R=repea	at viol	ation
OUT N/A N/O	Safe Food and Water	٧	COS R	OUT			Proper Us		sils	V	cos	R
	ed eggs used where required	P	00	43 🔾	In-use	utensils: p	roperly stor	red		С	0	0
	lice from approved source	P/Pf/C		44 (	Utensil	ls/equipment	/linens: prop	perly stored	d, dried, & handled	Pf/C	0	0
variance c	obtained for specialized processing methods	Pf	00	43 90	Single-	use/single-s	ervice article	es: properly	y stored & used			
Droper ees	Food Temperature Control	3		46 🔾	Gloves	s used prop					0	
temperatur	oling methods used; adequate equipment for	Pf/C	00				Utensils	and Equ	ipment			
34 O O Plant food	properly cooked for hot holding			47 🔾		and non-foo				P/Pf/C		
35 O Approved	properly cooked for not notding	Pf	00	1 22		rly designed						0
35 O O Approved Thermome	triawing methods used eters provided and accurate	Pf/C	00	48	Warew	vashing fac	ilities: insta	illed, main	tained and used;	Pf/C	0	0
Themone	Food Identification	Pfic	00		cleanir	ng agents,	sanitizers, a	and test st	trips available	FIIC		
37 So Food properly labe	eled: original container	D(6)	No. 10	49 90	Non-to	ood contact					10	0
45 1. ood property labo	Prevention of Food Contamination	PriC	00	50			Phys	ical Facil	ities			
38 O Insects, rodents, a	and animals not present	DEIO		50 0	Hot an	d cold water	er available	; adequate	e pressure	Pf		0
39 Contamination prevent	ented during food preparation, storage & display		00	51 (	Plumbi	ing installed	d; proper ba	ackflow de	evices	P/Pf/C		0
40 O Personal cleanline	since during rood preparation, storage & display		00	52 0	Sewag	ge and wast	e water pro	operly disp	osed	P/Pf/C		0
41 O Wiping cloths: prop			00	53 🔾	I ollet t	racilities: pr	operly cons	structed, s	supplied, & clean	Pf/C	0	0
42 Washing fruits and	vegetables	C P/Pf/C	00	66 25	Garbag	e and refuse	e properly di	sposed; fa	cilities maintained	C	0	
The state of the s				56	Adagu	al lacilities	installed, n	naintained	l, and clean	P/Pf(C		
rermit Holder shall notify o	customers that a copy of the most recent inspection repo	ort is ava	ilable.	30	Matura	are ventilat	on and ligh	iung; desi	gnated areas use	d C	0	0
	Market 12	1		Violatio	ons do	cumented	ex gloves n	Date	er CGS §19a-36f			
Person in Charge (Signa	iture) Date	141	22			iolations		Date	corrections due	-	#	
		11	01			ation Item V	/iolations		-	-		-
Person in Charge (Printe	d) SIMMIN MINH	1		Core Ite	em Viola	ations			3/14/24		ic	$\dashv$
Innuesta /0:	100 111	11	17	Risk Fa	ctor/Pu	iblic Health	Interventio	n Violatio	ns		16	-
Inspector (Signature)  Date 12 14 2-3  Risk Factor/Public Health Intervention Violations Repeat Risk Factor/Public Health Intervention Violations						_	-					
Inconcetor (Drine1)	Good Retail Practices Violations							$\neg$				
Inspector (Printed)				Require	es Rein	rspection -	check box	x if you in	tend to reinspec			
Appeal. The owner or o	perator of a food establishment aggrieved by the	nis orde	er to corr	ect any i	inspect	ion violatio	n identifie	d by the f	ood increator or	to bold	destr	oy.
or dispose	e of unsafe food, may appeal such order to the	Directo	or of Hea	Ith, not la	ater tha	an forty-eig	ht hours a	fter issua	nce of such orde	er.		,

1st - White: Health Department

Food Establishment Inspection Report LHD Mancheste Inspection Report Continuation Sheet Establishment Sham Town Manchester TEMPERATURE OBSERVATIONS Item/Location/Process Temp Item/Location/Process Temp Item/Location/Process Temp 350F tenders 350F + Chz - 4-100r handsink 110°F Mighs -chx 3700 chicken 11700 - WIC chician - WIC 3901 **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 49C interior of Travisen 49C unclean 15 C 49 C 450 SLOOP 490 16 Pt note \* 490 DIC States it will ice retail freezer -480 stirrers on roffee station counter upon amival reduce smoke needed checklist

Date

Date

Person in Charge (Signature)

Inspector (Signature)



### 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: Krispy Krunchy Chicken	
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  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: <a href="https://www.fda.gov/food/fda-food-cod">https://www.fda.gov/food/fda-food-cod</a>	de/food-code-2022
Town of Manchester Health Dept: https://www.manchesterct	.gov/Government/Departments/Health-Department
FDA Handbook: <a href="https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook</a> Environmental Health Inspector:	stryregulatory-assistance-training/retail-food- ook
Signature of Inspector:	7
Print Name: Jose Ran	nicez Date: 12/14/23
Person In Charge:  Signature of Person In Charge:  Print Name:  Email	Title: 12/14/23  Date:

Risk Category:	Food Estab	lishn	nent	Inspect	ion Re	port	Page 1 o	ıf <u>A</u>
Establishment typ	e: Permanent Temporary Mobile Other				Date:	2/20/	23	
Establishment (	La Cosquenita		teething Co	mecticus Healif	Time In	1:30 A	M/PM Time Out 2:	/O AMPM
Address 8(1	Main St., Stand 15		DP	H)	LHD	March	ster	
Town/City Manchester					Purpose	e of Inspection:	Routine Pre	e-op
Permit Holder To	Permit Holder TeaBila M VaSqueZ Connecticu of Pub					ection	Other	
	FOODBORNE ILLNESS RISK F.	ACTO	RS A	ND PUBL	IC HEAL	LTH INTERVE	ENTIONS	
Risk factors and	e important practices or procedures identified as the most prevalent con	tributing fa	ctors of fo	odborne illness	or injury. Inte	erventions are contro	I measures to prevent foodborne illne	ss or injury.
	compliance status (IN, OUT, N/A, N/O) for each numbered in	11993101177		n compliance		not in compliance	N/A=not applicable N/0	O=not observed
	=Priority foundation item	Mark in	approp				ted on-site during inspection	R=repeat violation
IN OUT N/A N/O		٧	COS R	IN C	OUT N/A N/O	o Protecti	on from Contamination	V COS R
1000	Person/Alternate Person in charge present,	Pf	00	15	0,00	Food separated	and protected	P/C 0 0
. • > 0	demonstrates knowledge and performs duties	1.1		16 🧭	$\phi$	Food-contact st	urfaces: cleaned & sanitized	P/Pf/C O O
2 0 0	Certified Food Protection Manager for Classes 2, 3, & 4	С	0	17		THE RESIDENCE OF THE PROPERTY OF THE PARTY O	ion of returned, previously tioned, and unsafe food	POO
/	Employee Health	TRANSPORT OF	-		//	and the same of th	ture Control for Safety	
3 00	Management, food employee and conditional employee;	P/Pf		18	000	Proper cooking	time and temperatures	P/Pf/C O O
	knowledge, responsibilities and reporting	SSSSAF_SS		19 0	0/0/0	Proper reheating	g procedures for hot holding	
4 6 9	Proper use of restriction and exclusion	P	0	20 🔾	Ø OC	Proper cooling	time and temperatures	POO
5 00	Written procedures for responding to vomiting and	Pf	0	21 0			ing temperatures	POO
5 9 9	diarrheal events	1.1		22 🚳			ding temperatures	POO
//	Good Hygienic Practices			_	0 \$ 9		rking and disposition	P/Pf O O
	Proper eating, tasting, drinking, or tobacco products us					21/	c health control: procedures	P/Pf/C
7000	No discharge from eyes, nose, and mouth	С	00	2.		and records		11110
100	Preventing Contamination by Hands						umer Advisory	
	Hands clean and properly washed	P/Pf	00	25 0			y provided: raw/undercooked food	Pf O O
9000	No bare hand contact with RTE food or a	P/Pf/C	00	DI TETE			ceptible Population	
	pre-approved alternative procedure properly followed			20 0	-		used; prohibited foods not offered	P/C O
10 0	Adequate handwashing sinks, properly supplied/accessible	Pf/C	0				ves and Toxic Substances	
41000	Approved Source	To muo	T = T =	27 0			approved and properly used	POO
11 0 0 0	Food obtained from approved source Food received at proper temperature		00		00		es properly identified,	P/Pf/C O
13 (0) ()	Food in good condition, safe, and unadulterated		00			stored & used		
	Required records available: molluscan shellfish	P/PI	00		/		th Approved Procedures	
1400000	identification, parasite destruction	P/Pf/C	00	29 0			h variance/specialized riteria/HACCP Plan	P/Pf/C O O
		OD RE	TAIL F	RACTICE	9	process/NOF C	Illelia/HACCF Flair	
	Good Retail Practices are preventative measures to					nicals and physica	I objects into foods	
Mark OUT if numb				x for COS ar		The second secon	AND THE RESERVE TO THE PARTY OF	R=repeat violation
OUT N/A N/O	Safe Food and Water	V	COS		10/0/11		e of Utensils	V COS R
30 Paste	eurized eggs used where required	P	00		n-use uten	sils: properly stor		c 00
31 O Wate	er and ice from approved source	P/Pf/C					perly stored, dried, & handled	Pf/C O O
32 O O Varia	ance obtained for specialized processing methods	Pf	00	45 0 5	Single-use/s	ingle-service article	es: properly stored & used	P/C 0 0
	Food Temperature Control			46 0 0	Sloves use	d properly		000
	er cooling methods used; adequate equipment for	Pf/C				Utensils	and Equipment	
temp	erature control	1 1/0		17 00	ood and n	on-food contact s	surfaces cleanable,	P/Pf/C O O
34 0 0 Plant	t food properly cooked for hot holding	Pf	00		properly de	signed, construct	ed, and used	P/Pf/C O
	oved thawing methods used	Pf/C	00	48 O V	Varewashi	ng facilities: insta	lled, maintained and used;	Pf/C O O
36 C Then	mometers provided and accurate	Pf/C	00				and test strips available	FIIC O
07 0 5 1	Food Identification	-	T -T-		Non-food co	ontact surfaces c	lean	C 00
3/   Food properi	y labeled; original container	Pf/C	0				ical Facilities	
20 0	Prevention of Food Contamination						; adequate pressure	Pf O O
	ents, and animals not present		00		Plumbing in	stalled; proper ba	ackflow devices	P/Pf/C O O
40 Personal cle	n prevented during food preparation, storage & display		00	52 0 5	ewage an	d waste water pro	perly disposed	P/Pf/C O O
	s: properly used and stored		00	53 0 1	oilet facilit	ies: properly cons	structed, supplied, & clean	Pf/C O
42 Washing frui		C	000	54 0 6	arbage and	refuse properly di	sposed; facilities maintained	000
		-			'nysical tac	cilities installed, n	naintained, and clean	P/Pf/C O O
Permit Holder shall r	notify customers that a copy of the most recent inspection rep	ort is ava	ailable.	36 O P	vatural rubl	entilation and ligh ber latex gloves r	nting; designated areas used not used per CGS §19a-36f	c 00
Person in Charge (	Signature) Equation Date 10/	2013	13		ns docume em Violatio		Date corrections due	#
	- 17 JA 16 10 0	1				Item Violations		8
Person in Charge (	Printed) Teocila VIVasa UEZ.				n Violation		3-20-24	
	111	1	·			Health Intervention		70
Inspector (Signatur	re) Date	201	23	Repeat F	Risk Factor	/Public Health Int	ervention Violations	8
•00101700000000000000000000000000000000	Dept. wice	-		Good Re	tail Practic	es Violations		
Inspector (Printed)								
Appeal: The owner	er or operator of a food establishment aggrieved by t	his orde	er to co	rrect any in	spection v	violation identifie	d by the food inspector or to	o hold, destroy
or di	ispose of unsafe food, may appeal such order to the	Directo	or of He	alth, not lat	ter than fo	rty-eight hours a	fter issuance of such order	

Food E	stablishm	ent Inspe	ction R	eport	Page 2	of $2$	
LHD Manchester		port Continuation She		Date 12/20/23			
Establishment <u>La Cosquenci</u>	<u>fa</u> To	wn Magch	ester				
	TEMPER	ATURE OBSERV	ATIONS				
The state of the s	emp Item/Loc	ation/Process	Temp	Item/Locatio	n/Process	Temp	
cheese 38	30=						
True siide door fride 35	OF						
1.00							
5 <u>C</u>							
					-		
	OBSERVATION	S AND CORREC	TIVE ACTION	NS			
Item Violations cited in this report	must be corrected within	the time frames below	w, or as stated in	sections 8-405.11	& 8-406.11 of the f	ood code.	
Number CFPM on site	- Tackallac	A 1 22 . 2					
4/C two non-com	mercial ch	est freezes	5. WSF .	Freezer	or equi	sa lon +	
to be		0-1			1		
is sting	ordered by	t 1 t C					
0							
cl alui a a	1	1-1-					
shelving an	a organiza	ation is	great				
		1					
					-		
T-A-CONTROL OF THE ACTION OF T							
	7 1				101	TOO	
Person in Charge (Signature)	zaela HA	Sh -		n	ate [2/20	123	
		3			12/2	100	
nspector (Signature)	110			D	ate 2/20	125	

Risi	(C	ateg	огу:	3	3				Food	d Estab	olishn	nen	t Ir	nspe	ect	ion I	Rep	oort			Page 1	l of _6	3_	
Esta	ıbli	ishm	ent	type	e: E	ermane	ent T	emporar	y Mobile	Other_					Date: 12/14/23									
Esta	ıbli	ishm	nent	N	1a	chu	, Pi	cchu	) Resto	wrant		andin	on Choose	eneut Hear		Time	In	1:15	AM/PM	Time	Out	3:00	) AM	PM
Add			81			lain		1	****	•		DDH				LHD Manchester								
Tow	m/G	City	'n			hes-	/								Purpose of Inspection: Routine Pre-op									
Perr	Permit Holder EMMa Franco				of Pu	cut De ablic H	partmen ealth		Rein	spe	ction	Oth	er											
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									Ų.															
		Risk f	factor	s are	import	tant practic	ces or pro	ocedures iden	ntified as the mo:	st prevalent co	ntributing fa	actors o	of food	dborne i	Iness	or injury.	Inter	ventions are contro	ol measu	res to prevent	foodborne ill	lness or in	jury.	
	Mai	k des							, N/O) for eac					compli				ot in compliance	N/	A=not applic	able I	N/O=not	observe	ed
P=F		rity ite			Priori	ity found	ation ite	m C=Co	re item V=v	iolation type	Mark ir	appr	opria	te box	for (	COS an	d/or I	R COS=correc	ted on-	site during in	nspection	R=rep	eat viola	ation
1	N	OUT	N/A					Supervi			V	cos	R			UT N/A				m Contam	ination		v cos	
1 0	6	0	0						arge present	35%	Pf	0						Food separated					ic Ø	0
	*								performs du		-	_		16	DA	00	Management	Food-contact s		THE STATE OF THE S		d P/P	f/C O	0
2	B	0	0		3, & 4		a Prote	ction ivian	ager for Clas	sses 2,	С	0	0	17	<b>5</b>			Proper disposit served, recond		939374			PO	0
			<b>PI</b>				Em	ployee He	alth		MILE.	-						Time/Tempera						55000
3 (	1			V	/lanag	gement,	food en	nployee and	d conditional e	employee;	DIDE			18	5	OC		Proper cooking				P/P	f/C O	0
	A	$\sim$							d reporting		P/Pf		0	19	0	00	0	Proper reheating	ng proc	edures for	hot holdir	ng	PO	_
4 (	Ø,	0	are l					tion and e		160	P	0	0	20 (	0	00	0	Proper cooling	time a	nd tempera	tures	~	PO	0
5 0	8	0						for respon	ding to vomi	ting and	Pf	0	0	21	2	00	3	Proper hot hold	ling ter	nperatures			PO	
٠.	4		PER	9	llamn	neal eve		ygienic P				1000		22	78	0	0	Proper cold hol	ding te	mperatures	S		PO	-
6	57	0	COMPANIE .	1	Prope	or esting	tactio	ygienic Pi	o, or tobacco	producto u	an I DIC	10		23 (	P	20		Proper date ma					Pf O	0
7 6		0							, and mouth	products u	se P/C	00		24		$\supset  _{\mathcal{O}}$		Time as a publi and records	ic heal	th control: p	procedure	P/Pf	ic O	0
				/					ion by Hand	ds			-		=		,		umor /	Advisory				
8	5	0		W H				perly was			P/Pf	0	0	25	5	50		Consumer advisor			rcooked for	i be	of o	
9 0	1	0			lo pa	are hand	conta	ct with RTI	E food or a								1	Highly Sus					10	
	A	-							edure proper		P/Pf/C	0	0	26	0	0		Pasteurized foods				d P	IC O	0
10	9	9		P	dequ	uate hand			operly supplie	d/accessible	Pf/C	0	0					od/Color Additi						
11/0	A				-			roved Sou			1	т —		27	70	$\supset \emptyset$		Food additives:				ed	PO	0
11 (		00						approved			P/Pf/C			28	60	00		Toxic substance	es pro	perly identif	fied,	P/P	f/C O	
13 6		0		F	boo	in good	conditi	ion safe a	erature and unadulte	rated	P/Pf P/Pf	-	_		L			stored & used	41. 0					$\subseteq$
				/F	Regui	ired reco	ords av	ailable: m	olluscan she	ellfish	1		$\vdash$	-	-		Section 1	onformance wit Compliance wit	tn App	proved Pro	cedures			
14		0		i	dentif	fication,	parasi	te destruct	tion		P/Pf/C	0	9	29		<b>0</b>		process/ROP c	riteria/I	HACCP Pla	ilizeu an	P/P	f/C O	0
						MIGH				GC	OD RE	TAIL	PR	ACT	CES	3								
						Good F	Retail P	ractices a									hemi	cals, and physica	l object	s into foods.				
				mbe	red ite	em is no			V=violation t	ype Mark	in approp	_		_	-	d/or R		COS=corrected	on-site	during inspe	ection	R=rep	eat viola	ition
30 <		N/A N		anta.				ood and V here requi			V	cos		OL				Proper Us		tensils			v cos	R
31			W	ater	and	ice from	annro	ved source	rea		P P/Pf/C	0		43 (		-use u	tensi	ls: properly stor	ed				0	-
32		0	V	arian	ice o	btained	for spe	cialized p	rocessing me	ethods	Pf		0	44 0		ingle-us	equip e/sin	ment/linens: prop gle-service article	perly sto	ored, dried, &	& handled		(C O	
								nperature	NAME OF TAXABLE PARTY.	001000								properly	ss. prop	erry stored a	a usea		(C   O	_
33		A I	Pi	ope	r coo				uate equipm	ent for	Drio					.0.00			and E	quipment			0	$\dashv$
		N.H				e contro					Pf/C	0	0	124 ×	F	ood an	d no	n-food contact s	surface	s cleanable	€.	1_6		
34 (	21	90	O PI	ant f	ood	properly	cooke	d for hot h	olding		Pf	0	0	0	pi	roperly	desi	gned, construct	ed, and	d used		PP	C 0	0
35 (			ノ Ap	pro	ved t	thawing	method	us used	4-		Pf/C			48		/arewa	shing	g facilities: insta	lled, m	aintained a	and used;	Pf/	0 0	0
30 (	7	-11	11	em	oine	ters pro		nd accura			Pf/C	0	0		cl	eaning	age	nts, sanitizers, a	and tes	st strips ava	ilable			
3710	61	Food	pror	eriv	labe	led; orig	inal co	ntainer	10011		Pric	0		4919	PIN	OП-1000	1 cor	ntact surfaces c	The San San State of the San			(	20	9
									ntamination	1	1100	$\cup$	$\subseteq$	50 0	) H	of and	cold	water available		cilities		1.	v   0	
38	5	nsec	ts, ro	den	ts, ar	nd anim	als not	present			Pf/C	0	0					talled; proper ba			ire			
39 <	0	Conta	mina	tion	preve	ented dur	ing food	d preparation	on, storage &	display	P/Pf/C							waste water pro				P/Pf	C 0	台
					nlines						Pf/C	0	0	53 <	$\supset  T_0 $	oilet fac	cilitie	s: properly cons	structe	d, supplied.	& clean	Pf/	0	3
_					<u> </u>	perly use		stored				0		54	$\supset  G $	arbage	and r	efuse properly di	sposed	; facilities m	aintained	(	0	0
						vegetal		-			P/Pf/C			(55)	P	hysical	facil	ities installed, n	naintair	ned, and cle	ean	P/Pf	(C)(O)	0
Per	mit	Hold	er sha	all no	tify c	ustomers	s that a	copy of the	most recent in	nspection rep	ort is ava	ilable		56	A	dequat	e vei	ntilation and ligh	nting; d	esignated a	areas use	ed (		
							11		1	n						atural r		er latex gloves n						
Pers	on	in Cl	harg	e (Si	ignat	ture) 🗲	100 1	na -	trans	ate				-	The same	m Viol	_		Da	te correct	ions que	2	7	
- Carrie					281 81		7110											em Violations		12/2	4123	-	1	-
Pers	on	in Cl	harg	e (Pi	rinte	d)								Core	Item	Violati	ons			2/1	4124		3	$\dashv$
nen	-f-	פו וכי	ion-	fure	/	1/	20	7		1/	1121-	77	1	Risk	act	or/Publ	ic He	ealth Intervention	n Viola	tions			2	
JPC	spector (Signature)  Date 12   4 25   Repeat Risk Factor/Public Health Intervention Violations  Good Retail Practices Violations																							
inspe	spector (Printed) Sose Ramilez Good Retail Practices Violations Requires Reinspection - check box if you intend to reinspect																							
			e ow	ner	or or	perator	of a fo	od establi	ishment ago	rieved by	this orde	er to	COTT	ect an	v ins	pectio	n vic	plation identified	d by th	e food inst	nector or	to hold	doct	011
51071			OI	dis	pose	of uns	afe foo	d, may ap	opeal such	order to the	Directo	or of I	Heal	th, no	t late	er than	fort	y-eight hours a	fter iss	suance of s	such orde	er.	, desire	Jy,

1st - White: Health Department

Food Establishment Inspection Report Page 2 of 2

LHD Ma	nchester .	00 To	Inspection Report Continuation Sheet	ť	Date 12/19	1/23					
Establishn	Establishment Machu Pichu Town Manchester										
	/Location/Process	Temp	TEMPERATURE OBSERVA	ATIONS Temp	Item/Location/Process	Temp					
VIC FOW FISH 34F FOW MUSCLES, 91F			WIC cooked Chicken faw Steak faw Squid	70F 41F	handsink buthroom sink 3-bay sink	87°= i06°F 147°=					
Coc	ked pasta liced tomatoes tot doa liveso Blanco	41F 47F 46F	SERVATIONS AND CORRECT	TIVE ACTIO	NS						
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.  Emma CFPM on 5016.											
15P	P raw chicken over RTE foods in chest freezer (cos)										
49c	E.		throughout								
37C											
55c	550 floor in WIC damaged not seeure - PIC is taking care of										
0 1	it this week										
notex											
note #	PIC very	KIWWIT	agrove of toxip	7 1070/	res/tood safe	ry					
notex	Discussed Health	Calli, Dept	ng Walk-in coo	ler te	eh ASAP!						
2ZP	PIC discard	led ho	otdag and quesa	hlance	7						
	cooked chi	cicen v	vas coolination	10	WIC, to be f	rans-Angel					
	to ou	en for	hot holding.	Rehea	2t to 165°F, h	old					
	(a) 135	of or	greater T		·						
note &			to cook sma	iller	batehes to en	sure					
	proper	6001	1713								
Person in	Charge (Signature)	Ein m	a fanco	-	12 [1	W 2-77					
	Person in Charge (Signature) CMMA STANCO  Date 12 14 23  Inspector (Signature) Date 12 14 23										
			-		Date	الحرا					

Risk Category: Food Estab	lichn	nen	f Ir	nenecti	on Re	norf	Page	1 of _2		
			Conne	ction .	Date:	10/2/1	23	•		
Establishment Manchester High Mart			,	The same	Time In		AM/RM Time Out 4	.00	_AM/	M
Address 252 Spencer St.				H)	LHD	Manches	Ster			
Town/City Manchester		<b>B B</b>			Purpos	e of Inspection	: Routing	Pre-op		
Permit Holder Leila Saadou	G	onnectic of Pu	tut Dep	partment ealth	Reinspe	ection	Other			
FOODBORNE ILLNESS RISK F.										
Risk factors are important practices or procedures identified as the most prevalent con		173121	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the second second	5.2 Strate 5.	2000	AND	- Index-	77	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered i  P=Priority item Pf=Priority foundation item C=Core item V=violation type			_	compliance		not in compliance	N/A=not applicable cted on-site during inspection	N/O=not of	Section 1	Same and
IN OUT N/A N/O Supervision	V	cos		1	UT N/A N/		ion from Contamination	R=repea		_
Person/Alternate Person in charge present.	Pf			- 11		Food separate		P/C	130 2000	0
demonstrates knowledge and performs duties	PI	0	0	16	50	Food-contact s	surfaces: cleaned & sanitize		CO	
Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17 🖋 🤇			tion of returned, previously litioned, and unsafe food	ı	0	0
Employee Health						Time/Tempera	ature Control for Safety			
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	0	0		> 0/g	Proper cooking	time and temperatures	P/Pf/0		
4 Proper use of restriction and exclusion	Р	0			> 0/g	Proper reheating	ng procedures for hot holdi time and temperatures		00	
5 Written procedures for responding to vomiting and	Pf		0		5000	Proper hot hold	ding temperatures	- 1	0	0
diarrheal events	Fi				0/0/0	Proper cold ho	Iding temperatures		0	
Good Hygienic Practices  6 O Proper eating, tasting, drinking, or tobacco products us	se P/C	0		23 🔾	> of		arking and disposition	P/Pf	0	0
7 V O No discharge from eyes, nose, and mouth	C	0	8	24 0		and records	ic health control: procedur	es P/Pf/C	0	0
Preventing Contamination by Hands					/	Cons	umer Advisory			
8 O Hands clean and properly washed	P/Pf	0	0	25 0	00/	Consumer advisor	ry provided: raw/undercooked fo	od Pf	0	0
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	0	0	26 0 0		Highly Sus	sceptible Population	1 150		
Adequate handwashing sinks, properly supplied/accessible	PFC	10	0	20 0			used; prohibited foods not offer ives and Toxic Substance		; 0	0
Approved Source				27 0 6			: approved and properly us		0	0
Food obtained from approved source	P/Pf/C			28	20		ces properly identified,		_	
12 Food in good condition, safe, and unadulterated		0		20 0		stored & used	- CO AL 1405 D. W. S. Sacrati, S. Carlon Statement (S. C.)	P/Pf/0		0
Paguired records available; mallusces aballfield	P/Pf	0	0		/	Conformance w	rith Approved Procedures		_	
identification, parasite destruction	P/Pf/C	0	0	29 0	) <b>a</b>		th variance/specialized criteria/HACCP Plan	P/Pf/0		0
GO	OD RE	TAIL	. PR	ACTICES	3	THE STATE OF THE S			Ġ.	
Good Retail Practices are preventative measures t										
Mark OUT if numbered item is not in compliance V=violation type Mark OUT N/A N/O Safe Food and Water	in appro	cos	_	for COS and	d/or R		on-site during inspection	R=repea		-
30 Pasteurized eggs used where required	P	0		OUT In-	-use uten	sils: properly stor	se of Utensils	V C	17.00	R
31  Water and ice from approved source	P/Pf/C	_	0	44 O Ut	ensils/equ	ipment/linens; pro	perly stored, dried, & handled			0
32 O Variance obtained for specialized processing methods	Pf	0	0	45 O Si	ngle-use/s	ingle-service articl	es: properly stored & used		0	
Food Temperature Control  Proper cooling methods used; adequate equipment for				46 O G	loves use	d properly		С	0	0
temperature control	Pf/C	0	0	TEC	ood and n		s and Equipment surfaces cleanable,		-	
34 O Plant food properly cooked for hot holding	Pf	0	0			signed, construct		P/Pf/C		0
35 O O Approved thawing methods used	Pf/C	0	0				alled, maintained and used	500		
36 Thermometers provided and accurate	Pf/C	0	0	Cle			and test strips available	' Pf/C	0	0
Food Identification  37   Food properly labeled; original container	Df/C	0		(49/9× NO	on-food co	ontact surfaces o				0
Prevention of Food Contamination	FIIC	101	$\neg$	50 O H	ot and col	Id water available	sical Facilities e; adequate pressure	Pf	10	
38 O Insects, rodents, and animals not present	Pf/C	0	0	51 O PI	umbing in	nstalled; proper b	ackflow devices	P/Pf/C		
39 Contamination prevented during food preparation, storage & display	P/Pf/C	0	0	52 O Se	ewage an	d waste water pro	operly disposed	P/Pf/C		
40 Personal cleanliness 41 Wiping cloths: properly used and stored		0	-	53 O To	oilet facilit	ies: properly con	structed, supplied, & clean	Pf/C	0	
42 Washing fruits and vegetables	P/Pf/C	0		54 O G	arbage and	d retuse properly d	lisposed; facilities maintained maintained, and clean			9
				56 O Ac	dequate v	rentilation and light	hting; designated areas us	P/Pf/C ed C		0
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is ava	allable.	•	O Na	atural rubi	ber latex gloves r	not used per CGS §19a-36	f		_
Person in Charge (Signature) Date 12	-25	7_2	>	Violations	s docume	ented	Date corrections du	e	#	
Date 2	_/	- 2	<u>ر-</u>	Priority Ite		ons Item Violations	<b>—</b> ,		$\sum_{i=1}^{n}$	$\dashv$
Person in Charge (Printed)				Core Item			3-27-52	24 6		$\dashv$
Inspector (Signature) SMI - 200' - 121'	771	1 -	,	Risk Facto	or/Public I	Health Intervention	on Violations	1		
Inspector (Signature) Date Date	× 110	ئىك	>_	Repeat Ri	sk Factor	/Public Health In	tervention Violations	O		
Inspector (Printed) 3058 Kamilez				Requires	Reinspe	ction - check bo	x if you intend to reinsper	<b>1</b>	•	-4
Appeal: The owner or operator of a food establishment aggrieved by the	his orde	er to d	corre	ect any ins	pection v	violation identifie	ed by the food inspector of	r to hold	destr	OV
or dispose of unsafe food, may appeal such order to the	Directo	or of l	Heal	Ith, not late	er than fo	rty-eight hours a	after issuance of such ord	ler.		- 51

	Food Esta	ablishmer	nt Inspe	ction R	eport	Page 2	of <u>2</u>		
LHD Mancheste	20	Inspection Report				ate_12/2-	1/23		
Establishment Manchester High Mart Town Manchester									
Item/Location/Proces	Se Toma	TEMPERATU							
3 Door RIF ar		Item/Locatio	n/Process	Temp	Item/Locati	on/Process	Temp		
Jolic Milk	1bient = 3F								
milk dispenser									
Hand Sink by 10				-					
Hand Sink in Lit	hana 1100								
THIS STYLES IT DOLL	110+								
	OE	SERVATIONS A	ND CORREC	TIVE ACTION	IS				
Item Violations cit	ed in this report must b	e corrected within the	time frames belo	w, or as stated in	sections 8-405.11	& 8-406.11 of the f	ood code.		
Number									
10C Faucet	in hathraz	na harts	10 L 0-1	500.00	1 1 5:0	1.			
Ade Cilia	111 3011100	11-	1112	Sure	3 to SI/1	K			
990 Celling	in bathroz	athroom un	clean						
							2		
							-		
			89						
Vote Test	5/505/ch	wine a	unilable	2					
0000	>11 14 COII	100 THC) a	ourable						
Person in Charge (Signati	ure)	>				ate 12 - 2	22.23		
	10-7	7					1 0		
nspector (Signature)	5 10	b)			D	ate 12/27	123		



## 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.

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	UCFPM/PIC on every shift during operating hours 1 Pf Umplementing Date Marking (Sec. 3-501.17) 23 P/Pf Signage/Posters required  Handwashing sign at all handwash sinks (section 6-301.14) 10c  Major Allergens 37c  Outdoor Allowance for dogs -preapproval and sign required. 38 Pf  Employee Assessment Form  Momiting/Diarrhea Written clean-up Policy  Mop Sink Required (Sec. 5-203.13) CORE -90 day  Temperature: Final Cook Temperatures						
Resources:							
2022 FDA Food Code: <a href="https://www.fda.gov/food/fda-food-code">https://www.fda.gov/food/fda-food-code</a> Town of Manchester Health Dept: <a href="https://www.manchesterct">https://www.manchesterct</a> FDA Handbook: <a href="https://www.fda.gov/food/retail-food-indusprotection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-indusprotection-employee-health-and-personal-hygiene-handbook</a> Environmental Health Inspector:	stryregulatory-assistance-training/retail food						
Signature of Inspector:							
Print Name: Jose Ramirez	Date: 12/27/23						
Person In Charge:	1 /						
Signature of Person In Charge:  Print Name: <u>abaida</u> Alaraj  Email <u>CT-Manches Ter@hala</u>	Title:						

Risk Category: 3 Food Estab	oliehn	non.	t In	enectic	on Renoi	rt		Page 1 of	2		
	71151111	icii	L III	Specif	on Kepoi		7	- age i oi			-
	1	-	canner	7in	Date: 2	12/2	1000	7.	1		_
Establishment Manchester Pizza & Grill	_	48epin		Reality	Time In_2	1960	10.00	ut_ 3.4	15	AM/	PM)
Address 316 Green Rd, unit 332			P	H)	LHD MO	inchest	er				
Town/City Manchester					Purpose of I	nspection:	Routine	Pre-	-op		
Permit Holder Lenn Y Sanchez	G		ut Dep	partment palth	Reinspectio	n	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.											
Risk factors are important practices or procedures identified as the most prevalent co.  Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered		HIVE	OFFIET DOCUMENT	borne illness or compliance	r injury. Intervent OUT=not in		N/A=not applica	ACT AND ADDRESS	s or injury =not ob	_	he
P=Priority item Pf=Priority foundation item C=Core item V=violation type				ALL COMMENTS OF THE PROPERTY O			ted on-site during in	10000	R=repea		
IN OUT N/A N/O Supervision	V	1	_		JT N/A N/O		on from Contami		V	cos	-
Person/Alternate Person in charge present	Dr					775-50-50-50-50-50-50-50-50-50-50-50-50-50	and protected	V.6190551E	P/C	0	1
demonstrates knowledge and performs duties	Pf			(6) O/X	O Foo	d-contact su	urfaces: cleaned &	sanitized	PPf/C		
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17			on of returned, pre tioned, and unsafe		Р	0	0
Employee Health			1		Fin	ne/Tempera	ture Control for S	afety			
Management, food employee and conditional employee;	P/Pf	0	0	18 🐠 🤇	> 0 0/Pro	per cooking	time and temperat	tures	P/Pf/C		
knowledge, responsibilities and reporting  4  Proper use of restriction and exclusion	P	0.000	0	19 0 0	O CO Pro	per reheatin	g procedures for h time and temperate	ot holding		0	_
Written procedures for responding to vomiting and	F	11.000					ime and temperation	ures	P	0	_
5 Vinter procedures for responding to vorniting and drarrheal events	Pf	0	0	22			ding temperatures		P	_	00
Good Hygienic Practices				23 6			rking and dispositi	on	P/Pf		0
6 Proper eating, tasting, drinking, or tobacco products u	ise P/C	0	0		Tim		c health control: pr				
7 W No discharge from eyes, nose, and mouth	С	0	0	24 0 0		records			P/Pf/C	0	0
Preventing Contamination by Hands						Const	umer Advisory		and the same of		
8 P Hands clean and properly washed	P/Pf	0	0	25 00 0	O Con		y provided: raw/underd		Pf	0	0
No bare hand contact with RTE food or a	P/Pf/C	0		00 0 0			ceptible Population			_	
pre-approved alternative procedure properly followed  Adequate handwashing sinks, properly supplied/accessible	e Pf/C	0	0	26 0 0			used; prohibited foods		P/C	10	0
Approved Source	F   PI/C	,101	$\subseteq$	27 0,0			ves and Toxic Su approved and pro	Hills and a series of the	Тр		
11 Food obtained from approved source	P/Pf/C		0		Tox		es properly identific			0	_
12 7 0 5 Food received at proper temperature		_	0	28 🐼 🔾	) ( )	red & used	cs properly identific	ou,	P/Pf/C	0	0
13 🗷 🔾 Food in good condition, safe, and unadulterated	P/Pf		0				th Approved Prod	edures			
14 O O Required records available: molluscan shellfish	P/Pf/C	0	0	29 🔾 🤇			h variance/speciali		P/Pf/C		
identification, parasite destruction	month book		525578	Treated to the same	pro	cess/ROP ci	riteria/HACCP Plar	1	1 /1 1/0		
Good Retail Practices are preventative measures				ACTICES		and physica	I objects into foods				
				for COS and			on-site during inspec	etion E	=repea	twiolo	otion
OUT N/A N/O Safe Food and Water	V	cos		OUT	, or it		e of Utensils	DEIOTT IN		cos	-
30 Pasteurized eggs used where required	Р	0	-		use utensils:				C	1000	0
31 Water and ice from approved source	P/Pf/C	0	0	44 O Ute	ensils/equipmer	nt/linens: prop	erly stored, dried, &	handled	20%	0	
32 O Variance obtained for specialized processing methods	Pf	0	0	45 O Sin	ngle-use/single-	service article	es: properly stored &	used	P/C	0	0
Food Temperature Control				46   O   Glo	oves used pro				C	0	0
Proper cooling methods used; adequate equipment for temperature control	Pf/C	0	0	Fo	ad and non fo		and Equipment				
34 O Plant food properly cooked for hot holding	Pf	0		4/ ( )	operly designe		surfaces cleanable,		P/Pf/C	0	0
34 O Plant food properly cooked for hot holding 35 O Approved thawing methods used		0		W:			lled, maintained ar	nd used:	0.000		
36 C Thermometers provided and accurate		0					and test strips avai		Pf/C	0	0
Food Identification					n-food contac				(c)	0	0
Food properly labeled; original container	Pf C		0				ical Facilities				11
Prevention of Food Contamination				50 O Ho	t and cold wa	ter available	; adequate pressur	re	Pf	0	0
38 Insects, rodents, and animals not present  39 Contamination prevented during food preparation, storage & display		0	_				ackflow devices		P/Pf/C		
40 Personal cleanliness	P/Pf/C	0					perly disposed	0 -1	P/Pf/C		
41 Wiping cloths: properly used and stored	C	0	_	54 O Ga	rhage and refu	roperly cons	structed, supplied, sposed; facilities ma	& clean	Pf/C		
42 Washing fruits and vegetables	P/Pf/C			55 O Ph	vsical facilities	s installed m	naintained, and cle	an	P/Pf/C		9
Permit Holder shall notify customers that a copy of the most recent inspection re		-		56 O Ad	equate ventila	ition and ligh	nting; designated a	reas used	C		ŏ
					tural rubber la documented		ot used per CGS §			#	
Person in Charge (Signature)  Date 12   13   23   Priority Item Violations											
Person in Charge (Printed) Anthony Sanchez				Core Item	Violations		3-12-	24	-	4	
Inspector (Signature)	13/2	13		Risk Facto Repeat Ris	r/Public Healt sk Factor/Publ	h Interventio	n Violations ervention Violation		1	0	
OF CRISE	. 1			Good Reta	il Practices V	iolations			-	<b>X</b>	
Appeal: The owner or operator of a food establishment aggrieved by	this orde	er to	corre	ct any iner	Reinspection	- check box	k if you intend to r	einspect	hold a	toct-	OV.
or dispose of unsafe food, may appeal such order to the	e Direct	or of l	Heal	th not late	r than forty o	ight hours o	for iccurrence of a	uch order	riola, C	الاحالا	Jy,

Food Establishment Inspection Re	port Page 2 of 2
HD Manchester Inspection Report Continuation Sheet	Date (2/12/23
Establishment Manchester Pizza & Gall Town Manchester	1
TEMPERATURE OBSERVATIONS	
Item/Location/Process Temp Item/Location/Process Temp	Item/Location/Process Temp
WIC JUYEAX 38+ Hot hold Sauce 1854 He	visine hocket been
Taw Chicken 36F Meatball 185F	100gm
Cooked Ment balls 36+ Cold Prep table Dis	Sh machine tooppim
Sliced have 36f Sliced tomatoes 39f	
Mik 36F Slices ham 38F	
Wifambient of Pizza cooked to 2004  OBSERVATIONS AND CORRECTIVE ACTIONS	
Item Violations cited in this report must be corrected within the time frames below, or as stated in se	
Number Anthony CFPM on Site	
490 unclean wiring in WIC	
37c unlabeled containers of spices at container. CDS	
Age ceiling tiles unclean throughout kitchen	
Age inclean wiring outlets at pep table by conveyer	NIPA
168 Chlorine bucket @ Oppm. Co5-remade to	DO PPM.
one were to office of	100 /
Note Discussed putting a label on shelf designated s	for Jentel cans
Note No Cooling or reheating at time of inspection	ia delles ans.
vote Discussed making chiring by kets man Generations	م ما
vote Discussed making chlorine buckets more frequently as	needed to maintain surwigh
Vote Good glove use & hand washing observed.	
- tone and a living poselver.	
Person in Charge (Signature)	Date 12/13/23
nspector (Signature)	Date  2  13   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: Manchester Pizza & (	Griff
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	☐ CEPM/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-co	de/food-code-2022
Town of Manchester Health Dept: https://www.manchesterci	.gov/Government/Departments/Health-Department
FDA Handbook: <a href="https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook</a>	stryregulatory-assistance-training/retail-food- ook
Environmental Health Inspector:	
Signature of Inspector:	
Print Name: 258 Ray	nivel Date: 12/12/23
Person In Charge:	
Signature of Person In Charge:	Title: MANAGER
Print Name: Anthony Sanchuz	Date: 12/12/73
Email lenny sanchez 94@ cmail	

Risk Category: 2 Food Estab	lishn	nent l	nspect	tion Rep	ort	Page 1	of <u>2</u>	=	
Establishment type: Permanent Temporary Mobile Other				Date: \	21/12	-3			
Establishment McDonalds Demina 5+		4serting Co.	Meally .	Time In_	10:00 1	MPM Time Out 1:	30	AW	) PM
Address 144 Demina St.		DP	H)	LHD Y	manche			_	
Town/city Manchester				Purpose	of Inspection	: Routine Pr	e-op		
Permit Holder Locen Za Morales	Co	onnecticut D of Public	epartment Health	Reinspec	tion	Other			
FOODBORNE ILLNESS RISK F	ACTO	RS AN	ID PUBL	IC HEALT	TH INTERVI	ENTIONS		Till	C.L.
Risk factors are important practices or procedures identified as the most prevalent con		actors of foo	odborne illnes:	s or injury. Interv	ventions are contro	ol measures to prevent foodborne illne	ss or injur	у.	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered			complianc		t in compliance	N/A=not applicable N/	O=not of	bserve	ed
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark in	appropri	ate box for	COS and/or R	COS=correc	ted on-site during inspection	R=repea	at viola	ation
IN OUT N/A N/O Supervision	V	COS R		OUT N/A N/O		ion from Contamination	V	cos	R
Person/Alternate Person in charge present,	Pf	00				d and protected		0	0
demonstrates knowledge and performs duties			100			urfaces: cleaned & sanitized	(P)Pf/0	C	0
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	00	17 0			ion of returned, previously itioned, and unsafe food	F	0	0
Employee Health	i Urşi'nie		1			ture Control for Safety			-
Management, food employee and conditional employee;	P/Pf		18 00	000	Proper cooking	time and temperatures	P/Pf/0	co	0
knowledge, responsibilities and reporting	FIFI	00	19 0	000	Proper reheating	ng procedures for hot holding	F	0	0
4 W Proper use of restriction and exclusion	P	00	20	000	Proper cooling	time and temperatures		_	0
5 Written procedures for responding to vomiting and	Pf	00	21	2001	Proper hot hold	ling temperatures	F	0	0
diarrheal events	1.,					ding temperatures	F	0	0
Good Hygienic Practices			23 00			arking and disposition	P/Pf	0	0
6 Proper eating, tasting, drinking, or tobacco products us		-	24 0			ic health control: procedures	P/Pf/C	0	0
No discharge from eyes, nose, and mouth  Preventing Contamination by Hands	С	100			and records		1.77.170		
8  Hands clean and properly washed	DIDI	1010	05 6			umer Advisory			
No hard hand contact with DTE food and	P/PI	00	25	00		y provided: raw/undercooked food	Pf	0	0
pre-approved alternative procedure properly followed	P/Pf/C	00	26 🔾		Hignly Sus	ceptible Population	700		
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	00	20 0			used; prohibited foods not offered ves and Toxic Substances			0
/ Approved Source	1	1010	27 0/			approved and properly used		0	
11 Food obtained from approved source	P/Pf/C	00		<u> </u>	Toxic substance	es properly identified,			
12 C Food received at proper temperature		00	28		stored & used	es property identified,	P/Pf/C		0
13 D Food in good condition, safe, and unadulterated		00				ith Approved Procedures		لسلم	Ь-
14 O Required records available: molluscan shellfish	P/Pf/C	00	29 🔾			h variance/specialized	T		
identification, parasite destruction	CHESSE SISSES	1				riteria/HACCP Plan	P/Pf/C		0
GO	OD RE	TAIL P	RACTICE	S					
Good Retail Practices are preventative measures to									
			for COS ar	nd/or R		on-site during inspection	R=repea	at viola	ation
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	V	COS R	OUT			se of Utensils	V		-
31 Water and ice from approved source	P P/Pf/C	00			s: properly stor		С	-	0
32 O Variance obtained for specialized processing methods	Pf	00	45 0 5	Single use/sing	nenviinens: prop	perly stored, dried, & handled es: properly stored & used	_		_
Food Temperature Control	-	00	110000	Gloves used		es. properly stored & used			_
Proper cooling methods used; adequate equipment for			I STORY	5.0100 0000		and Equipment	С		$\cup$
temperature control	Pf/C	00	I G F	ood and non		surfaces cleanable,	T	TT	100
34 O Plant food properly cooked for hot holding	Pf	00	47 0	properly design	gned, construct	ed. and used	P/Pf/C		0
35 O Approved thawing methods used		00	18 0	Varewashing	facilities: insta	illed, maintained and used;	1		
36 Thermometers provided and accurate	Pf/C	00		leaning ager	nts, sanitizers, a	and test strips available	Pf/C	0	0
Food Identification			49 D	Non-food con	tact surfaces c	lean	(c)		0
37 Food properly labeled; original container	Pf/C	00				ical Facilities		170	
Prevention of Food Contamination  38 Insects, rodents, and animals not present	1		50 O F	lot and cold	water available	; adequate pressure	Pf		0
69 Contamination prevented during food preparation, storage & display		00	51 O F	Plumbing inst	alled; proper ba	ackflow devices	P/Pf/C	. 0	0
40 Personal cleanliness		00	52 0 5	sewage and v	waste water pro	perly disposed	P/Pf/C		
41 Wiping cloths: properly used and stored		00	53 0 1	ollet facilities	s: properly cons	structed, supplied, & clean		0	
42 Washing fruits and vegetables		00	(55)	Physical facili	tion installed a	sposed; facilities maintained naintained, and clean	C		_
			56 0 4	dequate ven	tilation and ligh	nting; designated areas used	P/Pf/C	0	
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is ava	ilable.	ON	Natural rubbe	r latex gloves n	not used per CGS §19a-36f	C		$\preceq$
Person in Charge (Signature) Roos Walsh Date 12/1	107		Violation	ns document	ted	Date corrections due		#	
7.00-0	1 000			em Violations	s em Violations		-	1	
Person in Charge (Printed)				n Violations	VIOIGUOIIS	3-1-24		2	_
10/20 10	1,1.	2-	Risk Fac	tor/Public He	alth Intervention	n Violations		1	-
Inspector (Signature) Date	11/2	25	Repeat F	Risk Factor/P	ublic Health Int	ervention Violations		0	
Inspector (Printed) Sose Raminez	/		Good Re	tail Practices	Violations			9	
			Requires	s Reinspecti	on - check box	x if you intend to reinspect			
Appeal: The owner or operator of a food establishment aggrieved by the or dispose of unsafe food, may appeal such order to the	Directo	or to con	ect any in ith, not lat	spection vio	lation identified	d by the food inspector or to fter issuance of such order	o hold, o	destro	оу,

Food Establishment Inspection	on Report Page 2 of 2
LHD Manchester Inspection Report Continuation Sheet	Date_(2/1/23
Establishment McDonalds Deming St. Town Mancheste	
TEMPERATURE OBSERVATIO	
Item/Location/Process Temp Item/Location/Process To door R/C  Panakas 40f Hat hald chicken letty Hat Panakas 40f Hat hald chicken letty Hat Panakas 40f Hat hald chicken letty Hat Panakas 39f Hat Prepline Hat Spicy chicken letty Hat I ice cream mix 35f Prepline Hat Shiced chase 38f Prepline Counter to Shiced chase 38f Prepline Counter to Shiced chase 38f Shiced	Temp  SF Hand SINK Front County 85 F  OF Sanifizer (as broket 12000)  SF Chlorine 1  OF DISH Machine OppM  ACTIONS  s stated in sections 8-405.11 & 8-406.11 of the food code.
39C Ice build up in WIF 35C Missing ceiling tile in dry storger CDS	
1100	>-tile replaces
16P Dish Machine chlorine at oppm. Co 19C Gaskets throughout unclean	D → 100 ppm
49c Gaskets throughout unclean	
Note Damaged Lunused cup dispenser & RIC in Note Discussed FDA food food code	back room to be discarded
Vote Good Glove use & hand washing obser	100
lote overall clean and organized	18d
erson in Charge (Signature)	Date  2 12023
spector (Signature)	Date   2   1   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: McDonald's Demina St.	
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	FPM/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  Momiting/Diarrhea Written clean-up Policy  Mop Sink Required (Sec. 5-203.13) CORE -90 day  Temperature: Final Cook Temperatures
Resources:  2022 FDA Food Code: <a href="https://www.fda.gov/food/fda-food-cod">https://www.fda.gov/food/fda-food-cod</a>	de/food-code-2022
FDA Handbook: <a href="https://www.manchesterct">https://www.manchesterct</a> FDA Handbook:	

Pist 0.4 2			. 4 1		D				e 1 of	7
Risk Category: 2 Food Establishment Inspect						eport		Pag	e 1 or	
Establishment type: Permanent Temporary Mobile Other					Date:	11/29/	23			
Establishment MCDonaldS		40	ning Connec	tiest Health	Time	In 10:45	_AM/PM	Time Out_	12	_AM/PM
Address 70 W. Center St		D	P	H)	LHD	Manche	ster	~		
Town/City Marchester					Purpo	se of Inspection	on: R	outine	Pre-op	
Permit Holder			ticut Dep Public He		Reins	pection	Other	TAY		
FOODBORNE ILLNESS RISK	FACTO	DRS	ANI	D PUBL	IC HE	ALTH INTER	VENTION	NS		- [] 1 - []
Risk factors are important practices or procedures identified as the most prevalent		(AA 600 A 5	FORMATION AND ADDRESS				240000			
Mark designated compliance status (IN, OUT, N/A, N/O) for each number  P=Priority item Pf=Priority foundation item C=Core item V=violation by		_		compliance		=not in compliand		not applicable		observed
P=Priority item Pf=Priority foundation item C=Core item V=violation ty  IN OUT N/A N/O Supervision	pe Mark I	-	_		OUT N/A			Contaminatio		v cos R
Person/Alternate Person in charge present	-				-	○ Food separa			and the same of th	UC 0 0
demonstrates knowledge and performs duties	Pf				0			cleaned & sanit		f/c 0 0
2 Certified Food Protection Manager for Classes 2,	С	C		17 0	0	200		urned, previous		P 00
3, & 4				17			The second second second second	nd unsafe food		
Employee Health		_	-	10 0				trol for Safety		
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/P	of C		18 0	00	Proper cook	ing time and	temperatures		f/C O O
4 O Proper use of restriction and exclusion	Р	10	0			<ul><li>Proper rehea</li><li>Proper cooling</li></ul>			laing	P 0 0
Written procedures for responding to vamiting and	2,000					O Proper hot h				POO
diarrheal events	Pf					O Proper cold				P 0 0
Good Hygienic Practices						O Proper date			P/	Pf O O
6 O Proper eating, tasting, drinking, or tobacco products			0	24 0	00	Time as a pu	ublic health	control: proced	ures P/P	f/C 0 0
7 O No discharge from eyes, nose, and mouth			0	24		and records			F/F	
Preventing Contamination by Hands  8	D/E			os los			nsumer Ad			
No hard hand contact with DTE feed as a	P/F	f C	0	25 0	00	100 100		raw/undercooked	food	Pf 00
pre-approved alternative procedure properly follows	ed P/Pf/0			26 🔾	00			Population ibited foods not of	fored D	VC 00
10 O Adequate handwashing sinks, properly supplied/accessi		0	0	20 0		Food/Color Add				101010
Approved Source	-			27 0	00			d and properly	TOUR DESIGNATION OF THE PERSON	POO
11 O Food obtained from approved source	P/Pf/0		00	28 🔾	00			rly identified,		
12 O O Food received at proper temperature		of C		20		stored & use				f/C O
13 O Food in good condition, safe, and unadulterated	P/P	of C	0			Conformance	with Appro	oved Procedu	res	
14 Required records available: molluscan shellfish identification, parasite destruction	P/Pf/0			29 0	00	process/ROI		ce/specialized	P/P	f/C 0 0
	GOOD R	ETA	IL PR	ACTICE	S	processive	Ornoria, ir	ioor i iaii		
Good Retail Practices are preventative measur	res to contr	ol the	additi	on of patho	ogens, ch	emicals, and phys	sical objects ii	nto foods.		
	ark in appro	opriat	te box	for COS ar	nd/or R	COS=correct	ed on-site du	ring inspection	R=rep	eat violation
OUT N/A N/O Safe Food and Water	V	co		OUT			Use of Uter	nsils		V COS R
30 Pasteurized eggs used where required	P		0			ensils: properly s				
31 Water and ice from approved source 32 Variance obtained for specialized processing methods	P/Pf/0			44	Jiensiis/e	quipment/linens: pe/single-service ar	properly store	d, dried, & hand	led P	
Food Temperature Control	1					sed properly	ucies, proper	ly stored & used		
Proper cooling methods used; adagusts aguirment for	7	T	T		0,0,000 0		sils and Equ	uipment		0 00
temperature control	Pt/C			47 😂 F	ood and	non-food conta			(P)P	<b>"</b> 0 0 0
34 O O Plant food properly cooked for hot holding	Pf		0	F		designed, constr				
35 O Approved thawing methods used	Pf/0		0	148		hing facilities: in				c 00
36 Thermometers provided and accurate  Food Identification	Pf/0		0			agents, sanitizer		strips available		
37 Food properly labeled; original container	Df/	10	00	49	NOU-1000	contact surface	s clean nysical Faci	ilition		
Prevention of Food Contamination	1 11			50 O F	Hot and	cold water availa				Pf 00
38 Insects, rodents, and animals not present	Pf/0		00			installed; prope				
39 Contamination prevented during food preparation, storage & display	P/Pf/C					and waste water			P/P	f/C 0 0
40 O Personal cleanliness			0			ilities: properly c			an Pf	(C O O
41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables	C					and refuse properl				
42 Vashing Iruits and Vegetables	P/Pf/0	ب اد				facilities installed			P/Pi	
Permit Holder shall notify customers that a copy of the most recent inspection	report is a	ailab	le.	ON	Natural ru	ventilation and	s not used	per CGS §19a-	36f	
Person in Charge (Signature) Date	1991	3	3	Violation Priority It	tem Viola	ations	Deci	F a3	due	7
Person in Charge (Printed) Line Avesha	1	1		Priority F Core Iter		on Item Violation	s Dec.	29,23 9124	1	3
	1221			Risk Fac	tor/Publi	c Health Interve	ntion Violatio	ons"		3
Inspector (Signature) Jense Tayne Date 11	291	23	>	Repeat F	Risk Fact	tor/Public Health	Intervention	n Violations		/
Inspector (Printed) De OISE Parine						tices Violations pection - check	hov if you is	ntand to rains	noct	7
Appeal: The owner or operator of a food establishment aggrieved by	by this ord	ler to	COLL	ect any in	spection	violation ident	ified by the	food inepacto	r or to half	d destroy
or dispose of unsafe food, may appeal such order to	the Direc	tor o	f Hea	Ith not la	ter than	forty-eight hour	e after iceu	ance of such	order	a, desiroy,

reinspection 12/12/23

Food Establishment Inspection Report LHD Manchester Inspection Report Continuation Sheet Establishment McDonalds Town\_ Manchester 12/12/23 reinspection TEMPERATURE OBSERVATIONS Item/Location/Process Temp Item/Location/Process Item/Location/Process Temp 41 °F 14905 FILPT cifam 126 OF handsin K 420¢ 149 05 but tomatores 50-100ppN Chickn chlorine 7205 Messe 4007 chlon 18 40, 50 por Sh machine 3900 8900 hamburger bathroom handsink 3904 7 80F DITCH! 7.90F cremer **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 un (lean - Notin Service at thistime lemonado machine 1 coffee machine 490 undercounter fridge = 490 16 pf unclean 550 chipped wood needs 47 P staff wait in use containers alloned 44 ( notex unsecured metal on work WIGDORD

Denise tayer

brated to be between 50-100 ppm

approval

Person in Charge (Signature)

Inspector (Signature)

Date

Date

### **Denise Payne**

**From:** Denise Payne

Sent: Thursday, December 14, 2023 2:41 PM

**To:** Walsh Thomas (US Partners)

**Subject:** RE: McDonald's

This is reasonable - the paint should be Epoxy paint to withstand the boxes and containers. Please let me know what shelves you find and plan to use.

Denise Payne, R.S. Environmental Health Inspector Manchester Health Department 479 Main Street, P.O. Box 191 Manchester, CT 06040

Ph: 860-647-3180 Fax: 860-647-3188

dpayne@manchesterct.gov

----Original Message----

From: Walsh Thomas (US Partners) < thomas.walsh@partners.mcd.com>

Sent: Thursday, December 14, 2023 2:37 PM To: Denise Payne <dpayne@manchesterct.gov>

Subject: Re: McDonald's

EXTERNAL MESSAGE - Don't just click it, put in a ticket!

Hi Denise,

We are planning for right now to paint the shelving while we search for the wire type shelving. Thanks Denise have a great Holiday!

Sent from my iPad

- > On Dec 4, 2023, at 11:54 AM, Denise Payne <dpayne@manchesterct.gov> wrote:
- >
- > Please let me know what your plan is for the shelving repairs. Also, please see the attached packet of new code information and example allergen info.

>

- > Denise Payne, R.S.
- > Environmental Health Inspector
- > Manchester Health Department
- > 479 Main Street, P.O. Box 191
- > Manchester, CT 06040

>

> Ph: 860-647-3180 > Fax: 860-647-3188

```
> dpayne@manchesterct.gov
>
>
> -----Original Message-----
> From: Walsh Thomas (US Partners) < thomas.walsh@partners.mcd.com>
> Sent: Monday, December 4, 2023 10:47 AM
> To: Denise Payne <dpayne@manchesterct.gov>
> Subject: McDonald's
>
> EXTERNAL MESSAGE - Don't just click it, put in a ticket!
>
> Hi Denise,
> Appreciate you sending the current health inspection info including the excel sheet you mentioned. Thanks,
> Tom
> Sent from my iPad
> < Allergen info.pdf>
> < Example Spreadsheet.pdf>
> <FDA Checklist with Handouts 5.8.23.pdf>
```

Risk Category: 3 Food Estab	lish	men	t Inspec	ction F	Report		Page 1	of_2	
Establishment type: Permanent Temporary Mobile Other				- Date:		13			
Establishment Moran's Restaurant		The	Commettent Hear		1	Constant of	1.	61	
Address 534 Middle Toke East	1	ni	ы	Time	In 12:30 Manch		me Out_	25	_AM/PI
Town/City Manchester		PI		200.00	ose of Inspectio			Wie tools	
Permit Holder OSCAC MOTAN		Connecticu	t Department	1			ne) Pi	re-op	
FOODBORNE ILI NESS RISK E	ACT	OPS A	MD DIID	LICIUE	pection	Other			
readed of procedures identified as the most prevalent con-	tributina	factors of	foodborne illne:	ss or injury.	Interventions are con	TENTIONS trol measures to pre	vent foodborne illa	ess or inim	7
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered i  P=Priority item	item	1101	In complian		=not in compliance	N/A=not a	pplicable N	O=not of	
IN 7001 N/A N/O Supervision	V			OUT N/A		ected on-site dur	ing inspection		at violatio
1 Person/Alternate Person in charge present,	-		15		Food separate	tion from Con	tamination	V	100000000000000000000000000000000000000
demonstrates knowledge and performs duties  Certified Food Protection Manager for Classes 2,	Pf		60	<b>/S</b> O	Food-contact	surfaces: clean	ed & sanitized	(P)Pf/C	
2 \$\phi\$ Certified Food Protection Manager for Classes 2, 3, & 4	С	0	) 17 Ø	0	Proper dispos	ition of returned	. previously		000
Employee Health					served, recon	ditioned, and ur ature Control	nsafe food		100
Management, food employee and conditional employee;	P/P	400	180	00	Proper cookin	q time and tem	peratures	P/Df/	
knowledge, responsibilities and reporting Proper use of restriction and exclusion			19 0	$\omega$	Proper reheat	ing procedures	for hot holding	F	000
Written procedures for responding to vomiting and	P	0	21 0	200	Proper cooling	time and temp	eratures	P	000
gharrheal events	Pf	0	22 0		Proper hot hol Proper cold ho	ding temperatu	res		000
Good Hygienic Practices  6 Proper eating, tasting, drinking, or tobacco products us				00	Proper date m	arking and disp	osition	P/Pf	
7 No discharge from eyes, nose, and mouth	e P/C	000		00	Time as a pub	lic health contro	ol: procedures	P/Pf/C	
Preventing Contamination by Hands		100			and records	sumer Advisor		FIFIIC	
Hands clean and properly washed	P/P	f O C	25 0	00	Consumer advisor	ry provided: raw/u	ndercooked food	Pf	Tolo
No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	00			Highly Su	sceptible Popu	lation		1010
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	00	26 0		Pasteurized foods	used; prohibited t	foods not offered	P/C	00
Approved Source	1	1-1-	27 0	50	Food/Color Additives	approved and	Substances		Tota
11 C Food obtained from approved source 12 C Food received at proper temperature		00	28 0	00	Toxic substant	ces properly ide	ntified		00
13 Compared at proper temperature Food in good condition, safe, and unadulterated	P/P		21		stored & used			P/Pf/C	00
14 C Required records available: molluscan shellfish				/	Compliance w	rith Approved I th variance/spe	Procedures		150, 1
identification, parasite destruction	P/Pf/C		1 1 2 2 2	0	process/ROP of	riteria/HACCP	Plan	P/Pf/C	00
Good Retail Practices are preventative measures to	OD RE	TAIL F	PRACTICE	S		The second secon			
V-Violation type Wark in	appro	priate bo	ox for COS at	nd/or R	COS=corrected	al objects into foc			
Safe Food and Water	v	COS R	OUT	The Pri	Proper Us	on-site during in se of Utensils	spection	R=repeat v	cos R
31 Water and ice from any word	P	00	43 0 1	n-use ute	nsils: properly sto	red		C	00
32 Variance obtained for specialized processing methods	P/Pf/C Pf	00	44 0 0	Jtensils/eq	uipment/linens: pro	perly stored, drie	d, & handled	Pf/C	00
Food Temperature Control			46 0 0	Sloves use	single-service articled properly	es: properly store	ed & used		00
Proper cooling methods used; adequate equipment for temperature control	Pf/C	00			Utensil	s and Equipme	ent	С	00
34 O O Plant food properly cooked for hot holding	Pf		127 00	ood and	non-food contact:	surfaces cleana	ible,	PPIC	
35 O O Approved thawing methods used	Pf/C	00	) V	Varewach	esigned, construction facilities, instruc	ted, and used		POPUL	
Thermometers provided and accurate		00	- IZXIC N	leaning a	ing facilities: insta gents, sanitizers,	and test strine	d and used;	Pf/C	00
Food Identification Food properly labeled; original container	T		(49) (C) N	lon-food o	contact surfaces of	lean	available	(S)	00
Prevention of Food Contamination	PHC	00		144 1	Phys	ical Facilities			
38 O Insects, rodents, and animals not present	Pf/C	00	51 O P	lumbing in	ld water available nstalled; proper b	; adequate pres	ssure		00
39 Contamination prevented during food preparation, storage & display 40 Personal cleanliness	P/Pf/C	00	52 O S	ewage an	nd waste water pro	perly disposed		P/Pf/C	000
11 O Wiping cloths: properly used and stored		00	53 O T	oilet facili	ties: properly cons	structed supplied	ed & clean	Pf/C	00
12 Machine feite	C P/Pf/C	00	54 O G	arbage an	d refuse properly di	sposed: facilities	maintained	C	00
Permit Holder shall notify customers that a copy of the most recent inspection repor				dequate v	cilities installed, n entilation and ligh	naintained, and	clean		
The state of the s	L IS ava	nable.	ON	atural rub	ber latex gloves n	ot used per CG	S §19a-36f	С	00
Person in Charge (Signature) Date 12 12	2/2	3	violation	s docum	ented	Date corre	ctions due		#
	10		Priority Ite	oundation	Item Violations			1	
Person in Charge (Printed)			Core Item	<b>Violation</b>	s	3-12	-24	- 1	
nspector (Signature) July Date  2  2	12	3	Risk Fact	or/Public	Health Intervention	n Violations	~	0	
2_ 2	10,		Good Ret	ail Practic	/Public Health Int	ervention Violat	tions	- 0	2
Appeal: The owner or operator of a food eathlish and the			I D .	n .		if you intend t	o reinspect	+	1
Appeal: The owner or operator of a food establishment aggrieved by this or dispose of unsafe food, may appeal such order to the D	s orde	r to con						hold, de	estrov.
or dispose of unsafe food, may appeal such order to the D	recto	of Hea	aith, not late	er than fo	rty-eight hours a	fter issuance o	of such order.		-5,



Violations Documentation

### 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.

CFPM/PIC on every shift during operating hours 1 Pf

No Numerical Scoring Grade-3 Violation Levels	mplementing Date Marking (Sec. 3-501.17) 23 P/Pf
<ul> <li>PRIORITY – 72 hours for correction</li> </ul>	Signage/Posters required
<ul> <li>PRIORITY FOUNDATION – 10 days for</li> </ul>	<ul> <li>Handwashing sign at all handwash sinks</li> </ul>
correction	(section 6-301.14) 10c
O CORE – 90 days for correction or	<ul> <li>9 Major Allergens 37c</li> </ul>
determined by inspector	<ul> <li>Outdoor Allowance for dogs -preapproval</li> </ul>
Corrections and ReInspections	/ and sign required. 38 Pf
Corrected on site violations	Employee Assessment Form
/ o Reinspection – case by case	
Repeat violations	Vomiting/Diarrhea Written clean-up Policy
No Bare Hand Contact – Correction Required	Mop Sink Required (Sec. 5-203.13) CORE -90 day
9 P/Pf/C	✓ Temperature: Final Cook Temperatures
Resources:	
2022 FDA Food Code: https://www.fda.gov/food/fda-food-cod	da/faad aada 2022
	<u>ue/100u-coue-2022</u>
Town of Manchastar Health Dont Later //	
Town of Manchester Health Dept: https://www.manchesterct	t.gov/Government/Departments/Health-Department
FDA Handbook: https://www.fda.gov/food/retail-food-indu	stryregulatory-assistance-training/retail-food-
protection-employee-health-and-personal-hygiene-handbo	<u>ook</u>
Environmental Health Inspector:	
Simulation of the state of the	2
Signature of Inspector:	
Print Name: Jose Ramirez	Date: 12/12/23
Person in Charge:	Date. 12/12/23
/ /	/
Signature of Person In Charge:	Title: Punce
Print Name:	Title. Owice v
This regime.	Date: 12-12-23
Email Oscarito 7885 @ gmail.com	M
U	

Risk Category: 2 Food Establ	lishm	neni	t Ir	spectio	on Rep	ort	Page 1 of			
Establishment type: Permanent Temporary Mobile Other				-		2/12/23				
Establishment Oak St Pob		ening	Connec	tion Heating	Time In	AM/PN	M Time Out		AM/	PM
Address 30 Oak St.		DÍ	P	H)	LHD /	nanches	ter			
Town/City Manchester						of Inspection:	Routine Pre		192	
Permit Holder	Co	of Pul	ut Dep blic He	partment ealth	Reinspec	tion Oth	ner FPA disc	<u>ज्यान</u>	d	
FOODBORNE ILLNESS RISK FA									Y P	-10
Risk factors are important practices or procedures identified as the most prevalent cont		100		WALL PROPERTY.		THE RESERVE OF THE PARTY OF THE	A STATE OF THE STA			
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it  P=Priority item Pf=Priority foundation item C=Core item V=violation type		_		to box for Co				=not ob		
IN OUT N/A N/O Supervision	V	cos		I Towns I was	UT N/A N/O		om Contamination	R=repea	cos	-
Person/Alternate Person in charge present						Food separated and			0	
demonstrates knowledge and performs duties	Pf	0	0	(16)O V			es: cleaned & sanitized	F/Pf/C		
2 Certified Food Protection Manager for Classes 2,	С	0	0	17 00 0		Proper disposition of	returned, previously		0	
3, & 4				11		served, reconditioned				$\cup$
Employee Health		-	_	401016		Time/Temperature (		In mare		
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	0	$\circ$			Proper cooking time	and temperatures cedures for hot holding	P/Pf/C	0	_
4 Ø Proper use of restriction and exclusion	Р	0				Proper cooling time a		P		0
5 Written procedures for responding to vomiting and						Proper hot holding te			0	
diarrheal events	Pf	0	0	22 0	000	Proper cold holding to	emperatures	Р		
Good Hygienic Practices				23 🕏 🤇		Proper date marking		P/Pf	0	0
6 O Proper eating, tasting, drinking, or tobacco products us				24 0 0		and the state of t	Ith control: procedures	P/Pf/C	0	0
7 O No discharge from eyes, nose, and mouth  Preventing Contamination by Hands	C	0	$\circ$			and records				
8 O O Hands clean and properly washed	D/Df	0		25 0 0		Consumer	Advisory ded: raw/undercooked food	Pf	0	
No bare hand contact with RTF food or a	1			20 0 0		Highly Susceptil		1 11		$\cup$
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26 0 0	0 Ø F		prohibited foods not offered	P/C	0	0
10 Ø O Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0				nd Toxic Substances			
Approved Source				27 0 0		Food additives: appro	oved and properly used	P	0	0
11 Ø O Food obtained from approved source	P/Pf/C			28 00 0		Toxic substances pro	perly identified,	P/Pf/C		0
12 O O Food received at proper temperature 13 O Food in good condition, safe, and unadulterated		0				stored & used		1.71.40		
/	P/Pf			TT	/	Compliance with vari	proved Procedures			
14   Grant   Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0	이	29		process/ROP criteria		P/Pf/C	0	0
				ACTICES						N.
Good Retail Practices are preventative measures to										
The state of the s				for COS and	l/or R	COS=corrected on-site		R=repea	t viola	ition
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	٧	cos	A comment of	OUT		Proper Use of U	Jtensils	V		100
31 Pasteurized eggs used where required Water and ice from approved source	P P/Pf/C			43 O In-	use utensil	s: properly stored	tored, dried, & handled	C	0	100
32 O Variance obtained for specialized processing methods	Pf	_	8			gle-service articles: pro		P/C	00	
Food Temperature Control	nied i			10 00	oves used		pony diarea a asea	-	0	
Proper cooling methods used; adequate equipment for	DEIC	0				Utensils and	Equipment			
temperature control				GT 25 FO	od and nor	n-food contact surface	es cleanable,	P/PF/C	0	
34 O Plant food properly cooked for hot holding	Pf	0				gned, constructed, ar		FIFTIC		0
35 O Approved thawing methods used 36 Thermometers provided and accurate	Pf/C	00	의	148	and the second second		maintained and used;	Pf/C	0	0
Food Identification	PI/C		9			nts, sanitizers, and te tact surfaces clean	st strips available	(c)		
37 Food properly labeled; original container	Pf/C	0		F3 140	7171000 0011	Physical F	acilities		0	$\subseteq$
Prevention of Food Contamination				50 O Ho	t and cold	water available; adec		Pf	0	0
38 O Insects, rodents, and animals not present	Pf/C	0	0	\$17 Ø Plu	umbing inst	talled; proper backflo	w devices	P)Pf/C		
39 Contamination prevented during food preparation, storage & display	P/Pf/C			52 O Se	wage and	waste water properly	disposed	P/Pf/C	0	0
40 Personal cleanliness 41 Wiping cloths: properly used and stored		0					ed, supplied, & clean	Pf/C		
42 Washing fruits and vegetables	P/Pf/C	9					d; facilities maintained	C	0	0
		-				ities installed, mainta	designated areas used	P/Pr/C		$\approx$
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable.	• (	O Na	atural rubbe	er latex gloves not use	ed per CGS §19a-36f			
Person in Charge (Signature) 100 Date 10.1	2.0	13	_	Priority Iter	m Violation	s 3 à	ate corrections due		#	
Person in Charge (Printed) Ten Donnelly				Core Item	Violations	em Violations 10 à	Nacs 3117/74		6	
Inspector (Signature) Tomas Paris Date 121	2/2	3		Repeat Pic	or/Public He	ealth Intervention Violential Public Health Interven	lations		1	
The same of the			$\dashv$			S Violations	NOT VIOLATIONS	+-	6	
Inspector (Printed) Denise Payne				Requires	Reinspecti	ion - check box if vo	u intend to reinspect	+-		
Appeal: The owner or operator of a food establishment aggrieved by the	his orde	er to c	corre	ect any insi	pection vio	lation identified by t	he food inspector or to	hold,	destr	oy.
or dispose of unsafe food, may appeal such order to the	Directo	or of h	Heal	th, not late	er than forty	y-eight hours after is	ssuance of such order			

Food Establishment Inspection Report Page 2 of \_\_\_\_

LHD Manchester		Inspection Report Continuation Sheet  Date 12/12/23							
Establishment Oak St	Pub	Town Manche	SHC						
		TEMPERATURE OBSERVA		Mary II and in a Drawnon					
Item/Location/Process	Temp	Item/Location/Process	Temp	handsia K	Temp				
anental mas	7/			beethroom handsink	126°F				
				SW1100/11	100				
	0.5	SERVATIONS AND CORDECT	INT ACTIO	and a					
Violations cited in the		SERVATIONS AND CORRECT e corrected within the time frames below		in sections 8-405.11 & 8-406.11 of the fo	ood code.				
Item Number	.55		•	andone distribution and a company of a state of the second section and the section and the second section and the section and the second section and the secti					
1101 2 100 0	17	i							
490 3-bay sin									
49c 2-door T	ravisen	reach in handles	ton	clean					
notex monitor	air ter	noerature after	lower	ing in 2-door	Transen				
3		"Kermore" freez		7	11.00				
(a figure 100		not olean, not		eclas					
44 c unclear ut	21205	container at stol	ne						
56C light in	dry st	orage not shield	ded 100	vered protected					
				loose   missing a	sall				
		itess unctean w							
notest hollow dri	nK St	irres at bar, no	of pro	teded					
		of water 126°F,							
3	1	holding at the							
note & thermone.	for an	ailable							
notex Discossed	max	quat ppm, add	water	to soray both	2 @				
200ppm				7					
Discussed Cons	umer V	isory/Warning a	dal	legy statements o	ameri				
*Mop Sink	Kegu	ered - define los	cation	and have Heal	14				
Det (	appor	le pror to plumb	es ins	tallation					
	Q .								
		d payn	e@ny	janchestoct.gov					
		, 0	60.0						
1) ish washe	r no lor	yer in place—on	ly di	sposable wares al	lowed				
Person in Charge (Signature)			/	Date					
Inspector (Signature)	trise	ayre		Date 12 9 3	3				



#### 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: DQ	K St Pub			
No Numeric  O O O Corrections O O O	PRIORITY – 72 hours for correction PRIORITY FOUNDATION – 10 days for correction CORE – 90 days for correction or determined by inspector and ReInspections Corrected on site violations Reinspection – case by case Repeat violations and Contact – Correction Required 9 P/Pf/C		CFPM/PIC on every shift during open Implementing Date Marking (Sec. 3 Signage/Posters required  Handwashing sign at all (section 6-301.14) 1000  Major Allergens 3700  Outdoor Allowance for and sign required. 3811  Employee Assessment Form  Vomiting/Diarrhea Written clean-up Mop Sink Required (Sec. 5-203.13) (Sec. 5-2	-501.17) 23 P/Pf handwash sinks dogs -preapproval Pf Policy CORE -90 day
Resources:	The state of the s			
2022 FDA Food	Code: https://www.fda.gov/food/fda-food-cod	de/fo	food-code-2022	
Town of Manch	ester Health Dept: https://www.manchesterct	.gov	v/Government/Departments/Health-I	Department
FDA Handbook: protection-emp	https://www.fda.gov/food/retail-food-indu- bloyee-health-and-personal-hygiene-handbo	stryr ook	vregulatory-assistance-training/reta	l-food-
Environmental	Health Inspector:			
Signature of Inspe	ector: Dessise Pain	J		
Print Name:		un	n Date:	12/23
Person In Charg	ge:	0		11/10/03
Signature of Pers	on In Charge: Sui Dann , Do	^	Title:	
Print Name:	Teri Donnelly	5	Date:	12.12.23
Email	J -			

Risk Category: 3 Food Establ	lichn	nonf	lne	enacti	on Rei	oort	Page 1	of 2	
Establishment type: Permanent Temporary Mobile Other		IGIIL		Specii		, ,	.3		
		in a	Connectio	Cut Ha	Date:			<u>ا</u>	NI/PIV
Establishment Pagani's Munchester Caterers  Address 78 Maple St.		J. F	31		Time In_		Time Out 2:	C_AN	VIJENY
		JF		7)		of Inspection	: Routing Pr	e-op	
Town/city Manchester	C	nnecticut	rt Depa	artment				e-op	
Permit Holder Michael Pagani FOODBORNE ILLNESS RISK FA	ACTO	of Publ	AND	DIIRII	Reinspe		Other		_
Risk factors are important practices or procedures identified as the most prevalent cont								ess or injury.	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it		3020		ompliance	ASSESSMENT NO.	ot in compliance	TOTAL BEAUTY OF THE STATE OF TH	O=not obser	ved
P=Priority item Pf=Priority foundation item C=Core item V=violation type	_	-					ted on-site during inspection	R=repeat vio	olation
IN OUT N/A N/O Supervision	٧	cos			UT N/A N/O		on from Contamination		OS R
Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	0	) I F	15 0		Food separated		P/C C	
Cortified Food Protection Manager for Classes 2				16 00	DE UNIO		urfaces: cleaned & sanitized ion of returned, previously		0
3, & 4	С			17 00			itioned, and unsafe food	PC	00
Employee Health	-	1 7		10/1/			ture Control for Safety		
Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	0	) I L	18 00 0		Proper cooking	time and temperatures ag procedures for hot holding	P/Pf/C	
4 Proper use of restriction and exclusion	Р	0	_		500	Proper cooling	time and temperatures		
5 Written procedures for responding to vomiting and	Pf						ing temperatures		50
diarrheal events				22 1	009	Proper cold hol	ding temperatures		0
Good Hygienic Practices  6 Proper eating, tasting, drinking, or tobacco products us	- 120			23 00 0	-		rking and disposition		0
6 Proper eating, tasting, drinking, or tobacco products us 7 W No discharge from eyes, nose, and mouth	e P/C	00		24 0	o	I ime as a publi and records	c health control: procedures	P/Pf/C	00
Preventing Contamination by Hands			$\dashv$				umer Advisory		
8 6 Hands clean and properly washed	P/Pf	0		25 0	0		y provided: raw/undercooked food	Pf C	00
9 No bare hand contact with RTE food or a	P/Pf/C	1.53					ceptible Population		70
pre-approved alternative procedure properly followed				26 🔾			used; prohibited foods not offered		00
Adequate handwashing sinks, properly supplied/accessible	Pf/C	101	의				ves and Toxic Substances		
Approved Source  11  Food obtained from approved source	חוחנום			27 0/0	000	Food additives:	approved and properly used	J P C	0
12 C Food received at proper temperature		00		28 00 0		Toxic substance stored & used	es properly identified,	P/Pf/C	
13 0 Food in good condition, safe, and unadulterated		0			/c		th Approved Procedures		
Required records available: molluscan shellfish	P/Pf/C			29 0 0	1		h variance/specialized		T
Identification, parasite destruction	Line Scientific Control						riteria/HACCP Plan	P/Pf/C	0
Good Retail Practices are preventative measures to	OD RE	TAIL	PR/	ACTICES					
				or COS and			on-site during inspection		
OUT N/A N/O Safe Food and Water	v	T	R	OUT	JOI K		e of Utensils	R=repeat vio	os R
30 Pasteurized eggs used where required	Р				use utens	ils: properly stor	ed		00
31  Water and ice from approved source	P/Pf/C	0		44 O Ut	ensils/equip	ment/linens: prop	perly stored, dried, & handled		0
32 O Variance obtained for specialized processing methods	Pf	0	의년	45 O Sir	ngle-use/sir	igle-service article	es: properly stored & used	P/C C	0
Food Temperature Control  Proper cooling methods used; adequate equipment for		т т		46   O   G	oves used			C  C	00
133 Proper cooling methods used; adequate equipment for temperature control	Pf/C	0	네	I IEO	od and no	Utensils	and Equipment surfaces cleanable,		_
34 O Plant food properly cooked for hot holding	Pf	0	511			igned, construct		P/Pf/C	0
35 O O Approved thawing methods used		0	SIL	IM			lled, maintained and used;	1	+-
36 C Thermometers provided and accurate		0		48 O cle	eaning age	ents, sanitizers, a	and test strips available	Pf/C	
Food Identification	1			49 X No	n-food co	ntact surfaces cl		(C) C	0
37 Food properly labeled; original container  Prevention of Food Contamination	Pf/C	0	의	50 0 11	4 4 14	Phys	ical Facilities		
38 Insects, rodents, and animals not present	Pf/C	00	3	50 O H	and cold	water available stalled; proper ba	; adequate pressure	Pf C	
Contamination prevented during food preparation, storage & display	P/Pf/C		ăl lă	52 O Se	wage and	waste water pro	acknow devices	P/Pf/C	
40 Personal cleanliness		0		53 O To	ilet facilitie	s: properly cons	structed, supplied, & clean	Pf/C	
41 Wiping cloths: properly used and stored		0	) [:	54   🔾   Ga	rbage and	refuse properly di	sposed; facilities maintained		50
42 Washing fruits and vegetables	P/Pf/C			55 O Ph	ysical faci	lities installed, m	naintained, and clean	P/Pf/C	
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable.		56 O Ad	equate ve	ntilation and ligh	nting; designated areas used	CC	
111611	1.7	_		Violations	documer	nted gioves n	ot used per CGS §19a-36f  Date corrections due	#	
Person in Charge (Signature) ( ( ( Cl y Cu ) Date ( )	11/2	3	E	Priority Ite	m Violation	ns	- Conconstant	Ö	-
Person in Charge (Printed)	1-1					tem Violations		0	
- distribution of the state of	1				Violations	ealth Interventio	3-11-24	3	
Inspector (Signature) Date 12/11	12	3	F	Repeat Ris	sk Factor/F	Public Health Intervention	n Violations ervention Violations	8	
Tota Pinica	1			Good Reta	ail Practice	s Violations		3	
Inspector (Printed) Sose Kamirez			[F	Requires	Reinspect	tion - check box	if you intend to reinspect		
Appeal: The owner or operator of a food establishment aggrieved by the	nis orde	er to co	orrec	ct any ins	pection via	olation identified	d by the food inspector or t	o hold, dest	troy,
or dispose of unsafe food, may appeal such order to the	Directo	of H	eaith	i, not late	man fort	y-eight hours a	πer issuance of such order	-	

Food Establishment Inspection Report LHD Manchester Inspection Report Continuation Sheet Establishment Pagaris Murchester Caterers Town Marchester TEMPERATURE OBSERVATIONS Item/Location/Process Temp Item/Location/Process Item/Location/Process Temp Sausage cooked to 200F Hard Sink employee Bathesm 90F JIC COOKED SOUSONE 289 398 Sliced Provolane **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 6 inches above floor in WIC available

Date

Person in Charge (Signature)

Inspector (Signature)



### 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: Pagani's Manchester Cateres	5
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   Memployee Assessment Form   Implementing Date Marking (Sec. 5-203.13) CORE -90 day   Temperature: Final Cook Temperatures
Resources:	
2022 FDA Food Code: https://www.fda.gov/food/fda-food-cod	de/food-code-2022
Town of Manchester Health Dept: https://www.manchesterct	.gov/Government/Departments/Health-Department
FDA Handbook: <a href="https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook</a>	stryregulatory-assistance-training/retail-food- ook
Environmental Health Inspector:	
Signature of Inspector:	
Print Name: Jose Ramirez	Date: 12/11/23
Person in Charge:	1
Signature of Person In Charge:	eycel Title: KCCS
Print Name: WCCNAEL A-	Date: 62/11/27
Email NAOMI CAST PERF & COM	Cours The

Risk Category: 7 Food Establ	ishm	ent	lns	spection	on Report Page 1 of
Establishment type: Permanent Temporary Mobile Other				Ī	Date: 12/13/23
Establishment Pretzel Maker		seping	Commertie	tue pe	Time In 10: 15 AMPM Time Out AM/PM
Address 194 Buckland Hills dr unit 2128		T	<b>)</b>	1)	LHD Manchester
Town/City Manchester	) i				Purpose of Inspection: Routine Pre-op
Permit Holder	Co	of Pub	ut Depa olic Heal	rtment	Reinspection Other FDA
FOODBORNE ILLNESS RISK FA	CTO	RS A	AND	PUBLIC	C HEALTH INTERVENTIONS
Risk factors are important practices or procedures identified as the most prevalent contra			L COLOR COLOR		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			-	ompliance	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			- 11		
IN OUT N/A N/O Supervision	V	cos	R		JT N/A N/O Protection from Contamination V COS R
Person/Alternate Person in charge present,	Pf	0		15 Ø C	
demonstrates knowledge and performs duties  Certified Food Protection Manager for Classes 2,	-	-	$\neg$	0	
2	С	0		17 🧭 🔾	Proper disposition of returned, previously served, reconditioned, and unsafe food
Employee Health					/Time/Temperature Control for Safety
Management, food employee and conditional employee;	P/Pf	0	:>)   ⊢	18 0 0	
knowledge, responsibilities and reporting					Proper reheating procedures for hot holding POC
4 O Proper use of restriction and exclusion	P	0			Proper cooling time and temperatures
5 Written procedures for responding to vomiting and	Pf	0	( )   ⊢		Proper hot holding temperatures
diarrheal events			20.20	22 🐼 🔾	
Good Hygienic Practices	- 150			23 00 0	Proper date marking and disposition P/Pf O
6 O Proper eating, tasting, drinking, or tobacco products use 7 O No discharge from eyes, nose, and mouth		0		24 0 0	Time as a public health control: procedures
	С	0	의		and records
Preventing Contamination by Hands  8	DIDE			25 0	Consumer Advisory
No hare hand contact with RTE food or a	PIPI	0	쒸	25 0 0	
9 pre-approved alternative procedure properly followed	P/Pf/C	0	oll-	26 0 0	Highly Susceptible Population  Pasteurized foods used; prohibited foods not offered P/C   P/C
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	əll	20 0 0	P/C Pasteurized foods used; prohibited foods not offered P/C P/C Pood/Color Additives and Toxic Substances
Approved Source	TFIIC			27 0 0	Food additives: approved and properly used PO
11 C Food obtained from approved source	P/Pf/C				Toxic substances preparty identified
12 O Food received at proper temperature		0		28 ∅ ⊂	Toxic substances properly identified, stored & used
13 Ø O Food in good condition, safe, and unadulterated	_	0			Conformance with Approved Procedures
14 O G Required records available: molluscan shellfish					Compliance with variance/specialized
identification, parasite destruction	P/Pf/C	0	에	29 0 0	process/ROP criteria/HACCP Plan
GOO	DD RE	TAIL	PRA	ACTICES	
Good Retail Practices are preventative measures to	contro	I the a	dditio	n of pathog	ens, chemicals, and physical objects into foods.
Mark OUT if numbered item is not in compliance V=violation type Mark in	n approp	oriate b	box fo	or COS and	/or R COS=corrected on-site during inspection R=repeat violatio
OUT N/A N/O Safe Food and Water	٧	cos		OUT	Proper Use of Utensils V Cos R
30 Pasteurized eggs used where required	P	0	의	43 O In-	use utensils: properly stored
31 O Water and ice from approved source	P/Pf/C				ensils/equipment/linens: properly stored, dried, & handled Pf/C O
32 O Variance obtained for specialized processing methods	Pf	0	의	45 O Sin	ngle-use/single-service articles: properly stored & used P/C C
Food Temperature Control	-			46   C   Glo	oves used properly C O C
Proper cooling methods used; adequate equipment for temperature control	Pf/C	0	$\circ$	<u> </u>	Utensils and Equipment
34 O Plant food properly cooked for hot holding	Dr			4 / IC / VI	od and non-food contact surfaces cleanable,
35 O Approved thawing methods used	Pf	00			operly designed, constructed, and used arewashing facilities: installed, maintained and used;
36 Thermometers provided and accurate		0			
Food Identification	FIIC				eaning agents, sanitizers, and test strips available
37 Food properly labeled; original container	Pf/C	0		- ANIMO	on-food contact surfaces clean  Physical Facilities
Prevention of Food Contamination	11110			50 O Ho	of and cold water available; adequate pressure Pf
38 Insects, rodents, and animals not present	PfIC	0			umbing installed; proper backflow devices P/Pf/C C
39 Contamination prevented during food preparation, storage & display	P/Pf/C				wage and waste water properly disposed P/Pf/C C
40 Personal cleanliness		0			ilet facilities: properly constructed, supplied, & clean Pf/C
41 Wiping cloths: properly used and stored	С	0			rbage and refuse properly disposed; facilities maintained C C
42 Washing fruits and vegetables	P/Pf/C				sysical facilities installed, maintained, and clean P/Pf/C
Pormit Holder shall notify surfamore that a new of the most year in a single					lequate ventilation and lighting; designated areas used C C
Permit Holder shall notify customers that a copy of the most recent inspection repo	nt is ava	mable.		O Na	tural rubber latex gloves not used per CGS §19a-36f
Person in Charge (Signature)	11	51			documented Date corrections due # m Violations
Person in Charge (Printed) DEEPAL CHANG	[=1	A		Priority Fo	undation Item Violations 10 days 12 23 23
i elson in olidige (Finited)	<u></u>	17		Core Item	Violations 90 days 3/13/24 3
Inspector (Signature) 7 . XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	317	12	1 1	Repeat Riv	sk Factor/Public Health Intervention Violations
INITION OF THE PARTY	416	7			ail Practices Violations
Inspector (Printed)			l ī	Requires	Reinspection - check box if you intend to reinspect
Appeal: The owner or operator of a food establishment aggrieved by the	nis orde	er to c	corre	ct any insi	pection violation identified by the food inspector or to hold destroy
or dispose of unsafe food, may appeal such order to the	Directo	or of H	Healt	h, not late	r than forty-eight hours after issuance of such order

Food Establishment Inspection Report  Inspection Report Continuation Sheet  Date 17/13/23  Establishment Petral Maker  Town Man Nester  Item/Location/Process  Item/Location/Process  Temp Item/Locati					
					1/13/23
Establishment Pretæ	1 Maker	Town_Ma	nchester		
		TEMPERATURE O	BSERVATIONS		
Item/Location/Process		Item/Location/Proce	ess Temp	Item/Location/Proces	
ice cream bever				prepsink	126°F
hot dogs	4105			spray sonitiz	250 ppn
U				bathroom sink	
					126°
<del></del>					
Violations cited					1 of the food code
item	a in this report made b	o dorrected within the time ha	mes below, or as stated	1111 Sections 0-400.11 & 0-400.1	i oi tile lood code.
*					
470 cracked	o: teher	on pront	shle		
				l class	
			(C) M		
	wer on	brown ice n	nachine, h	eld on with	string
490 lower s	helf about	2 3- hay ru	sted and	not clean	0
70 - 0		9.54	SICO VIII.		
			7.1		
noted very c	lean and	organized	Litchen 1 st	orage overall	
notex no act	white at	- time of	increction		
			ropecho		
noted thermor	neto un	5176			
Person in Charge (Signatu	ire) Dec	syl a-d	ngel	Date	2/13/23
Inspector (Signature) 🏅	. XITUNU	NY		Date 12	113/23



### 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: Pretzel Maker	
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  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-cod	le/food-code-2022
Town of Manchester Health Dept: https://www.manchesterct	gov/Government/Departments/Health-Department
FDA Handbook: <a href="https://www.fda.gov/food/retail-food-indus-protection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-indus-protection-employee-health-and-personal-hygiene-handbook</a> Environmental Health Inspector:  Signature of Inspector:	stryregulatory-assistance-training/retail-food- ook
Print Name:	1 12/12/20
Person In Charge:	Date: 12/13/73
Signature of Person In Charge:	Title: 0600000000000000000000000000000000000

Risk Category: Food Establishment Inspection Report Page 1-of 3									
Establishment type: Permanent Temporary Mobile Other	r:			Date: 12 8 23					
Establishment SAI Foo ds		Respond Course	Meality.	Time InAM/PM Time OutAM/PM					
Address 1137 Tolland Tox		DP	H)	LHD Marchester					
Town/City N anchester				Purpose of Inspection: Routine Pre-op					
Permit Holder Connecticut Department of Public Health Reinspection Other TDA Awar									
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
Risk factors are important practices or procedures identified as the most prevalent contr		2778789 - CO							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			compliance						
P=Priority item Pf=Priority foundation item C=Core item V=violation type									
IN OUT N/A N/O Supervision	٧	COS R		UT N/A N/O Protection from Contamination Cos R					
Person/Alternate Person in charge present,	Pf	00	15 0	Food separated and protected					
demonstrates knowledge and performs duties	0		16 0	Food-contact surfaces: cleaned & sanitized ( P(Pf)C )					
Certified Food Protection Manager for Classes 2, 3, & 4	С	00	17 0	Proper disposition of returned, previously served, reconditioned, and unsafe food					
Employee Health				Time/Temperature Control for Safety					
Management food employee and conditional employee:	-		1800	Proper cooking time and temperatures					
knowledge, responsibilities and reporting	P/Pf	00	19 0	Proper reheating procedures for hot holding					
4 O Proper use of restriction and exclusion	Р	00		Proper cooling time and temperatures					
Written procedures for responding to vomiting and				Proper hot holding temperatures					
diarrheal events	Pf	00		Proper not holding temperatures					
Good Hygienic Practices				Proper date marking and disposition P/Pf O					
6 O Proper eating, tasting, drinking, or tobacco products use	DIC	010		Time on a public health control, precedures					
		00	24 0	Time as a public health control: procedures P/Pf/C					
	С	00		and records					
Preventing Contamination by Hands  8	Dipi	010	OSTOT S	Consumer Advisory					
	P/Pf	00	25 0						
9 No bare hand contact with RTE food or a	P/Pf/C	00	l sala l	Highly Susceptible Population					
pre-approved alternative procedure properly followed			26 0	Pasteurized foods used; prohibited foods not offered P/C O					
Adequate handwashing sinks, properly supplied/accessible	Pf/C	00		Food/Color Additives and Toxic Substances					
Approved Source			27 0	Food additives: approved and properly used POO					
11 O Food obtained from approved source		00	2800	Toxic substances properly identified,					
12 C Food received at proper temperature	-6-13	00	2000	stored & used					
Food in good condition, safe, and unadulterated	P/Pf			Conformance with Approved Procedures					
Required records available: molluscan shellfish	P/Pf/C	00	29 0	Compliance with variance/specialized					
identification, parasite destruction	TOWNSHIP CONTROL	1200	A	process/ROP criteria/HACCP Plan					
			RACTICES						
Good Retail Practices are preventative measures to									
		Service of the service of	for COS and						
OUT N/A N/O Safe Food and Water		COS R	OUT	Proper Use of Utensils V Cos R					
30 Pasteurized eggs used where required		00		-use utensils: properly stored COOO					
Water and ice from approved source		00		tensils/equipment/linens: properly stored, dried, & handled Pf/C O					
32 O Variance obtained for specialized processing methods	Pf	00		ingle-use/single-service articles: properly stored & used P/C O					
Food Temperature Control			46 O G	loves used properly C O					
Proper cooling methods used; adequate equipment for	Pf/C	00		Utensils and Equipment					
temperature control				ood and non-food contact surfaces cleanable,					
34 O Plant food properly cooked for hot holding		00	ıq	ropeny designed, constructed, and used					
35 O Approved thawing methods used	Pf/C	00	48 O W	/arewashing facilities: installed, maintained and used;					
36 C Thermometers provided and accurate	Pf/C	00	Cl	eaning agents, sanitizers, and test strips available					
Food Identification		1	49 🔷 N	on-food contact surfaces clean (C)					
37 Food properly labeled; original container	Pf(C	od		Physical Facilities					
Prevention of Food Contamination				ot and cold water available; adequate pressure					
38 O Insects, rodents, and animals not present		00	51 @ PI	lumbing installed; proper backflow devices P(Pf/¢ )					
39 Contamination prevented during food preparation, storage & display	P/P(/C)	00	52 O S	ewage and waste water properly disposed P/Pf/C O					
40 Personal cleanliness	Pf/C	00	53 O To	oilet facilities: properly constructed, supplied, & clean Pf/C O					
41 O Wiping cloths: properly used and stored		00		arbage and refuse properly disposed; facilities maintained C_ O					
42 Washing fruits and vegetables	P/Pf/C	00	55 😂 PI	hysical facilities installed, maintained, and clean P/R/IC O					
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is avai	ilable.		dequate ventilation and lighting; designated areas used color atural rubber latex gloves not used per CGS §19a-36f					
10	211 -	7	Violation	s documented Date corrections due #					
Person in Charge (Signature) Date 12 (	11/	2	-	em Violations 3 days 12 16 23 7					
Person in Charge (Printed) Rubhallara Lap Damine	11.			oundation Item Violations Iodays 12 28 23 3					
Town or a ray nature	1			or/Public Health Intervention Violations 3 8 24 5					
Inspector (Signature)	101.	23	Report D	or/Public Health Intervention Violations isk Factor/Public Health Intervention Violations					
James Palle 12	1010	_ر_		tail Practices Violations					
Inspector (Printed) Denise Pourne			-	Reinspection - check box if you intend to reinspect					
Appeal: The owner or operator of a food establishment aggrieved by the	nie ordo	r to co-	rect on visa	expection violation identified by the feed inspect					
or dispose of unsafe food, may appeal such order to the	Directo	r of He	alth not late	er than forty-eight hours after issuance of such order					

Foo	d Establishment	t Inspection	Report Page 2	of
LHD Marcheste	Inspection Report Co	ontinuation Sheet	Date 12/3	8/23
Establishment Sai Food	de Town 1	Marchester	<i>r</i>	
		RE OBSERVATIONS		
Item/Location/Process	Temp Item/Location/	v management	Item/Location/Process	Temp
Ch lung	405 Onworson			
CKn + Curry	39 = Samosa	1357		
Butter	39 F			
		2		
Violations sited in this	OBSERVATIONS AN report must be corrected within the til	ID CORRECTIVE ACT		the food code
Item Number	report must be corrected within the ti	me frames below, or as state	d III sections 6-405.11 & 6-406.11 of	the lood code.
	- · · · · · · · · · · · · · · · · · · ·			3
IPT No person of	F Knowledge ons	ite. Owner	CFPM) back@S	itore
- nuner	to sign up sta	aff within	2 weeks	
N-0 100000	11-2 pm Dinne			
	e of New Food		like ment	
490 Exterior of	la la Cal	Lower 150gi	slee Kleenel	very 4+45
112 S S	- blek food car	vialles Wi	clas - las. a.	<i>J</i> .
The second secon	bull containe			
16P. Warnes 1	inclear - Clean	when dury	or minimum ever	my 4 Hrs
	not approved			
47c Self serve	warner on To	able w/exter	tion cords not	approved
	noved & ext. co			1922
	ard + Ta pe Sign			
20		in Storage T	1)10	
40 c 1 d 0 0 0 i 0	Kitchen, Stora		11001100	
11C 7100S (1)		1 /	1 (01000)	hana
SIM faucet Ke	guned on 3 bo	reysenk-	nust reach AL	Days
49c Gaskets	inclear-cle	an with so	ap+ water then	sanity
16 P Sanityer 1	ower than 50p	pm -adju	sted Cos	
20P Trays of	"cooled "foods-	notappared	Discarded C	os class
490/370 Spice (100	taines uncles	an /not lake	elled	
47c Steplite (	onto iner notro	mnocial		
490 Cambos	was less	,		
6PF/47c Cutting bo	ards unclear /	do ma end		
15P Eggs - Sh	1	du to eat in	teme in Warmen	
	to Del	ing to seasy 11	31p (1) /00000	5/22
Person in Charge (Signature)	Pollar		Date 121	0/2
Inspector (Signature)	un taifen		Date 12/	000

LHD Manchester		blishment Inspection Report Continuation Sh			22
-HULL CONESTO	<b>—</b> 1			Date/2_/8_	<i>a</i> >
Establishment 3 a 4	00dS	Town_Manc	heste	<u> </u>	
Item/Location/Process	Temp	TEMPERATURE OBSER Item/Location/Process	VATIONS Temp	Item/Location/Process	Towns.
item/200ation/100e33	remp	item/Location/F10cess	remp	nem/Location/Process	Temp
		The crust of the country of the coun			
Violations cited	OBS	SERVATIONS AND CORRE	CTIVE ACTIO	NS a sections 8-405.11 & 8-406.11 of the	
Number CFPM - P	) - 1 \ - 1/ 50	Rao Damineni	ow, or as stated in	1 sections 6-405.11 & 6-406.11 of the	тооа соае.
Crim-F	rabhakara			1 (1)	
AP Veggito	eble tuy		Discord	ed (COS)	
37c oil cont	airess -	Not labelled			
23P No Dat	e Marke	ng on site.			
55c Drawe	- with c	omerced too	1s+ 11+	ensils	
47c Non Com	macri a 0.	Rice cooker -	NOT APP	nred	
37 Moldy	-Food is	Walk-in Cooler	1001 AP	11 (25)	
101 1101019	icacin	udle in care	Dr.CC	erala (COS)	
	1				1 =
Person in Charge (Signatu	re)			Date (2/8	123

Risk Category: Z Food Establ	lishn	nent	Insp	ecti	on R	eport	Page 1 c	of <u>2</u>
Establishment type: Permanent Temporary Mobile Other		*			Date:	12/27/2	3	
Establishment Silk City COFFEE		4sering Cr	ommecticus He	THE STREET	Time I	n	AM/PM Time Out 7	AM/PM
Address 763 Main St		DP	H		LHD }	mancr	rester	
Town/City Manchester					Purpos	se of Inspection	: Routine Pre	e-op
Permit Holder Sarah May	Co	onnecticut of Publi	Departme c Health	nt	Reinsp	ection	Other	
FOODBORNE ILLNESS RISK FA								
Risk factors are important practices or procedures identified as the most prevalent cont.		actors of f	oodborne	illness o	or injury. In	nterventions are contro	ol measures to prevent foodborne illne	ss or injury.
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			in comp			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	approp	oriate bo	x for C	OS and/o	or R COS=correc	cted on-site during inspection	R=repeat violation
IN OUT N/A N/O Supervision	V	COS F			UT N/A N		ion from Contamination	V COS R
1 Person/Alternate Person in charge present,	Pf	00	15	0/2	000	Food separate		P/C O O
demonstrates knowledge and performs duties			16	100	0		urfaces: cleaned & sanitized	PPIC O O
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	0	17	00			tion of returned, previously itioned, and unsafe food	POO
Employee Health		1					ture Control for Safety	
Management, food employee and conditional employee;	DIDE	00	18	0	000	Proper cooking	time and temperatures	P/Pf/C O O
knowledge, responsibilities and reporting	F/Fi	00	19	0	000	Proper reheating	ng procedures for hot holding	POO
4 Proper use of restriction and exclusion	P	00		0	$\supset  \emptyset $	○ Proper cooling	time and temperatures	POO
5 Written procedures for responding to vomiting and	Pf	00		00 %		○ Proper hot hold	ling temperatures	POO
diarrheal events			22				lding temperatures	POO
Good Hygienic Practices				Ø, C			arking and disposition	P/Pf O O
6 O Proper eating, tasting, drinking, or tobacco products us 7 O No discharge from eyes, nose, and mouth				8			ic health control: procedures	P/Pf/C
	С	00				and records		
Preventing Contamination by Hands  8  Hands clean and properly washed	DIDE		100		4	Cons	umer Advisory	-
No have hand another with DTE for day	P/Pf	00	25	019	S O		ry provided: raw/undercooked food	Pf` 0 0
pre-approved alternative procedure properly followed	P/Pf/C	00	26	of			sceptible Population	00000
10 Adequate handwashing sinks, properly supplied/accessible	PIC	00	_				used; prohibited foods not offered ives and Toxic Substances	P/C OO
Approved Source	1.60			00			approved and properly used	INOIO
11 6 Food obtained from approved source	P/Pf/C	00	5				es properly identified,	POO
12 O Food received at proper temperature		00		P		stored & used	es properly identified,	P/Pf/C O
13 C Food in good condition, safe, and unadulterated	P/Pf				1		ith Approved Procedures	
14 O Required records available: molluscan shellfish	P/Pf/C						th variance/specialized	T
identification, parasite destruction			1		V		riteria/HACCP Plan	P/Pf/C O
			PRACT					
Good Retail Practices are preventative measures to								
			ox for C		i/or R			R=repeat violation
OUT N/A N/O Safe Food and Water	V	COS F		TUC		Proper Us	se of Utensils	V COS R
30 Pasteurized eggs used where required 31 Water and ice from approved source	P	00	2 43		use ute	nsils: properly stor	red	C 0 0
32 Variance obtained for specialized processing methods	P/Pf/C Pf	-		O UI	ensils/eq	uipment/linens: pro	perly stored, dried, & handled	Pf/C O O
Food Temperature Control	Pi	00					es: properly stored & used	FC O O
Drange pooling motheds used adaptate at the	1	-			UVES US	ed properly	s and Equipment	000
temperature control	Pf/C	00	기는	Fe	nod and		surfaces cleanable,	
34 O O Plant food properly cooked for hot holding	Pf	00	5 47			esigned, construct		P/Pf/C O
35 O Approved thawing methods used	Pf/C	00	31	W			alled, maintained and used;	
36 C Thermometers provided and accurate		00		cle	eaning a	gents, sanitizers.	and test strips available	Pf/C O O
Food Identification			49	No No	on-food	contact surfaces of	lean	1000
37 Food properly labeled; original container	Pf/C	00	$\supset$				sical Facilities	
Prevention of Food Contamination	E		50	OH	ot and co		; adequate pressure	Pf OO
38 Insects, rodents, and animals not present		00	51	OPI	umbing i	installed; proper b	ackflow devices	P/Pf/C O O
39 Contamination prevented during food preparation, storage & display		00		O Se	wage a	nd waste water pro	operly disposed	P/Pf/C O O
40 Personal cleanliness		00	53	O To	ilet facil	ities: properly con:	structed, supplied, & clean	Pf/C O
41 Wiping cloths: properly used and stored 42 Washing fruits and vegetables		00		O Ga	arbage ar	nd refuse properly d	isposed; facilities maintained	c 0 0
The state of the s		00		OP	iysical fa	cilities installed, r	naintained, and clean	P/Pf/C O O
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable.					hting; designated areas used not used per CGS §19a-36f	C   O   O
Person in Charge (Signature)	77	22	Viol	lations	docum	ented	Date corrections due	#
		40			m Violat undation	ions I Item Violations	1/7/24	2
Person in Charge (Printed) SARAM MAY			Core	e Item	Violation	ns	3/77/72	3
Immortal & FRIMMIN - 12/2	710	2				Health Intervention	on Violations	2
Inspector (Signature) 7 19/11/10/11 Date 12/2	111	5					tervention Violations	_
Inspector (Printed) LOUND 6-191011						ces Violations	. te	3
	nio cert	orto -	_ [rec	uires	Reinspe	ecuon - check bo	x if you intend to reinspect	1
Appeal: The owner or operator of a food establishment aggrieved by the or dispose of unsafe food, may appeal such order to the	Directo	or of He	ealth n	ny ins	pection or than for	violation identifie	of by the food inspector or to	hold, destroy,

Food Establishment Inspection Report Page 2 of 2 LHD Manchester Inspection Report Continuation Sheet Establishment Sill City Coffee \_\_\_\_ Town\_manchester TEMPERATURE OBSERVATIONS Item/Location/Process Temp Item/Location/Process Item/Location/Process Temp bain marie handsink 3907 cheese 290F tomatoes machine amention theese 2 door negen in 46°F LIVOF **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 49c exterior of chest freezer in basement not clean basement Discussed sanitizer process for 3-bay sink Test strips and thermometer available 16 pt ice machine up front by coffee counter not clean -interior handwash sign required in 1st bothroom closest to kitchen using Time as a public Health for

Person in Charge (Signature)

Inspector (Signature)

Risk Category: 7 Food Establ	ichm	) O IO	f In	eno	ction	n Por	oort	, Pag	je 1 of
Establishment type: Permanent Temporary Mobile Other	131111	ICII	£ 111	spe				19-07	
			Connect	Date: 12/20/23					
Establishment Subway - Center St.		+seding.		- Ni	Ti	me In_	20.02	M/PM Time Out_	11:45 AM/PM
Address 288 (enter st.			P	H)			manche		
Town/City Manchester	J			1	Pt	ırpose	of Inspection:	Routine	Pre-op
Permit Holder Connecticut Department of Public Health 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.									
Risk factors are important practices or procedures identified as the most prevalent control.  Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it				complia			ot in compliance	N/A=not applicable	ne illness or injury.  N/O=not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type					for GOS	and/or I	R COS=correct	ted on-site during inspect	ion R=repeat violation
IN OUT N/A N/O Supervision  Person/Alternate Person in charge present,	V	cos	R			N/A N/O		on from Contaminatio	
Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	0	0			0	Food separated Food-contact su	urfaces: cleaned & sani	P/C O O
Certified Food Protection Manager for Classes 2,	6	0	0	17 Q			Proper dispositi	on of returned, previous	sly
3, & 4 Employee Health		T A S				-		tioned, and unsafe food ture Control for Safety	
Management, food employee and conditional employee;	P/Pf	0	0	18 <	00	0	Proper cooking	time and temperatures	P/Pf/C O O
knowledge, responsibilities and reporting  4  Proper use of restriction and exclusion	P			19 (	2/2	20	Proper reheatin	g procedures for hot ho	
Written procedures for responding to vemiting and		0		20 (				time and temperatures	P O O
3 d'arrheal events	Pf	0	0	_				ding temperatures	(P)00 O
Good Hygienic Practices					0			rking and disposition	P/Pf O O
6 Proper eating, tasting, drinking, or tobacco products use 7 No discharge from eyes, nose, and mouth	e P/C	00		24 🤇	0			c health control: proced	ures P/Pf/C O
Preventing Contamination by Hands	7.6	19			1		and records	ımer Advisory	
8  Hands clean and properly washed	P/Pf	0	0	25 🕡	60	0/		y provided: raw/undercooked	food Pf OO
9 No bare hand contact with RTE food or a	P/Pf/C	0	0		E E			ceptible Population	
pre-approved alternative procedure properly followed				26				used; prohibited foods not of	
Adequate handwashing sinks, properly supplied/accessible  Approved Source	PIC	0	9	27	010			ves and Toxic Substar approved and properly	
11 Cood obtained from approved source	P/Pf/C	0	0					es properly identified,	
12 O O Food received at proper temperature	P/Pf	Ö	Ö	28	$b \mid \bigcirc$		stored & used	\$ 8 SE	P/Pf/C O
13 O Food in good condition, safe, and unadulterated	P/Pf	0	0			/c	onformance wi	th Approved Procedu	res
Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0	0	29 🤇	0	<b>4</b>		h variance/specialized riteria/HACCP Plan	P/Pf/C O O
GOO	DD RE	TAIL	- PR	ACTIO	CES				
Good Retail Practices are preventative measures to							cals, and physical	l objects into foods.	
				_	S and/or	R		on-site during inspection	R=repeat violation
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	V P	cos	R	00		o utono	Proper Us ils: properly store	e of Utensils	V COS R
31 Water and ice from approved source	P/Pf/C		0					ed erly stored, dried, & hand	C O O
32 O Variance obtained for specialized processing methods	Pf		0	45 C	Single	e-use/sin	gle-service article	es: properly stored & used	P/C O O
Food Temperature Control							properly		c 0 0
Proper cooling methods used; adequate equipment for temperature control	Pf/C	0	0		1-			and Equipment	
34 O Plant food properly cooked for hot holding	Pf	0		47) 9			n-rood contact s gned, constructe	urfaces cleanable,	PPROO
35 O Approved thawing methods used	Pf/C		_					lled, maintained and us	ed:
Thermometers provided and accurate	Pf/C			48				and test strips available	
Food Identification				49	D Non-	food cor	ntact surfaces cl	ean	000
Food properly labeled; original container   Prevention of Food Contamination	Pf/C	0	0	50	NII-4 -			ical Facilities	TOTAL STREET
Insects, rodents, and animals not present	Pf/C	0		63 6	Dlum	na cola	water available; stalled; proper ba	adequate pressure	Pf O O
39 Contamination prevented during food preparation, storage & display	P/Pf/C		5	52)	D Sewa	age and	waste water pro	nerly disposed	P/Pf(C)
40 Personal cleanliness		0						structed, supplied, & cle	
41 Wiping cloths: properly used and stored		0						sposed; facilities maintair	ned C O
	P/Pf/C		-					naintained, and clean	P/Pf(C) O
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable	•					ting; designated areas ot used per CGS §19a-	
Person in Charge (Signature) That Bell Date 12/	201	77		Violat	tions d	ocumer	nted	Date corrections	
al Dan	01	<u>U</u>	-			Violatior dation It	em Violations	12/30/2	3 2
Person in Charge (Printed)	<del></del> ,			Core	Item Vi	olations		3120 11	
nspector (Signature)	201	23	3	Rene	at Risk	Factor/	ealth Interventio	n Violations ervention Violations	2
Dia	-1	, -					s Violations	C. COMMON VIOLATIONS	9
Inspector (Printed) 505e KaMireZ		707		Requ	ires Re	einspect	tion - check box	if you intend to reinsp	pect
Appeal: The owner or operator of a food establishment aggrieved by the or dispose of unsafe food, may appeal such order to the	nis orde	er to o	corre	th not	y inspe	ction vio	plation identified	d by the food inspecto	r or to hold, destroy,

1st - White: Health Department

# Food Establishment Inspection Report Page Z of Z

N. A. V. C.					
LHD_Manchester		Inspection Report Continuation Shee	et	Date 12/2	0/23
Establishment_Sohwa	y-center	St Town Manch	rester		
		TEMPERATURE OBSERV	ATIONS		
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
roid prep sandwich		WIF	305	handsink	8907
4) roast beef	39 04			bathroom sink	750F
40 chicken	40°F	itot hold meat balls	13618	quat - 3 bay	400 ppm
42 egg	35°F			1	1,4
4) tomatoes	41 0 =	undercounter squami	2600		
WIC	40°F	pegeroni	56°F		
40 tuna salad	4107	1. 6.			
40 Chicken	4000				
\/iolotiona.sit.d.t.		SERVATIONS AND CORRECT			
C7016	-0	e corrected within the time frames below	v, or as stated	In sections 8-405.11 & 8-406.11 of th	ne tood code.
Number CFPM 0	n site -	- Chad			
49 c floors, wa	us, cello	gs, ceiling vents	unclea	n throughout	
SSC ceiling til	les, com	base, floor til	les d	anaged through	hout
		9001 tiles in		turage, by 3-k	pay,
	y walk		/		· /
410	1	in undercounter	fridge	in font	
		idge up front			Uninela
22P Ly au		77		oepperoni, sauce	A Committee of the comm
47C undercour		,	ngest.		J
1977 - 1 S		eat slicer in from	1	ot clean I damag	ed fences
A STATE OF THE STA	relving 6				
520 Stagnant	11	in mor bucker	. /		
notex beverage	station	in dining - o	to fun	order	
ioff bathroom	sink u	water at 7505,	need	to be 2 850	<del>L</del>
notex bread ou	en in di	y storage not wo	orking,	to be remove	ed
		thermometer a			
		to provide docum			PF
violati	ons to	health dept. Wit	nin	10 days.	
51c 3-bay	plumbine	gleating by are	ase tra	$\rho$	
Instructe	d CFPM	PIC to not us	e und	ercounter finder	2
1 Hau	repair	ed and holding	tem p	a 41 of or 1	2e/on-
	F / 8 1 1	Site-CFPM regul Dept. When obtain		thin 60 days. So	ebmit
Person in Charge (Signature	01 /	2N		Date 12	-20-23
Inspector (Signature)	1	777		Date / ) /	20/23



#### 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: 506 Way, center 57.	
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	TEPM/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  Major Allergens 37c  Outdoor Allowance for dogs-preapproval and sign required. 38 Pf  Employee Assessment Form  Momiting/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-co	de/food-code-2022
Town of Manchester Health Dept: https://www.manchesterc	t.gov/Government/Departments/Health-Department
FDA Handbook: <a href="https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook">https://www.fda.gov/food/retail-food-induprotection-employee-health-and-personal-hygiene-handbook</a>	stryregulatory-assistance-training/retail-food- ook
Environmental Health Inspector:	
Signature of Inspector:	
Print Name: Jose Row	irez Date: 12/20/23
Person In Charge:	
Signature of Person In Charge: Church Rent	Title:
Print Name: Charle Roll	Date: 17/20/23
Email	

Risk Category: Food Establ	ishn	nen	t In	spe	cti	on Rep	ort	Page 1 o	f_2_
Establishment type: Permanent Temporary Mobile Other					3:	Date: 12	2/27/23		
Establishment SUPER & CONVENIENCE		45 EDINE	Connec	ction Health		Time In_	12:30 AMPM	Time Out	OM AMIPM
Address 706 Main St				H)		LHD	nanches	ter	
Town/City Manchester						Purpose	of Inspection:	Routine Pre	-op
Permit Holder NOUN NOUT   Connecticut Department of Public Health   Reinspection Other									
FOODBORNE ILLNESS RISK FA								ALICE AND ADDRESS OF THE PARTY	Tilywin.
Risk factors are important practices or procedures identified as the most prevalent cont		actors o	f food	iborne illr	ness c	or injury. Inten	ventions are control measure	es to prevent foodborne illnes	s or injury.
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	I CONTRACTOR OF THE PARTY OF TH			complia				Construction of the Constr	not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type		-	-	te box	for C	OS and/or F			R=repeat violation
IN OUT N/A N/O Supervision	V	cos	R		-	UT N/A N/O	THE RESERVE OF THE PERSON OF T	m Contamination	V COS R
1 Person/Alternate Person in charge present,	Pf	0	0			_	Food separated and p		P/C 0 0
demonstrates knowledge and performs duties	10.0	_		16	DIC	The second districts of	Food-contact surfaces		P/Pf/C O O
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17 0	8		Proper disposition of re served, reconditioned,		POO
Employee Health	ALL Y				m		Time/Temperature Co		
Management, food employee and conditional employee;	P/P	-		18			Proper cooking time a		P/Pf/C O O
knowledge, responsibilities and reporting	ne 134602	1 0.00	$\subseteq$	19 (		000	Proper reheating proce	edures for hot holding	POO
4 O Proper use of restriction and exclusion	P	0	0				Proper cooling time an		POO
Written procedures for responding to vomiting and	Pf	0		21 <	2/0		Proper hot holding ten		POO
diarrneal events	1.1						Proper cold holding te		POO
Good Hygienic Practices				23	$\supset   <$		Proper date marking a		P/Pf O O
6 Proper eating, tasting, drinking, or tobacco products us				24 0			Time as a public healt	h control: procedures	P/Pf/C
7 Ø O No discharge from eyes, nose, and mouth	С	0	$\circ$				and records	example - N	.,, ,,,
Preventing Contamination by Hands  8	P/P			25	516		Consumer A		
No hare hand contact with RTE food or a	P/P	f 0	=	25	7		Consumer advisory provide		Pf   O   O
9 O o pre-approved alternative procedure properly followed	P/Pf/C	0	0	26 (	510	00	Highly Susceptible Pasteurized foods used; pre		TRICIOIO
10 Adequate handwashing sinks, properly supplied/accessible	PIC	0		20		No. of Concession, Name of Street, Name of Str	od/Color Additives an		P/C 00
Approved Source		, 0	$\stackrel{\smile}{-}$	27	7/0		Food additives: approv		POO
11 O Food obtained from approved source	P/Pf/C				1		Toxic substances prop		
12 O O Food received at proper temperature		fO		28	0		stored & used	city identified,	P/Pf/C O
13 O Food in good condition, safe, and unadulterated	P/P	_		TOWN			onformance with App	roved Procedures	
14 O Required records available: molluscan shellfish	P/Pf/C	0	0	29 <			Compliance with varia		7,7,10
identification, parasite destruction							process/ROP criteria/l-	HACCP Plan	P/Pf/C O
	OD RE								
Good Retail Practices are preventative measures to									
	n appro	-		_	-	d/or R	COS=corrected on-site		R=repeat violation
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	V P	cos		OU			Proper Use of U	tensils	V COS R
30 Pasteurized eggs used where required 31 Water and ice from approved source	P/Pf/C	0 0		43	2 III	-use utensi	ls: properly stored ment/linens: properly sto		C 0 0
32 O Variance obtained for specialized processing methods	Pf		9				gle-service articles: prop		Pf/C O O
Food Temperature Control		101	$\stackrel{\smile}{-}$			loves used		erry stored & used	000
Proper cooling methods used: adequate equipment for		T			- 10.	.0.00 0000	Utensils and E	quipment	1000
temperature control	Pf/C	0	0		F	ood and no	n-food contact surface		
34 O O Plant food properly cooked for hot holding	Pf	0	$\overline{a}$	47			gned, constructed, and		P/Pf/C
35 O Approved thawing methods used	Pf/C			48 🤇	10/		facilities: installed, m		500 5
36 C Thermometers provided and accurate	Pf/C			48	cle	eaning age	nts, sanitizers, and tes	t strips available	Pf/C O O
Food Identification				49	Q No	on-food cor	ntact surfaces clean		(0)00
37  Food properly labeled; original container	Pf/C		0				Physical Fa		9
Prevention of Food Contamination							water available; adequ		Pf O O
38 Insects, rodents, and animals not present		0					talled; proper backflow		P/Pf/C O
39 Contamination prevented during food preparation, storage & display 40 Personal cleanliness	P/Pf/C		_	52 <	⊃Se	ewage and	waste water properly of	disposed	P/Pf/C O O
41 Wiping cloths: properly used and stored		0					s: properly constructed		Pf/C O O
42 Washing fruits and vegetables	P/Pf/C	0					efuse properly disposed ities installed, maintair		C 0 0
							ntilation and lighting; d		P/Pf(C O O
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is av	ailable		00	) Na	atural rubbe	er latex gloves not use	d nor CGS 810a 36f	C   O   O
640	00	0	7	Viola	tions	s documer		te corrections due	#
Person in Charge (Signature) Date	-11	- ( (		-		m Violation			0
Person in Charge (Printed) DASh + 5 Total				Priorit	ty Fo	oundation It	em Violations	117124	ì
Person in Charge (Printed)						Violations		3/27/24	5
Inspector (Signature) L. AMI Date 121	271	22		Risk I	Facto	or/Public He	ealth Intervention Viola	ations	1
Inspector (Signature) 7. 1911   Date   2	411	()	-				Public Health Interventi	on Violations	_
Inspector (Printed)							s Violations	intend to reinsess	5
Appeal: The owner or operator of a food establishment aggrieved by the	his and	er to	COTT	ect an	v inc	nection vi	ion - check box if you	e food increases	hold doct-
or dispose of unsafe food, may appeal such order to the	Direct	or of l	Heal	Ith no	t late	er than fort	v-eight hours after ice	suance of such order	riola, aestroy,
appear according to the		J. U. I	- Cal	, 110	· iaic	or tricall foll	y organi mours and iss	suarice of such order	

HD_M	anchester	<u> </u>	Inspection Report Continuation She	et	Date 12/2	1/23
		onveini	ence Town Manc	hester		
W tok		100	TEMPERATURE OBSER			
	Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
uhole	milk in disperse	v 390F			3 bay not water	1200
nilki	0 MIC	Ylor		nchester  SERVATIONS  Temp Item/Location/Process  3 bay not water bathroon not water 47 enployee	12208	
					mployee	
	Violations cited in this	OB:	SERVATIONS AND CORRECT	TIVE ACTION	ONS	
Item Number	violations cited in this	report must be	corrected within the time frames beig	w, or as stated	In sections 8-405.11 & 8-406.11 of the	tood code.
		(2):				
49 C	sugar pa	cicet c	container not c	ean !	by coffee statio	M
OPF	hand sink	in b	ack by 3-bay	SINK	not accessible	
19'C						
490	Avor on			CITU	Λ	
			not clean		·	
55°C				i^_	bathroom in bo	acK
49C	coffee cou	inter 1	not clean			
16te	coffee and	V DI	· clabel no a	121200	nuffac	
note	100.00000	11 000	1 do la	1	1 20	į, vie
1090	ice (Jean)	(NEZ	T 10 BE MO WE	a, mo	st maintain 56	walka

Date

Date 12

Person in Charge (Signature)

Inspector (Signature) 1

Risk Category: 2 Food Establ	ishn	nent li	nsnectic	n Rei	nort		Page 1 of	f 2
Establishment type: Permanent Temporary Mobile Other								
	r	copn	ections	Date:	12/5/2		12.0	
Establishment @ Sweet Water		Saland L		Time In_	2,15	_AM/(PM) Ti	me Out3	30 AM/PM
Address 194 Buckland Hills dr #2078		DP	H) !	_HD	manch	ester		
Town/City Marchester	1			ourpose	of Inspecti	on: Routi	ine Pre	-op
Permit Holder Mark	Co	ormecticut Do of Public F	epartment lealth	Reinspe	ction	Other		
FOODBORNE ILLNESS RISK FA								
Risk factors are important practices or procedures identified as the most prevalent control	280	0.00.00.00.00.00.00		injury. Inter	rventions are co	entrol measures to pre	event foodborne illnes	s or injury.
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			compliance		ot in complian			D=not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type  IN OUT N/A N/O Supervision	v V	cos R						
Person/Alternate Person in charge present		COS R		T N/A N/O		ection from Con ated and protects		V COS R
demonstrates knowledge and performs duties	Pf	00	160 0			t surfaces: clear		P(P)COO
Certified Food Protection Manager for Classes 2,	6	•	17 0 0	Section 1		sition of returne		P 00
3, & 4 Employee Health	9		11 0			nditioned, and u		
Manager of first of the first o			18 0			erature Control ing time and tem		P/Pf/C O O
wanagement, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	00	19 0 0	00	Proper rehe	ating procedures	for hot holding	POO
4 Ø O Proper use of restriction and exclusion	P	00				ng time and tem		P 0 0
5 Ø O Written procedures for responding to vomiting and	Pf					olding temperatu		(P) (O)
diarrheal events	PI	00	200	00	Proper cold	holding tempera	tures	P .
Good Hygienic Practices	T. Day		23 💋 🔾			marking and dis		P/Pf O O
6 Ø Proper eating, tasting, drinking, or tobacco products use			24 0 0	00	The control of the co	ublic health conti	rol: procedures	P/Pf/C
7 O No discharge from eyes, nose, and mouth  Preventing Contamination by Hands	С	00			and records			
8 O Hands clean and properly washed	P/Pf	00	25 0 0	16		nsumer Adviso isory provided: raw/		Pf 00
No bare hand contact with RTE food or a			20,0,0	/		susceptible Pop		1100
pre-approved alternative procedure properly followed	P/Pf/C	00	2600	6	Pasteurized for	ods used; prohibited	foods not offered	P/C 00
10      Adequate handwashing sinks, properly supplied/accessible	Pf/C	00				ditives and Toxi		
Approved Source			27 0 0	<b>Ø</b>	Food additiv	es: approved an	d properly used	POO
11 Ø C Food obtained from approved source		00	28 🐼 🔾	0		inces properly id	lentified,	P/Pf/C O O
12 O Food received at proper temperature 13 Food in good condition, safe, and unadulterated		00	20 0	Name of Street	stored & use			FIFTIC
	P/Pf	00		C		with Approved		
14   Gradured records available: molluscan shellfish identification, parasite destruction	P/Pf/C	00	29 0 0	<b>Ø</b>		with variance/sp criteria/HACCF		P/Pf/C O O
GOO			RACTICES	17. 11.11		- X - 1 5		
Good Retail Practices are preventative measures to	o contro	ol the addit	tion of pathoge	ns, chemi	icals, and phys	sical objects into fo	oods.	
The second formal Property Control of the second se	The second second		for COS and/	or R	COS=correct	ed on-site during	inspection F	R=repeat violation
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	V	COS R	OUT			Use of Utensils	S The state of the	V COS R
30 Pasteurized eggs used where required 31 Water and ice from approved source	P P/Pf/C	00			ils: properly s			C O O
32 O Variance obtained for specialized processing methods	Pf	00	45 Sing	isiis/equip	onenviinens: p	properly stored, dri ticles: properly sto	ned, & nandled	Pf/C O O
Food Temperature Control			46 O Glo	ves used	properly	doloo. property ste	ored a deed	000
Proper cooling methods used; adequate equipment for	DEIC	00				sils and Equipm	nent	
temperature control			Foo pro	d and no	n-food conta	ct surfaces clear	nable,	P/P(C)OO
34 O Plant food properly cooked for hot holding	Pf		pro			ucted, and used		P/PCOO
35 O Approved thawing methods used 36 Thermometers provided and accurate		00				stalled, maintain		Pf/C O O
Food Identification	PIIC	1010			nts, sanitizer	s, and test strips	s available	
Food properly labeled; original container	PriC	00	40 0 100	1-1000 001		ysical Facilities	e .	C   O   O
Prevention of Food Contamination			50 O Hot	and cold		ble; adequate pr		Pf 00
38 Insects, rodents, and animals not present		00				r backflow device		P/Pf/C O O
39 Contamination prevented during food preparation, storage & display		00				properly dispose		P/Pf/C O O
40 Personal cleanliness  10 Wiping cloths: properly used and stored		00	53 O Toil	et facilitie	es: properly o	onstructed, supp	olied, & clean	Pf/C O O
42 Washing fruits and vegetables		00	54 O Gar	bage and	refuse properl	y disposed; faciliti	ies maintained	C O O
		2.0				l, maintained, ar lighting; designa		P/Pf/C () ()
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable.				s not used per C		
Demon in Change (Simon MMM INO 1) 6	- 200	2.5	Violations	docume	nted	Date con	rections due	#
Person in Charge (Signature) Wall Date -S	000	2	Priority Item			3 days	12/8/23	Ч
Person in Charge (Printed) WARK Satisfy					tem Violation	s luday	12/15/23	-
J. Oh. mollo	-in	2	Core Item \			ntion Violations	315124	
Inspector (Signature)	211	<b>5</b>	Repeat Ris	k Factor/	Public Health	Intervention Vio	olations	S
In the state of th	1		Good Retai	I Practice	s Violations			4/
Inspector (Printed)			Requires F	Reinspec	tion - check	box if you intend	d to reinspect	
Appeal: The owner or operator of a food establishment aggreed by the	nis orde	er to corr	ect any insp	ection vi	olation ident	fied by the food	d inspector or to	hold, destroy,
or dispose of unsafe food, may appeal such order to the	Directo	of di dea	nui, not later	man tor	ly-eight hour	s after issuance	e of such order.	

reinspection 12/8/23

Food Establishment Inspection Report Page 2 of 2

LHD_M	anchester		Inspection Report Continuation She	et	Date_17/5	123			
Establishn	Establishment Sweet Water Town Manchester								
TEMPERATURE OBSERVATIONS									
	Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp			
toma	toes	39°F			handsink	1200F			
	d chickn	12705	7		1				
	Salmon	11600							
1 don1	reach in								
L'5	salmon	41°F							
1.	chicken	4100							
	VIII (IV)	11							
			· · · · · · · · · · · · · · · · · · ·						
		OBS	SERVATIONS AND CORREC	TIVE ACTIO	ONS				
Item Number	Violations cited in this	report must be	corrected within the time frames below	w, or as stated	in sections 8-405.11 & 8-406.11 of th	e food code.			
160f	interior or	fice	machine not a	iean					
45 P			used as scoop		multiple toppings	container			
218	not hold c	nickn a	and salmon (a)	12200+	116°F PIC discar	ded cos			
37C	squeeze bo	ittles 1	not labeled (co	رد	·	500			
15 P			reach in free		ot protected				
229			ings opened ston			h			
	" refric	erate o	after opening" o	0 1950	1 - PIC discarde	ed (cos)			
20	NO CFPM	on six	PIC reached	of fuc	owner owner	00			
	site a	Her pr	one call. Discus	sed ho	iving multiple	CFPMS			
1	<u>axailab</u>	ole for	all shifts, a	t all	times. (cos)				
47¢	bunger con	ds used	d on shelving t	o hold	contained in	place,			
S2 11 22	and Checo able and a coorned								
410	c Paper towell used to absorb oil under utensils, not approved								
noex	notet interior of microwave not clean, make sure to clean								
10 . Y	at least every 4 hours.								
KSton									
20/0 %	service per order								
110127	* Ice cream purchased from restaurant depot for a trial								
	to Health Depti if going to continue to seu ice cream.								
	A					cream.			
	purches		ipment must b	x upp	rover by ITU B	KIUCY			
Person in 0	Charge (Signature)	Weland	Lund		Date 12-5	7-2023			
Inspector (	1	Ami	IN		Date 17/5				
moherroi	orginature) /	10000			Date / / / )	1/.)			

Risk Category: A Food Establ	lishm	ent	Insp	ec	tion Repoi	rt	Pa	ge 1 of <u>2</u>	
Establishment type: Permanent) Temporary Mobile Other					Date: 12	15/2	3		
Establishment Touch Point At Manchester		sepany Co	anactican He.	No.	Time In 10	-50 AM	PM Time Out	12:20 AM	IPM)
Address 333 Bidwell St.		10	H			ncheste			$ \checkmark $
Town/city Manchester					Purpose of I		Routine	Pre-op	
	Co	ennecticut of Public	Departme	ent	Reinspectio	n .	Other		
Permit Holder Patrick Newsle FOODBORNE ILLNESS RISK FA	ACTO	000000000000000000000000000000000000000	W. COLLEGE CO.	IIDI	periodoco e programo e en	12-24			
Risk factors are important practices or procedures identified as the most prevalent cont				_				orne illness or injury.	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered if		No. of the last	in comp				N/A=not applicable	N/O=not observe	ed
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark in	approp	riate bo	x for	COS and/or R	COS=corrected	on-site during inspec	tion R=repeat viol	ation
IN /OUT N/A N/O Supervision	V	COS F			OUT N/A N/O	The second secon	from Contamination		R
Parson/Alternate Parson in charge present	Dr		(5)	0	X 0 0 Foo	od separated a	nd protected	@c 🦈	10
demonstrates knowledge and performs duties	Pf	0	16	<b>4</b>	O Foo	od-contact surf	aces: cleaned & san	nitized P/Pf/C O	0
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	0	17				n of returned, previou ned, and unsafe foo	. P(C)	
Employee Health							re Control for Safet		
Management, food employee and conditional employee;	P/Pf	00	18	0			me and temperatures		0
knowledge, responsibilities and reporting			19	0			procedures for hot h		
4 O Proper use of restriction and exclusion	P	00	_	9			ne and temperatures		
Written procedures for responding to vomiting and diarrheal events	Pf	00	21	W			g temperatures	PO	-
Good Hygienic Practices			22	9			ng temperatures ing and disposition		8
6 Proper eating, tasting, drinking, or tobacco products us	e P/C	00	7	4	/ Tim		health control: proce	dures	19
7 O No discharge from eyes, nose, and mouth	C	00		0		d records	nearth control. proce	P/Pf/C	
/ Preventing Contamination by Hands		101			, ,		ner Advisory	The state of the s	4
8 O O Aands clean and properly washed	P/Pf	00	25	0	Con		rovided: raw/undercooke	ed food Pf O	0
9 No bare hand contact with RTE food or a	P/Pf/C	00		1		Highly Susce	ptible Population		
pre-approved alternative procedure properly followed			26	0			ed; prohibited foods not o		
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	_				s and Toxic Substa		
Approved Source			27	0	Contract Con		pproved and properly	y used P O	0
11  Food obtained from approved source 12  Food received at proper temperature	P/Pf/C		I /X	1			properly identified,	P/Pf/C 〇	
12 Of O Food received at proper temperature 13 O Food in good condition, safe, and unadulterated	P/Pf P/Pf					red & used	Approved Procedu	iros	
Required records available: molluscan shallfish				1_1	Cor		variance/specialized		_
14 identification, parasite destruction	P/Pf/C	0	29	0			eria/HACCP Plan	P/Pf/C	10
	OD RE						THE THE STREET		
Good Retail Practices are preventative measures t									
	in approp				nd/or R CO	Carlo Brown Children and Carlo Control	-site during inspection	And the second second second	
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	V	COS F	_	TUC		Proper Use			S R
31 Water and ice from approved source	P/Pf/C	00			In-use utensils:		ı 'ly stored, dried, & han		9
32 Variance obtained for specialized processing methods	Pf	00	45	0	Single-use/single-	-service articles	properly stored & use	ed P/C O	00
Food Temperature Control	train to				Gloves used pro		proporty decrea a acc	c 0	
Proper cooling methods used; adequate equipment for	DEIC						nd Equipment		
temperature control	Pf/C	100000000000000000000000000000000000000	17		Food and non-fo	ood contact sur	faces cleanable,	P/Pf/C O	0
34 O Plant food properly cooked for hot holding	Pf	00	2		properly designe				
35 O Approved thawing methods used		00					ed, maintained and u	D+/C: (C)	0
Thermometers provided and accurate	Pf/C	00	صا ك		cleaning agents, Non-food contac		d test strips available	e	
Food Identification  37 O Food properly labeled; original container	Df/C	00		(00)	Non-1000 contac			00	10
Prevention of Food Contamination	11/0	1010			Hot and cold wa		al Facilities dequate pressure	Pf O	0
39 & Insects, rodents, and animals not present	/P/C	00		-	Plumbing installe			P/Pf/C O	
39 Contamination prevented during food preparation, storage & display		00		_	Sewage and was			P/Pf/C O	
40 Personal cleanliness	Pf/C	00					ucted, supplied, & cl	lean Pf/C	0
41 Wiping cloths: properly used and stored	С	00	54				osed; facilities mainta	ined C O	0
42  Washing fruits and vegetables	P/Pf/C	00					intained, and clean	P/Pf/C O	
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is ava	ilable.	56				ng; designated areas t used per CGS §19a		
Person in Charge (Signature) AMM WHOTH Date 12/1	1/2.	>	-	latio	ns documented		Date corrections		
The state of the s	10		Pric	ority	tem Violations Foundation Item	Violations	A 10/2 12	1-15-23	
Person in Charge (Printed) Jomes M. Herstell					m Violations		3-5.	-24	
Inspector (Signature) 2007 Date 2	141	22			ctor/Public Healt		Violations vention Violations		
Date	1-1	~~			etail Practices V		VEHILION VIOLATIONS	- U2	
Inspector (Printed) 3056			Re	quire	s Reinspection	- check box i	f you intend to reins	spect	$\vdash$
Appeal: The owner or operator of a food establishment aggrieved by the	his orde	er to co	rrect a	any i	nspection violat	tion identified	by the food inspect	or or to hold, desti	roy.
or dispose of unsafe food, may appeal such order to the	Directo	or of He	alth r	not I	ter than forty-	eight hours of	er issuance of such	order	

1st - White: Health Department

Λ.	1 1 1	u Esta		ent inspe		Report	Page	of 2	
I .	unchester			oort Continuation She			Date 12/5/2	23	
Establishr	ment Touch Poin	+ At Ma	nchester to	wn Manche	ster				
	TEMPERATURE OBSERVATIONS								
	/Location/Process	Temp		ation/Process	Temp	Item/Loc	cation/Process	Temp	
WIFO	mbient	OF	Hot hold	bacoli	150 F	1 - 1	ink by ice mach		
WIC	(aw chicken	388	1 1	ples milk	384	I ~ I -	_ 1 /		
	cooked chicken	38F	10-61	71 (	287		3 bay	150 pm	
	Cooked ham	301	4 1000	1101	206	fridge	02 not LMIL	4/4	
		201		adea cheese	385				
	aSteurized eggs		5 id	ed cheese	Z8F				
11 / 2	niedded cheese	384	L COD	ked green bows	384			Temp▶Rite, §	
10+,1	hold Pork	1704	Fridge @	15+ FL				Pate: Fecha	
	Masted Potatoes	1554		1110	40F			PASS WHEN BILLE	
	V: 1-1/2 11 11 11 11 11 11 11 11 11 11 11 11 11		SERVATIONS	AND CORRECT	TIVE ACTIO	NS		ES ACEPTABLE CUANDO LA BARRA	
Item	Violations cited in this	report must be	corrected within	the time frames below	, or as stated i	in sections 8-405	.11 & 8-406.11	160°F/71°C	
Number	JIM /CEPM	12.00	<del>1</del> 22						
150	PALL	11	1	DTV 1.	i .		1 1		
	Raw bacon	Store	d over	KE Chic	Ken i	1 WIF b	y elevatos.	105	
38pF	truit flies pres	sent in	warewast	area			<i>j</i>		
99C	unclean Floo	15 @ wo	wewash i	/ lime build	d up				
				,	<b>Y</b>				
				*					
_									
Note	Discussed	FDA F	ood cod	k					
Note	Discussed P	roper i	ise of	restriction	Λ.	1281			
Note	Discussed &	roler c	oplina.	135-70	inah	~>CS / 7/	0 - 41  find	1. h	
Mafe	D:50,5501	Sandi	000 000	0 00 100	/	0.00	1 -1	110012	
17 1	Discussed	Jeren	19 more	c employee	5 10 (	TPM CI	055		
vote	Abora & las	very Pa	est con	trol come	DOCE	a man	th		
Note	All gaskets	recently	Colora	2		1.)0//	(		
	1)2 10		igiace						
INNIC	No Food Pres	1 at ti	me of	inspection					
NOTO	Test Strips	2 than	con an alac	auxil. 11-					
		9 1110	MONETE	wallyple					
	No. 210 (200 (200 (200 (200 (200 (200 (200	Maria	n. And	1 total				0/0	
	harge (Signature)	yem !	WO VED	enoley			Date /2/S	123	
nspector (S	Signature)	10					Date 12/5	123	



Violations Documentation

#### 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.

CFPM/PIC on every shift during operating hours 1 Pf

No Numerical Scoring Grade-3 Violation Levels	Implementing Date Marking (Sec. 3-501.17) 23 P/Pf
<ul> <li><u>PRIORITY</u> – 72 hours for correction</li> </ul>	✓ Signage/Posters required
<ul> <li><u>PRIORITY FOUNDATION</u> – 10 days for</li> </ul>	o Handwashing sign at all handwash sinks
correction	(section 6-301.14) 10c
○ CORE — 90 days for correction or	o 9 Major Allergens 37c
determined by inspector	<ul> <li>Outdoor Allowance for dogs -preapproval</li> <li>and sign required. 38 Pf</li> </ul>
✓ Corrections and ReInspections	
Corrected on site violations	Employee Assessment Form
Reinspection – case by case     Repeat violations	Vomiting/Diarrhea Written clean-up Policy
O Repeat violations  No Bare Hand Contact – Correction Required	Mop Sink Required (Sec. 5-203.13) CORE -90 day
9 P/Pf/C	▼ Temperature: Final Cook Temperatures
Resources:	
2022 FDA Food Code: https://www.fda.gov/food/fda-food-cod	da/fand and 2022
	<u>ue/100d-code-2022</u>
Town of Manchester Health Dept: https://www.manchesterct	.gov/Government/Departments/Health-Department
FDA Handbook: https://www.fda.gov/food/retail-food-indu	stryregulatory-assistance-training/retail-food-
protection-employee-health-and-personal-hygiene-handbo	ook
Emviron-mantal III. 1811	
Environmental Health Inspector:	
Signature of Inspector:	e
Print Name: Jose Ran	1116E Date: 12/5/23
Person In Charge:	/ = /
Signature of Person In Charge:	nottll Title: F.C.
Print Name: Jpmes M. M.	ERSTER Date: 12/5/23
Email Therstell a touch pai	intest mancheder. com

Risk	Risk Category: 1 Food Establishment Inspection Report Page 1 of 2															
Establishment type Permanent Temporary Mobile Other							Date:	2/27/23								
					Maurt		tee	nag Cons	COCH Heal	i.	Time In_	10:30 G	M/PM Time Out	11:0	00 /	AM/PM
Add	res	s Z	28	ŝ	west middle toke		5	P	H		LHD /	nanchi	ester			
Tow	n/C	City	1	V	anchester '						Purpose	of Inspection:	Routine	Pre-	op	
Perr	nit	Hole	der	V	yay Minaben patel		of	Public I	epartmer lealth		Reinsped		Other			
					FOODBORNE ILLNESS RISK F.	ACTO	RS	AN	D PL	JBL	IC HEAL	TH INTERVE	ENTIONS			
					e important practices or procedures identified as the most prevalent con		ctors	of foo	dbome	illness	or injury. Inter	ventions are control	I measures to prevent food!	borne illness	or injury.	
	Mar	k des	signa	ted	compliance status (IN, OUT, N/A, N/O) for each numbered in	tem		IN=in	compl	iance	OUT=no	ot in compliance	N/A=not applicable	N/O	not ob	served
P=F	rio	rity it	em	Pf	=Priority foundation item	Mark in	app	propri	ate box	for (	COS and/or I	R COS=correct	ted on-site during inspe	ection R	=repeat	violation
1	N	OUT	N/A	N/O	Supervision	v	co	S R		IN, C	OUT N/A N/O	Protecti	on from Contaminat	tion	V	COS R
1	8	0			Person/Alternate Person in charge present,	Pf						Food separated	and protected		P/C	00
, (		$\overline{}$	0		demonstrates knowledge and performs duties	E)	C		16	0 9	\$ 0	Food-contact su	urfaces: cleaned & sa	nitized	R/PfC	00
2	0	0	\$		Certified Food Protection Manager for Classes 2, 3, & 4	С	C	0	17	<b></b>			on of returned, previous		Р	00
-	٦				Employee Health							The second secon	tioned, and unsafe for ture Control for Safe			
2	1			633	Management, food employee and conditional employee;	DIDE		1	18	0	000		time and temperature		P/Pf/C	00
3 (	ره	0			knowledge, responsibilities and reporting	P/Pf	10	0	19	0			g procedures for hot			00
4 (	0	0			Proper use of restriction and exclusion	P	C	0	20				time and temperature			00
5	8	0			Written procedures for responding to vomiting and	Pf	C		21	0	000	Proper hot hold	ing temperatures		P	00
3		$\overline{}$			diarrheal events	Pi	_	0	(22)	0 3	000	Proper cold hole	ding temperatures		(P	XO
1					/ Good Hygienic Practices	Y., T.,			23	0	000	Proper date ma	rking and disposition		P/Pf	00
6		0		0	Proper eating, tasting, drinking, or tobacco products us			0	24		000	Time as a publi	c health control: proc	edures	P/Pf/C	00
7 <	Ø	0	13	0	No discharge from eyes, nose, and mouth	C	C	0	24			and records			FIFIIC	
					/ Preventing Contamination by Hands							Const	umer Advisory			
8	0	0			Hands clean and properly washed	P/Pf	C	0	25				y provided: raw/undercool	ked food	Pf	00
9 0	$\supset$	0	0	( )	No bare hand contact with RTE food or a	P/Pf/C	0	0			/		ceptible Population			
1		×			pre-approved alternative procedure properly followed		1		26				used; prohibited foods no	22.337.2434-74.4	P/C	00
10	2	A			Adequate handwashing sinks, properly supplied/accessible	Pf/C		0					ves and Toxic Subs			
	1		-	CONTRACT OF	Approved Source		_		27				approved and proper		P	00
11 (		0			Food obtained from approved source	P/Pf/C	-	0	28	<b>3</b>			es properly identified,		P/Pf/C	00
12			$\circ$		Food received at proper temperature			0	Ш	7		stored & used				
13 (		0			Food in good condition, safe, and unadulterated	P/Pi	0	0		-	C		th Approved Proced			
14	$\supset$	0	\$	0	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	C	0	29				h variance/specialize riteria/HACCP Plan	d	P/Pf/C	00
	_			_		OD RE	TΔ	II PI	PACT	ICE	9	process/ROP C	ntena/hacce Plan			
					Good Retail Practices are preventative measures to							icals, and physical	I obiects into foods.			
N	lark	OUT	T if n	umb		in appro							on-site during inspection	n R	=reneat	violation
0	UT	N/A N	uo.		Safe Food and Water	V	co	S R	0	UT			e of Utensils		V	COS R
30 <	$\supset$	100			eurized eggs used where required	P	C	0	43	Oli	n-use utensi	ils: properly stor			С	00
31 (					er and ice from approved source	P/Pf/C	C	0	44	OU	Itensils/equip	ment/linens: prop	erly stored, dried, & ha	indled	Pf/C	00
32	$\supset$	0	V	/aria	ance obtained for specialized processing methods	Pf	C	0					es: properly stored & us		P/C	00
-		200			Food Temperature Control				46	$\bigcirc$	Sloves used	properly			С	00
33 (	5				er cooling methods used; adequate equipment for	Pf/C	C	0		min			and Equipment			V . T .
					erature control				47				surfaces cleanable,		P/Pf/C	00
					t food properly cooked for hot holding	Pf		0		p		igned, construct				
	-	0			oved thawing methods used			0	(48)				lled, maintained and		PIC	00
36	2			nen	mometers provided and accurate	Pf/C	0	0					and test strips availab	ole		
27 6					Food Identification	1	-	-	49	X	lon-food co	ntact surfaces cl	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		(c)	00
3/ (	2]	F000	pro	pen	ly labeled; original container	Pf/C	0			<u> </u>			ical Facilities			
20 6		lana	-4-		Prevention of Food Contamination	1===	-	1=					; adequate pressure		Pf	00
					ents, and animals not present	Pf/C						stalled; proper ba				00
					n prevented during food preparation, storage & display anliness	P/Pf/C			52 (	$\bigcirc$ $\mid$ S	ewage and	waste water pro	perly disposed			00
					s: properly used and stored		-	0	53 0		oilet facilitie	s: properly cons	structed, supplied, &	clean	Pf/C	00
					ts and vegetables	P/Pf/C		0					sposed; facilities maint		C	00
													naintained, and clean nting; designated area			00
Pe	rmi	Hold	ler si	nall r	notify customers that a copy of the most recent inspection rep	ort is ava	ailab	le.	30		latural rubbe	er latex gloves n	ot used per CGS §19	as used Pa-36f	0	00
					1/2	ani	_	2			s docume		Date correction			#
Pers	on	in C	har	ge (	Signature) Date	211	2	2			em Violation		12/30/2		1	2
_					-10				Prior	rity F	oundation It	tem Violations	117/2	4		7
Pers	on	ın C	nar	ge (l	Printed)						n Violations		3/27/2	4		2
lnc-	~~*	o- 15	:i	~4	re) L. HMWW Date 121	271	23	?				ealth Interventio	n Violations			4
Insp	انت	OI (3	Jugit	atul	Date 12	41	4_	/					ervention Violations			
Insn	ect	or (F	Print	ed)	IMMEN GANDA							s Violations	vif van inte-dit-		-	4
					or or operator of a food establishment agains of but	hio and	2=4-		red	uires	reinspec	uon - cneck box	x if you intend to rein	spect		/
whh	ca	. 11	ie 0	or di	er or operator of a food establishment aggrieved by t ispose of unsafe food, may appeal such order to the	Directe	בו נכ	f Hes	ect at	nt lat	spection vieter than for	ty-eight hours a	of the rood inspect	tor or to	nold, d	estroy,

1st - White: Health Department

Food Establishment Inspection Report Page 2 of 2

LHD Mancheste		Inspection Report Continuation Sh	eet	Date 12/2	7 23
Establishment Z ma	irt	Town March	ester	<u>-</u>	
Item/Location/Process	Temp	TEMPERATURE OBSER	VATIONS Temp	Item/Location/Process	Temp
WIC cheese	4104	nemizodalom rocess	remp	hand sink	8705
cheese stick self				bathroom sink	12005
service fridge	٤			quat sanitizer	Oppm
0					
	OBS	SERVATIONS AND CORRECT	CTIVE ACTION	ONS	
Item Violations cited				in sections 8-405.11 & 8-406.11 of the	e food code.
Number PIC-NIA	-a				
16 pf microwa	ve interi	or not clean			
16 pf no paper	towels @	handsink on c	ounter	and in back sto	rage
49c 3-bay;		not clean			0
48 of goat sa			ose co	nneeted into Sani	10200
jost muo sto		and sink		The state of the s	
49c rolling c	77	The second secon	doin	cheese, eggs shei	2
22 P cheese s	sticks a	Glof to solf-son	sice for	vidge, discarded o	0412 0
an TCS	2	scarded - Health	nept-	to follow up	1 3010
				1	
SIP hot water	-	geratur not f		ing properly.	- 1 - 1 - 100
				reduced to 115°	or less (85°)
note * Discussed			in bac	il storage room	by
1	gency exit		1 0		
note of Coffee,	Slushies, a	ind pre palkage	d toc	ods only at thi	is time
	tlala.	4			
reinspect	ion: 1/2/24				
100					
Person in Charge (Signatur	re)			Date 12/2	27/23
Inspector (Signature)	Sandin	/		Date 12/27	123
(Signaturo))				Date 16 6	

	,	i
Page	of	

# Manchester Health Department

# 479 Main Street Manchester, CT 06040

walk-thri)

Ris	k C	ateg	ory:	2 Food Estab	lishn	ner	nt Ir	spec	tion R	eport	Page 1 of	f_Z_		
Est	abl	ishm	ent ty	pe: Permanent Temporary Mobile Other					Date:	12/8/2	023			
Esta	abl	ishm	ent (	staibucks-spencerst.		+605	onne Conne	Time In AM/PM Time Out AM/PM						
Add	ires	ss 2	12	Spencer st.		5	P	H) LHD Manchester						
Tov	vn/(	City	Ma	anchester				Purpose of Inspection: Routine Pre-op						
Per	mit	Hole	der	vicore-starbucks	Co	of F	ticut De Public H	partment ealth	artment alth Reinspection Other					
		M.		FOODBORNE ILLNESS RISK F	ACTO	RS	AN	D PUBI	LIC HEA	LTH INTERV	ENTIONS	Plants and the second		
		Risk f	actors a	re important practices or procedures identified as the most prevalent con	ntributing fa	ctors	of food	dborne illnes	s or injury. In	terventions are contro	ol measures to prevent foodborne illnes	ss or injury.		
	Mai	rk des	ignated	compliance status (IN, OUT, N/A, N/O) for each numbered	item		IN=in	compliand	ce OUT=not in compliance N/A=not applicable N/O=not observed					
P=	Prio	rity ite	em P	f=Priority foundation item	Mark in	app	propria	ate box for	COS and/o	or R COS=correc	ted on-site during inspection	R=repeat violation		
	IN	OUT	N/A N/C	Supervision	V	COS	S R	IN	OUT N/A N	vo Protect	ion from Contamination	V COS R		
2	_	/_	100	Person/Alternate Person in charge present,				15 0	000	Food separated	d and protected	P/C 0 0		
1 0	0	0	0	demonstrates knowledge and performs duties	Pf	0		$\overline{}$	00		urfaces: cleaned & sanitized	P/Pf/C O O		
	/	SHEET		Certified Food Protection Manager for Classes 2,	1				/		ion of returned, previously	1.1		
2	80	0	0	3, & 4	С	0		17	0	served, recond	itioned, and unsafe food	POO		
	_			Employee Health							ture Control for Safety			
3	1	0		Management, food employee and conditional employee;	P/Pf	0	0	18 🔾	000	Proper cooking	time and temperatures	P/Pf/C O O		
		/		knowledge, responsibilities and reporting		10000		19 🔾	000	Proper reheating	ng procedures for hot holding	POO		
4 (	9	9		Proper use of restriction and exclusion	P	0	0	20 🔾	000	Proper cooling	time and temperatures	POO		
5	1	0		Written procedures for responding to vomiting and	Pf	0	0	21 0			ling temperatures	POO		
<u> </u>	6			diarrheal events	1						lding temperatures	POO		
				Good Hygienic Practices				23 🐼	000	Proper date ma	arking and disposition	P/Pf O O		
6	$\circ$	0	<b>A</b>	Proper eating, tasting, drinking, or tobacco products us	se P/C	0	0	24 🔾	000	Time as a publ	ic health control: procedures	DIDIIO O O		
7 4	0	0		No discharge from eyes, nose, and mouth	С	0	0	24		and records		P/Pf/C		
				Preventing Contamination by Hands						Cons	umer Advisory	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TW		
8	0	0	0	Hands clean and properly washed	P/Pf	IC	00	25	00		ry provided: raw/undercooked food	Pf OO		
	No.	1000		No bare hand contact with RTE food or a	T						sceptible Population			
9	$\circ$	0		pre-approved alternative procedure properly followed	P/Pf/C	0		26	00	Pasteurized foods	used; prohibited foods not offered	P/C OO		
10	5	8	The state of	Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0	20 0			ives and Toxic Substances	11000		
9			No.	Approved Source		1	1	27 🔘	00		approved and properly used	POO		
11 0	8		<b>V</b>	Food obtained from approved source	P/Pf/C			21	90					
12		0		Food received at proper temperature			6	28	00	stored & used	es properly identified,	P/Pf/C O		
13		0		Food in good condition, safe, and unadulterated			0	$\perp$			tal. A			
		$\sim$	-	Required records available: molluscan shellfish	PIPI	10	19	-			ith Approved Procedures			
14	$\circ$	0	0	identification, parasite destruction	P/Pf/C	C	0	29 🔾	00		th variance/specialized	P/Pf/C O O		
-					AND DE	TAI	II DE	RACTICE	-0	process/ROP 0	interia/HACCP Plan	Lyski silve		
				Good Retail Practices are preventative measures						micolo and nhusia	al abjects into feeds			
7	Aarl	OUT	if num					for COS a						
		N/A N		Safe Food and Water	v		S R		and/or K			R=repeat violation		
30		NAN		teurized eggs used where required	P	1	0	OUT	In una uta		se of Utensils	V COS R		
31	-		Marine -	er and ice from approved source	_	-				nsils: properly sto		C 00		
32				ance obtained for specialized processing methods	P/Pf/C	-					perly stored, dried, & handled	Pf/C O O		
32			Vall		Pf	0	0				es: properly stored & used	P/C   O   O		
-	-	100000	D	Food Temperature Control		-	_	46 0	Gloves us	ed properly		C 00		
33			menod .	per cooling methods used; adequate equipment for	Pf/C	C					s and Equipment			
			The same of the sa	perature control		_					surfaces cleanable,	P/Pf/COO		
				nt food properly cooked for hot holding	Pf		0			esigned, construc				
30	2	$\circ$		roved thawing methods used	Pf/C PVC	19	10				alled, maintained and used;	Pf/C O O		
36	X	3	The	rmometers provided and accurate	PVC	198	10	0			and test strips available			
	_			Food Identification		"		49 00	Non-food	contact surfaces of		1(c) 00		
37	$\supset$	Food	proper	rly labeled; original container	Pf/C	0	0				sical Facilities			
				Prevention of Food Contamination		100		50 🔾	Hot and co	old water available	; adequate pressure	Pf OO		
				ents, and animals not present	Pf/C	0	0	51 🔾	Plumbing	installed; proper b	ackflow devices	P/Pf/C O O		
				on prevented during food preparation, storage & display	P/Pf/C	0	0			nd waste water pr		P/Pf/C O O		
				eanliness	Pf/C		0	53 🔾	Toilet facil	ities: properly con	structed, supplied, & clean	Pf/C O O		
41	$\supset$	Wipin	ng cloth	ns: properly used and stored	C	0	0	54 🔾	Garbage a	nd refuse properly d	isposed; facilities maintained	000		
42	$\supset$	Was	hing fru	its and vegetables	P/Pf/C	0	0				maintained, and clean	P/Pf/C O O		
De	ermi	t Hold	er shall	notify customers that a copy of the most recent inspection rep							hting; designated areas used	c 00		
			or Silail	- Company of the properties that a copy of the prost recent inspection rep	JOIL IS ava	anab	ie.				not used per CGS §19a-36f	1 200 1 200 1 200		
		£ 7575		Alianda Lintha in	101-	>			ons docum		Date corrections due	#		
Per	son	in C	harge	(Signature) 7 // // // // Date	010	3		- The Control of the	Item Viola		_	-		
			-	MICALE LA MAILA						n Item Violations	prior to open	3		
Per	son	in C	harge	(Printed) NICOLE CAPOLICA				Core Ite	m Violatio	ns	as a voira	Ž		
Inc-	100		ianat	THINAIN - 1213	1112					Health Intervention	on Violations	3		
									7					
			Printed)					Require	es Reinsp	ection - check bo	x if you intend to reinspect			
				er or operator of a food establishment aggrieved by	this orde	er to	COTT	ect any i	nspection	violation identifie	ed by the food inspector or to	hold deetroy		
			oro	dispose of unsafe food, may appeal such order to the	Direct	or of	f Hea	Ith not le	ater than t	orty-eight hours	after issuance of such order	noid, desiroy,		
	_	100	J. (	i appoint order to the		ال . ب		, 1100 10	undit i	orty orgin mours	and issuance of such order			

*newlocation For	od Esta	ıblishment Ins	spection	Report Page 2	of
LHD MANCH ESTER		Inspection Report Continuation		Date 12 8	23
Establishment STANDUCK	15-opti	NCCK TOWN HAN	chester		
Item/Location/Process	Temp	TEMPERATURE OB		Item/Location/Process	Temp
under ounter	365	nem/Location/Frocess	remp	quat sanificer 3 pay	200- 400 YAY
True 2door	36F			dish	
True 2door	355			Wash	160F 188F
True 2 door Freezer				rinse	1801
		SERVATIONS AND CO			
Item   Violations cited in this	s report must b	e corrected within the time frame	es below, or as state	ed in sections 8-405.11 & 8-406.11 of	the food code.
notex refrigeratio	n to be	replaced - mor	einder	)th-NSF/comme	rcial
49 c yellow rac	1040 M V2V	retrigeration	not cit	an	•
47c White cont	ainers	holding equi	pment	not commercia	1
NSF/equiv	outni	- not approved	lby Mar	ichester Health D	ept.
lopf no soap dis	penser	at handsink	at entrai	nutokitchen	1
iope no paper to	ivels i	in dispenser-			s be
vold since	paper	1000013 01 100 10	e to com	u in	
notex rest strips	'availa	ble			
			M. Delt for Ale		
36 pF discussed M					ed
Shas ther	,			ted on site)	
The page to the control of		om handsini	1 /	0 0 1 /	
notex CFPM'ema		FSL complete	•		1,2100
3 email c	arand	Lamanches	erct. ac	Opening on 12	1 To
701100110	grania	y o munara	crci-go	or with correc	rioris
Food service Topen betw	e lice	nse to be d	ropped a	OFF Monday	12/11/23
Topoli solv		1 1 1 1			
okall to ap	en oer	Health Dept.	an 12/12	123	
building / F		1 per pic	VI. 10/16	-1	
	A				
Person in Charge (Signature)	Minolor	tarello		Date 12 8	123
Inspector (Signature)	1 mal		<u> </u>		8/2023

Risk Category: 3 Food Establ	ishm	nen	t In	specti	on Rep	ort	Page 1 of	f_3_
Establishment type: Permanent Temporary Mobile Other					Date: 12	1/3/23		
Establishment China INOK		4seph.	Connec	cticus Health	Time In_	1 AMIPM	Time Out 12:	30 AM/PM
Address 194 BUCKIANO HILLS Dr. #2070			DI	H)	LHD A	lan chest	ex	
Town/City Manchester	<u></u>				Purpose	of Inspection: Ro	outine Pre	-op
Permit Holder SNI) 01 01 0	Co	of Pu	tut Dep	partment ealth	Reinspec	tion Other_		
FOODBORNE ILLNESS RISK FA	ACTO	RS.	ANI	D PUBLI	C HEAL	TH INTERVENTION:	S	-1,-1-11-1-1
Risk factors are important practices or procedures identified as the most prevalent conti	ributing fa	ctors o	of food	lborne illness c	or injury. Inter	ventions are control measures to	prevent foodborne illnes	ss or injury.
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	em	11	V=in €	compliance	OUT=no	t in compliance N/A=no	ot applicable N/C	=not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type	Mark in	appr	opria	te box for C	OS and/or R	COS=corrected on-site	during inspection I	R=repeat violation
IN OUT N/A N/O Supervision	V	cos	R	A IN O	UT N/A N/O	Protection from C	Contamination	V COS R
Person/Alternate Person in charge present				1500		Food separated and prote		PIC OO
demonstrates knowledge and performs duties	Pf	0	$\circ$	नि ।	60	Food-contact surfaces: cl		PPICOO
Cartified Food Protection Manager for Classes 2	+				AND SOME	Proper disposition of return		175000
2 Ψ Ο 3, & 4	С	0	0	17 💍 🤇		served, reconditioned, an		POO
Employee Health				/		Time/Temperature Cont		
Management, food employee and conditional employee;	P/Pf	0		18		Proper cooking time and t		P/Pf/C O O
knowledge, responsibilities and reporting	171			19 🕳 🤇	000	Proper reheating procedu	ires for hot holding	P 0 0
4 Ø/O Proper use of restriction and exclusion	P	0	0	20 0	000	Proper cooling time and to	emperatures	200
Written procedures for responding to vomiting and				2700	X 00	Proper hot holding tempe	ratures	(P)000
diarrheal events	Pf	0	0	22 00 0	000	Proper cold holding temper	eratures	PÓO
/ Good Hygienic Practices				23	000	Proper date marking and	disposition	P/Pf O O
6 O Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0	24 0 0		Time as a public health co		
7 O No discharge from eyes, nose, and mouth	С	0	0	24 0		and records		P/Pf/C O
Preventing Contamination by Hands	110			/		Consumer Advi	isory	
8 Ø O Hands clean and properly washed	P/Pf	0	0	25 0		Consumer advisory provided: r		Pf OO
No bare hand contact with RTE food or a		Chap				Highly Susceptible F		
pre-approved alternative procedure properly followed	P/Pf/C	0	0	26 0 0	0	Pasteurized foods used; prohib		P/C 00
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0	20	THE PERSON NAMED IN	od/Color Additives and T		F/C   O   O
Approved Source	U	X		27 00 0	/ 1			In Olo
11 Cood obtained from approved source	DIDGO			27 D		Food additives: approved		POO
	P/Pf/C			28 00 0		Toxic substances properly	y identified,	P/Pf/C O
		_	0			stored & used		
	P/Pf	0	9			onformance with Approv		
14 O Required records available: molluscan shellfish	P/Pf/C	0	0	29 0		Compliance with variance		P/Pf/C O O
identification, parasite destruction	The same state of					process/ROP criteria/HAC	CCP Plan	
				ACTICES				
Good Retail Practices are preventative measures to								
				for COS and	d/or R	COS=corrected on-site duri	ing inspection I	R=repeat violation
OUT N/A N/O Safe Food and Water	V	cos		TUO		Proper Use of Uten:	sils	COS R
30 Pasteurized eggs used where required	P	_	0			ls: properly stored		(c)00
31 Water and ice from approved source	P/Pf/C	0	0			ment/linens: properly stored		PRICO
32 O Variance obtained for specialized processing methods	Pf	0	0			gle-service articles: properly	stored & used	47C 0 0
Food Temperature Control				46 O GI	loves used	properly		000
Proper cooling methods used; adequate equipment for	DfIC					Utensils and Equ	ipment	
temperature control	Pf/C		0	A FO	ood and nor	n-food contact surfaces cl		Braw-
34 O Plant food properly cooked for hot holding	Pf	0	0	T X pr	operly design	gned, constructed, and us	sed (	PIPIC (SA)
35 O Approved thawing methods used	Pf/C	0	0	\M		facilities: installed, main		500
36 Thermometers provided and accurate	Pf/C	0	0			nts, sanitizers, and test st		Pf(C O O
Food Identification	^					ntact surfaces clean		100
Food properly labeled; original container	PfC	0	0	V		Physical Facili	ities	0
Prevention of Food Contamination				50 O H	ot and cold	water available; adequate		Pf OO
38 Insects, rodents, and animals not present	Pf/C	0	0			talled; proper backflow de		P/Pf/C O O
39 Contamination prevented during food preparation, storage & display	P/Pf/C					waste water properly disp		P/Pf/C O O
40 Personal cleanliness		Ö				s: properly constructed, s		Pf/C O O
41 Wiping cloths: properly used and stored	C	0	_			refuse properly disposed; fac		c 00
42 Washing fruits and vegetables	P/Pf/C					ities installed, maintained		
						ntilation and lighting; design		P/Pf/C 0 0
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable				er latex gloves not used pe		
Ma bull	110	7-	7		s documen		corrections due	#
Person in Charge (Signature) Date 2	5/20	1		-	m Violation		12/16/23	4
Bonne in Channe (Britan) Slotto: NICAMA	N. F.	-				em Violations 10 day	1 12/23/23	5
Person in Charge (Printed)					Violations	190 000	1 3/13/24	13
Inspector (Signature) A MMM Date 17/1	3/1	2		Risk Facto	or/Public He	ealth Intervention Violation	ns	S
iauxan arandu	Repeat Risk Factor/Public Health Intervention Violations Good Retail Practices Violations							
Appeal: The owner or operator of a food establishment aggrieved by the	nie o-d	or to	-	Requires	Reinspect	ion - check box if you int	tend to reinspect	
Appeal: The owner or operator of a food establishment aggreed by the or dispose of unsafe food, may appeal such order to the	Directo	or of	Heal	Ith, not late	er than fort	y-eight hours after issua	ood inspector or to ince of such order	noid, destroy,

reinspecton 12/27/23 /

Food Establishment Inspection Report Page 2 of 3

LHD Monothes kr		Inspection Report Continuation Shee		Date 12/13/	123							
Establishment China	WOK	Town Meneines	ter	- reinspection	7 12/27/7.							
	ka salah	TEMPERATURE OBSERV	ATIONS									
ltem/Location/Process	Temp ♂°F	Item/Location/Process	Temp	Item/Location/Process	Temp							
	410 F	hot hold rice	11405									
chicky beef	4/07	hot hold chicken	13905									
	1.	had hald spage nim	107									
reheated chicken on 172° =												
		steam table	-									
		20 120 5 5 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6										
	05	SERVATIONS AND CORDER	TIVE ACTIO	NO								
Item Violations cited in		SSERVATIONS AND CORRECT e corrected within the time frames below			food code.							
Number												
10 pf mashine a	L 150 Cl.	and los los los	2000									
		oned on handsink (	- cus									
	pens / v	tensils on wine			1ean V							
47 P shopping i	pags use	d for food storag	e in	OWIF, not appro	oved							
L7 8'51	orded b	y PIC (cos)										
43 C fork when	NO 122	clean, stored on	Ringan	ole they have in	stores (05							
S6C cigarettes	sto mal	1 da straca 112	5 (503)	De and to Die	STUIGE							
	541	w dry storage item		,								
112		1	COOK	line + storage by	WIL							
49c gaskets	on UI	C'not clean										
15P broccoli	in WI	c not protected	1 - 60									
(490 WIL Place		- clean										
560 hood n	of clea	in Hoods prof clear	ing Sch	eduled for 12/28/2	-3							
490 bay maris	e prep	by grill interior	10+	clean								
notet gasket to	00	bay mark PIC	Say	new one is old	bred							
490 undercoun	ter prep	ofridge by ha	ndsink	in back exterio	00							
VACHE	90	-										
		ge area not clea										
	and ex	genur of ice	machin	of not clean								
47 P Steam ta	ble insi	de linhere water g	ves) n	of clean								
		steam table 1140			200 cos							
		on of Steam tabl			tenp							
		own for fridge;			p front)							
470 non-com	ereial	microwave on p	reptabl	12112	fonte							
Person in Charge (Signature)	Ok con di	n n		Date 2/17/2	2023							
Inspector (Signature)	BUILOW	V		Date  2  13 / 23	3							

HD Manchester		Inspection Report Continuation Sheet			Date 12/13	3/23
Establishment China	WOK	Town Manches	kr	- Cein	2/27/23	
		TEMPERATURE OBSERVA	TIONS			
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Loca	ation/Process	Temp
					oning	20-108
				handsin	(in front	- 96° €
Item Violations cited in t		BSERVATIONS AND CORRECT be corrected within the time frames below,			11 & 8-406.11 of th	e food code.
1100	1 1 6	\ O				
47C to land	1 700	in front, not cle as side table no	can	<b>V</b>	. 0	
37.0f sansasa k	20569	as side table or	ext to	gnii o	op tron-	
whet the man	bec co	site, discussed	1016	beled the	1100ghoi	100
200000	eco. 41	15 to 2000	79101	7 mas	of for	o.G
49C 900/1001	tem 191	symps not cle		/		
77- 4100/1000	by soda	symps not cle	an v			
21010	- 1	0		2 0	1	10 0
when Discussed	need t	for routine cleans	ng on	f thours	walls/c	evilogs
and st	orage	oreas.				
0 - 10 - 110 - 0		011			10.20	4
notex realth be	pt. to t	follow up w/ Fine	Mars	shall re	garding	hood
-						
						4
Person in Charge (Signature)	Marin	Im			Date 12/13	12025

# Food Establishment Inspection Report Page 2 of 2

Marches Hr Inspection Report Continuation Sheet Date 117 2023												
.stablishment Hand M Fe	od Plus	LLC Town Manches	ter									
		TEMPERATURE OBSERVA	ATIONS									
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp							
MIK	37F			hand sink	790F							
				3-bay sink	116°F							
				*								
				· ·								
Violations cited in this		SSERVATIONS AND CORRECT e corrected within the time frames below			e food code.							
Number	торон табе в	o someoted warm are time names below	, or do otatou		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
45 P Coffee fil	1000 0	ut protected - co	)(									
				200(								
		p dispensers not			CNC							
		inet by coffee										
		ce major on co										
		as fridge liner		1 //								
49c interior e	of sli	ding - door fridge	ton s	ctean (shelvin	9 - 05							
13P cheese an	dlun	ding-door fridge chables expired	10	refrigeration -	COS							
notex refrigerati	00 00	of working PI	C dis	cossed replaci								
freezer		J		,	7							
54 c clutter in	front	of WIF-Un	able	to access-cos								
39C soda prod	oct st	roop no bord	in h	IIC with availa	61-6							
		shelving -cos										
		JIC not clean										
		Door refigerator	with	shattered doo	<u> </u>							
1 1 2	10000	1011 000001	TO	2006 12/11/ 100	Caron							
was no panert	owe Ic	at handsink b	ehind	counter tin	restran							
(550 ceiling til	es mi	ssing above be	ndeic	LCC	)5							
50pf handwash	510	ssing above he know how the	eno	790F-1010F (OS								
(49 C) shelving	abs iso	3- hay (101/ 00	+ 01	ean								
Shelving	10004	3-bay sink no	01 01	CU/)								
	and			<u> </u>								
Person in Charge (Signature)	TROX	hue ger		Date V 7	23							
Inspector (Signature)	amai	X		Date // /7	123							

Risk Category: 3 Food Estab	lishn	nen	f Ir	nspeci	tio	n Re	port	Page 1	of .3
Establishment type: Permanent Temporary Mobile Other				юрос		ate:	12/1/202		
Establishment KODE ASIAN BISTRO		agion's	Canne	cticus Hosp		ime In	1 A	PM Time Out	2 AM/PM
Address 1155 TOLLAND TOKE							yanch es		AIVIETVI
						-	e of Inspection:	1927/4 2021 2020	e-op
Town/city Manchester	C	ennectic	cut Dep	partment	+			AT AT TO A TO A TO A TO A TO A TO A TO	с-ор
Permit Holder S hawn Chen I Ken Chen FOODBORNE ILLNESS RISK F	ACTO	of Pu	A NII	n DIIRI		einspe		Other	
Risk factors are important practices or procedures identified as the most prevalent cont		_						The state of the s	ess or injury.
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it			1	compliance	_		not in compliance	N/A=not applicable N/	O=not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type								on-site during inspection	R=repeat violation
IN OUT N/A N/O Supervision  Person/Alternate Person in charge present,	V	cos	R	A IN	OUT	N/A N/O	o Protection	from Contamination	V COS R
demonstrates knowledge and performs duties	Pf	0	0		SX.	0	Food separated a	no protecteo aces: cleaned & sanitized	FPC O
Certified Food Protection Manager for Classes 2,	С	0	0	1	0	THE REAL PROPERTY.		of returned, previously	POO
3, & 4		Ľ,	Ц		_			ned, and unsafe food	
Employee Health  Management, food employee and conditional employee;		Т -		18	0			ne and temperatures	P/Pf/C O O
knowledge, responsibilities and reporting	P/Pf	0	0		0	00	Proper cooking til	procedures for hot holding	POO
4 Proper use of restriction and exclusion	Р	0	0		0	00	Proper cooling tim	ne and temperatures	P 0 0
Written procedures for responding to vomiting and	Pf	0	0	-	0	00	Proper hot holding	g temperatures	POO
diarrheal events  Good Hygienic Practices					8	00	Proper cold holdin	ng temperatures	P 0 0
6 O Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0					nealth control: procedures	P/Pf O O
7 O No discharge from eyes, nose, and mouth	С	0		24 0	0	(S)	and records	reality control. procedures	P/Pf/C O
Preventing Contamination by Hands				/	/		Consum	ner Advisory	
8 O Hands clean and properly washed No bare hand contact with RTE food or a	P/Pf	0	0	25	0	0		rovided: raw/undercooked food	Pf OO
pre-approved alternative procedure properly followed	P/Pf/C	0		26		8		ptible Population ed; prohibited foods not offered	Ing old
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	0	20 0	<u> </u>	Buch		s and Toxic Substances	P/C   O   O
Approved Source	1	1		27 0	0	0		oproved and properly used	
11 🗸 O Pood obtained from approved source	P/Pf/C	0	0	28	0			properly identified,	
Food in good condition, safe, and unadulterated	P/Pf	0	0	20	$\cup$		stored & used	**************************************	P/Pf/C O O
Food in good condition, safe, and unadulterated Required records available: molluscan shellfish	PPf	98	0	- T T				Approved Procedures	
14 Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	0		29	0	8	process/ROP crite	rariance/specialized	P/Pf/C O O
GO				ACTICE				Calgarine En l'Anne	- VETTO - VET
Good Retail Practices are preventative measures to									
				for COS ar	nd/o	R		site during inspection	R=repeat violation
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	P	cos		OUT	In	o uton	Proper Use sils: properly stored		V COS R
31 Water and ice from approved source	P/Pf/C		0					ly stored, dried, & handled	C O O
32 O Variance obtained for specialized processing methods	Pf	-	0	45 🔾 5	Singl	e-use/si	ingle-service articles:	properly stored & used	P/C 0 0
Food Temperature Control		, , ,					d properly		c 00
Proper cooling methods used; adequate equipment for temperature control	Pf/C	0		- T- T-	-		Utensils a	nd Equipment	
34 O Plant food properly cooked for hot holding	Pf						on-food contact sur signed, constructed		P/Pf/C O O
35 O O Approved thawing methods used		0		l V				d, maintained and used;	
36 Thermometers provided and accurate		0						d test strips available	Pf/C O O
Food Identification	^			(49) X N	Non-	food co	ontact surfaces clea	ın	(c) 0 0
Food properly labeled; original container   Prevention of Food Contamination	PC	0	0	50 01				al Facilities	
38 S Insects, rodents, and animals not present	PC	0					d water available; a stalled; proper back		Pf O O
39 Contamination prevented during food preparation, storage & display	P/Pf/C						d waste water prope		P/Pf/C O O
40 Personal cleanliness	Pf/C	0		(3) X	Toile	t faciliti	ies: properly constr	ucted, supplied, & clean	PfC 00
41 Wiping cloths: properly used and stored	С	0		54 0	Garb	age and	d refuse properly disp	osed; facilities maintained	200
42 Washing fruits and vegetables	P/Pf/C						cilities installed, mai		P/Pf(C) O
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ailable		00 O A	Natu	ral nubb	enulation and lighting	ng; designated areas used used per CGS §19a-36f	100
	-	200	7	Violation				Date corrections due	#
Person in Charge (Signature) Bank b Date ),	0/,	2	2	Priority It				corrected V	2
Person in Charge (Printed)							Item Violations	12/11/23	4
1 1/2 ma N/1/	00		$\dashv$	Core Iter			s Health Intervention	Violations	14
Inspector (Signature) 1. 94/1/W/ Date 2	120	13		Repeat F	Risk	Factor	/Public Health Inter		
Inspector (Printed) AMTEN AYANAV				Good Re	etail	Practic	es Violations		14
Appeal: The owner or operator of a food establishment aggrieved by the	nie o-d-	or to		requires	s Re	einspe	cuon - check box il	you intend to reinspect	4
or dispose of unsafe food, may appeal such order to the	Directo	or of	Heal	th not lat	ispe	han for	riveight hours after	by the tood inspector or t	o noid, destroy,

Food Establishment Inspection Report Page 2 of 3

LHD Manchester	O ECIAL	Inspection Report Continuation Shee	et	Date_ 12/1	12023
Establishment KODE AS	ian Bis	TO TOWN MANCH	ester		
		TEMPERATURE OBSERV		Mary II agation / Dragge	Tomp
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
WIF	395				
notwater	ILDE				
101 100100	40'				
•					
		SERVATIONS AND CORREC			
item	is report must be	corrected within the time frames below	w, or as stated i	n sections 8-405.11 & 8-406.11 of ti	
Number					7 n000 to b
notex commercial	ETL-S n	nicrowave purcha	red		Cleaned b
19c Shelving ak	ove pre	n table not clean	t v		perfire
13p Terivaki sa	UCP PF	Fout - closed Vester	day-di	scarded (cos)	
note* hand to be	TEANER	Manday I Tiresda	V- Merl		
16pF-Cutting bag	rde by	MAIL MARIE 121-1	he to b	ne ardered hills	10173
man contract mi	Mar x	vaint March Da and	110100	& Laucandil amancha	-10/62.
-special or	an, 10	cerpt iviust be ein	larlea t	o coraray comunicae	sterct-gov
19c -gaskets to b	e replac	<u> 201 - WIII GIVE 9000</u>	cys to I	eplace all gasket	13 OF
all retrige	ration	units-email inv	oices as	purchased is	11/23)
ibpf-discussed n	estingo	F Hood in pain Ma	ries-no	stacking	
53c TSELF CLOSING	a doorr	equired - purchas	ed-to	be installed	
37 OF - White arar	ALLIAY CA	ntainers labeled I	n Chines	e-natenalish	1
notex screeng-ga	in Fived:	· · · · · · · · · · · · · · · · · · ·	0111703	0 170 . 0179 . 101	
400 -Shelving hi	1010 3 C	Jaar underchunter	· nA+ /i	£110	
100 - 55 21 51 200	10 de 3 (	door undercounter	1101 (1	CUT I	
49C ISHELVING C	muter pr	eptable by prej	sinh	not coun	
		liscarded on site			
15c tgrovery bag	s used t	ostore food in w	IF-disc	carded (cos)	
notex - continue to	replac	e shelving in wi	$\mathbb{C}$		
160F MUShroom SO	up stac	ked with Food in it	-nesti	na	
49C -glassracks					
notex spelving in	VALARE IAM	snto be replaced:	2 nt n +11	MP-2 INDOKE	
550 FRD romin	red in a	ry storage -wall	Chinn	nd Inealing	
AGC Shallahain	COVIDE C	tation not clean	CITIPAL	ry/peciling	
	) KIV(I O	141 101 (101 (101)		27	0/ 1-2
Person in Charge (Signature)	1.0.001.10	Jun fu	~	Date /2,	
Inspector (Signature)	TIMOUS			Date [2])	12023



INSPECTION REPORT FOOD SERVICE ESTABLISHMENTS CONTINUATION SHEET

# STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

CONTINUA	TION SHEET											
	STABLISHMENT	TOWN		DATE OF INSPECTION								
	sian Bistro	manchester		12/1/2023								
INSPECTION FORM #			ARKS									
55c	dry storage area o	utoid hibachi s	itation c	iuttered								
	55c dry storage area at old hibachi station cluttered is 90 days to remove all unused equipment from this day											
38c	38c gap at back door-serverstation											
49c interior of keg cold unit at bar not clean												
MHH	date juice not to	oe done perowr	ner									
55c	ceiling tiles unc	Itan - cookiine to	o be done	e within month of								
	today; remainder	lall (eiling tires t	to cleaned	l Feb 1.8+ 2024								
notex	cover for baffle	Cleaner required										
52 C	severe ice build	Up in Freezer	-walki	nfreezer								
notex	Fire Marshal toidc	lean hood batt	les daily	by owners /staff								
*	owner is working	on certified Foo	od protect	ion manager								
	certificates - Find	ing classes avail	ubie in cr	ninese - Must email								
				me. Must be signed								
	uptora class 12			J								
	r											
*	owner to reach out	to consultant +	o come in	nto restaurant								
	to retrain staff/	observe practices	by staf	F. owner to set or								
	Schedule appt wi	ith consultant	by 12/4	/23.								
	1											
	okay to re-open	this day per H	ealth p	epartment								
	Health Dept to F	ollow up weeks	ly for 8;	pot checks								
	5 unannounced		1	Δ,								
INITIAL (IN	SPECTOR) J. 47 MOU	12/1/23 INITE	AL (PERSON IN C	CHARGE) Lyndon								
	Distribution: 18	t - White - Health Department	2nd - Yellow -	Owner/Manager								

10 Manchester		Inspection Report Contin	uation Sheet		ate 17   8   C	3_
tablishment <u>SWPetWW</u>	er cala	10 Town Ma	nchester			
		TEMPERATURE (	The state of the s			
Item/Location/Process	Temp	Item/Location/Prod	cess Temp	Item/Locat	ion/Process	Temp
			V			
	OB	SERVATIONS AND C	ORRECTIVE ACT	TIONS		
item	s report must be	corrected within the time for	rames below, or as stat	ed in sections 8-405.1	1 & 8-406.11 of the	food code.
lumber		1000110	. 0 112 0 100		r ze ovr og – Woo	
c no cfpm au	ranapl	e/onsite	upon am	ival trep	that from	prev.
4 Must V	lave C	FPM on sit	e durina	a operat	ina	'inspe
NOUVID	PUFI	A FORD	<u> </u>	i i	1.9	•
L) marice	FORF IN 1	11 nood to	no train	PM +n c	impli	
MINITOR CE	ion 1 vo	diaraman	L	CUC 10 CI	mp y	
VVIIVE CF	i Nich	y of the sacar	20/20/20/20	1 000	itta	
9 (man	Lyru	nayorna	Mesterc	T.40V V	VIII	
SIGNIUP	is for t	train ing P	orstaff	pere no	rma ///	
4 30 dal	18 From	this day to	emall wi	th sign-i	ips J	
17c Thin wire	used in k	DIALL OF BU	nife cords	at Front	areato	1)
hold soice	15- mo	+ appropried	Trepeat	Fram prev	Inspect	-10m)
STO NO NI	Impo	t approved	criptus	1101.1picv	· Hope	1011)
1) ~ 2010010 +0110					20 at 10 at 100	
ic babeling	LUKULU	ls absorben	LIVI Span	0100 1111	ontaine	
by parini	press	-not appros	ra croe	attrom	prev. msk	DE(T)U
	1	11				
To love base	under	ary stora	ar seper	atina fro	mwall	
			75.00	x		
2.5						

												_	
Risk	Categor	y: 2	Food Establ	ishm	nen	t In	spe	cti	on Rep	ort	Page 1 c	of <u>Z</u>	
Estal	olishmer	nt typ	e: Permanent Temporary Mobile Other					_ ]	Date:	2/4/23			
Estal	olishmer	nt M	etzy pretzel Klask		+sepin	Connec	sicot Healing		Time In_	16:30	M/PM Time Out		AM/PM
Addr	ess 0	t h	uckland hills Dr.#		0	P	H)		LHD /	nanch	nestor	<u> </u>	
Towr	n/City	MI	Inchester.						Purpose	of Inspection:	Routine Pro	<b>⊇-</b> op )	
Perm	it Holde	r	savan vatel		of Pu	ublic He	artment alth	(	Reinsped		Other		
			FOODBORNE ILLNESS RISK FA	ACTO	RS	ANI	PUI	BLI	CHEAL	TH INTERVE	NTIONS	on or injune	
			e important practices or procedures identified as the most prevalent control				complia			ot in compliance		O=not obs	
27.40	riority item		Priority foundation item C=Core item V=violation type									R=repeat	
IN		7	Supervision	V	cos			Carlo State of	JT N/A N/O		on from Contamination		cos R
			Person/Alternate Person in charge present,							Food separated		P/C	00
1	99	- marine	demonstrates knowledge and performs duties	Pf	0	0	16 d	_		Food-contact su	rfaces: cleaned & sanitized	P/Pf/C	00
2 3	800		Certified Food Protection Manager for Classes 2, 3, & 4	С	0	0	17 3	1	5		on of returned, previously ioned, and unsafe food	Р	00
			Employee Health								ure Control for Safety		
3 4	10		Management, food employee and conditional employee;	P/Pf		0	18 🤇	_			time and temperatures		00
,017		THE REAL PROPERTY.	knowledge, responsibilities and reporting				19 (				g procedures for hot holding		
4 (	89		Proper use of restriction and exclusion	Р	0	0	20 0				ime and temperatures	P	
5 Œ	0		Written procedures for responding to vomiting and	Pf	0	0	21 (				ng temperatures ling temperatures	P	
			diarrheal events Good Hygienic Practices		-	_	23				rking and disposition	P/Pf	00
6 (		10	Proper eating, tasting, drinking, or tobacco products us	e P/C	0	0				Time as a public	health control: procedures		
7 0		All Property lies	No discharge from eyes, nose, and mouth	C	-	0	24			and records		P/Pf/C	00
			Preventing Contamination by Hands		٠	_				And the second s	imer Advisory		
8		0	Hands clean and properly washed	P/Pf	0	0	25 <	) <	00	Consumer advisory	provided: raw/undercooked food	Pf	00
8 1 9	e	100	No bare hand contact with RTE food or a	P/Pf/C	0	0					ceptible Population	la ordina	
		س ر	pre-approved alternative procedure properly followed	120000000000000000000000000000000000000		_	26	2			used; prohibited foods not offered		00
10 5	80		Adequate handwashing sinks, properly supplied/accessible	Pf/C		0					ves and Toxic Substances		T = T =
	/		Approved Source	I munum	T =		27 (	2 5	30		approved and properly used	<u> </u>	00
11 (			Food obtained from approved source	P/Pf/C			28 €	50		stored & used	es properly identified,	P/Pf/C	00
12 C		وار	Food received at proper temperature Food in good condition, safe, and unadulterated	P/Pf	0	0		_			th Approved Procedures		
	100	1	Required records available: molluscan shellfish					T	54		n variance/specialized	70,000	
14		YO	identification, parasite destruction	P/Pf/C	0	0	29		المحال		iteria/HACCP Plan	P/Pt/C	00
			GO	OD RE	TAI	L PR	RACTI	CES					
			Good Retail Practices are preventative measures to					_				Version in the second of	Technical and a Market
_	ALL CONTRACTOR OF THE PARTY OF	-		in appro	***************************************	_		_	d/or R		on-site during inspection	R=repeat	_
	JT N/A N/C		Safe Food and Water	٧	-	R	OL	-			e of Utensils	V	COS R
30 C		-	eurized eggs used where required er and ice from approved source	P/Pf/C	_	00				sils: properly stor	erly stored, dried, & handled	C Pf/C	00
			ance obtained for specialized processing methods	Pf	0	_					es: properly stored & used	P/C	
02		· Circ	Food Temperature Control		1	10			loves used		or property elered a deed	С	00
00		Prop	er cooling methods used; adequate equipment for	2510							and Equipment	rek m	
33 (		temp	perature control	Pf/C	( Action		47	F	ood and no	on-food contact s	urfaces cleanable,	P/Pf/C	00
			t food properly cooked for hot holding	Pf		0	47	pi		signed, construct		17110	
		_	oved thawing methods used		0		48	21			lled, maintained and used;	Pf/C	00
36		Ther	mometers provided and accurate	Pf/C		0					and test strips available		
27 6	Food		Food Identification	Delo			49		on-tood co	ntact surfaces c		С	00
3/ (	)   F000 p	oroper	ly labeled; original container  Prevention of Food Contamination	PI/C			50 0	) H	ot and cold		ical Facilities ; adequate pressure	Pf	00
38	Insects	s rode	ents, and animals not present	Pf/C			_	_		stalled; proper ba			00
			n prevented during food preparation, storage & display	P/Pf/C						d waste water pro			00
	Person				0						structed, supplied, & clean		00
			s: properly used and stored	С		0	54 (	$\supset G$	arbage and	refuse properly d	sposed; facilities maintained	С	00
42	○  Washi	ng frui	its and vegetables	P/Pf/C		0			7.		naintained, and clean		00
Per	mit Holde	r shall	notify customers that a copy of the most recent inspection rep	ort is av	railabl	le.					nting; designated areas usen not used per CGS §19a-36f	d C	00
			C Alto in 1	. 1_		_			s docume		Date corrections due		#
Pers	on in Ch	arge (	Signature) Januar Fall Whate 12/4	+/2	DZ	_3			em Violatio		1		
_			OKAMA DIA TOS	1			-	_		Item Violations			_
Pers	on in Ch	arge (	Printed) JAVAN PATEL	. 1 -	_				Violation:		n Violations		,
Inen	ector (Si	anatı	re) 7 . Date 12/4	117:	3					Health Intervention			
Inspector (Signature)  Date 1411  Repeat Risk Factor/Public Health Intervention Violations  Good Retail Practices Violations													
Insp	ector (Pr	inted)	LILLY VILL DI BIN MAN								x if you intend to reinspect		,
		-	er or operator of a food establishment aggrieved by	this ord	ler to	corr							destroy,
18.00			lispose of unsafe food, may appeal such order to the										-

* 141	nspection Foo	od Esta	blishment Inspe	ction R	eport Page &	of <u>2</u>			
LHD_M	114101 1401		Inspection Report Continuation She		Date 12/4/23	3			
Establishr	ment WETTELD	retzel-i	YIUSK TOWN MANCH	ester					
			TEMPERATURE OBSER	/ATIONS					
Item In At i	/Location/Process	1) () F	Item/Location/Process	Temp	Item/Location/Process	Temp			
1101 /	V V V V V	1,0							
Item	Violations cited in thi		SERVATIONS AND CORRECT CORRECT CONTROL OF C			e food code.			
Number									
	piumberco	ameou	it to fix water	at hanc	dsink				
	"> water L	s work	it to tix water ing, accessible						
			•						
	very clean	+ orga	niced						
		J	2.4001101011						
	soap/paper	towers	avallabu						
	nosanitize	r avail	abil-not open cu	rrently					
	MAKI ANDA	1000 0	- 1 H :	TIAK AF	MA Com mil				
	DEIV SAFE	1 HHH S	aftly to be used	ATOV CF.	PIVE-SUBMIT				
	CFPM TO TI	cull o	ept once comp	nar	<del></del>				
	KKAN to an	ph this	s day per Healt	n nan+					
	no violati	ens thi	c day - license	1551164					
	10000000	<u> </u>	5 0000 1. 1. 1. 1. 1.	1000 (0)					
		$\overline{}$	A 1			,			
Person in	Charge (Signature)	Sara	nfato		Date 12/47	2023			
Inspector	(Signature)	MANK	/X .		Date 12/4	173			

Risk Category: 3 Food Establi	ishn	nent l	nspect	on Report Page 1 of	2
Establishment type: Permanent Temporary Mobile Other				Date: 12/7/23	
Establishment Al Madina Restaurant + Pizza		teching Con	meeticate Handing	Time In 1.30 AMIPM Time Out 3 1	O AMIZM
Address 246 Broad St.	DPH)			LHD manchester	
Town/City Manchester	J			Purpose of Inspection: Routine Pre-o	
Permit Holder Mohammed Azad		onnecticut D of Public	Health	Reinspection Other FOA CHECKI	ist
FOODBORNE ILLNESS RISK FA Risk factors are important practices or procedures identified as the most prevalent contri				or injury.	
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered ite			n compliance		not observed
P=Priority item Pf=Priority foundation item C=Core item V=violation type					repeat violation
IN OUT N/A N/O Supervision  Person/Alternate Person in charge present,	V	COS R		UT N/A N/O Protection from Contamination  Food separated and protected	V COS R
demonstrates knowledge and performs duties	Pf	00	16 0		P/Pf/C O O
2 Certified Food Protection Manager for Classes 2,	С	00			P 00
J., & 4	L		1119	served, reconditioned, and unsafe food	1700
Employee Health  Management, food employee and conditional employee;	-	TT	180	Time/Temperature Control for Safety Proper cooking time and temperatures	P/Pf/C O O
knowledge, responsibilities and reporting	P/Pf	00	19 0	Proper cooking time and temperatures  Proper reheating procedures for hot holding	POO
4 O Proper use of restriction and exclusion	P	00	20 0	Proper cooling time and temperatures	POO
Written procedures for responding to vomiting and diarrheal events	Pf	00		Proper hot holding temperatures	POO
Good Hygienic Practices			23 3	Proper cold holding temperatures Proper date marking and disposition	P O O
6 O Proper eating, tasting, drinking, or tobacco products use	P/C	100		Time as a public health control: procedures	
7 O No discharge from eyes, nose, and mouth	С	00	24	and records	P/Pf/C O
Preventing Contamination by Hands  8	D/Df	00	25 6	Consumer Advisory  Consumer advisory provided: raw/undercooked food	T M 1010
No hard hand contact with DTE food as a				Highly Susceptible Population	Pf OO
pre-approved alternative procedure properly followed	P/Pf/C		200	Pasteurized foods used; prohibited foods not offered	P/C 00
Adequate handwashing sinks, properly supplied/accessible	Pf/C		-	Food/Color Additives and Toxic Substances	
Approved Source  11  Food obtained from approved source	DIDIIC	00	27 0	Toxic culotonoco preparlu identified	POO
12 O Food received at proper temperature		00		Toxic substances properly identified, stored & used	P/Pf/C O
13 S C Food in good condition, safe, and unadulterated		00		/ Conformance with Approved Procedures	
Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	00	29 0	Compliance with variance/specialized	P/Pf/C O O
	DD RE	TAIL P	RACTICES	process/ROP criteria/HACCP Plan	
Good Retail Practices are preventative measures to	contro	ol the add	ition of patho	gens, chemicals, and physical objects into foods.	
	-		x for COS an		repeat violation
OUT N/A N/O Safe Food and Water  30 Pasteurized eggs used where required	P	COS R	-	Proper Use of Utensils -use utensils: properly stored	V COS R
31 O Water and ice from approved source	P/Pf/C			ensils/equipment/linens: properly stored, dried, & handled	Pf/C)OO
32 O Variance obtained for specialized processing methods	Pf	00	45 0 S	ngle-use/single-service articles: properly stored & used	PCOO
Food Temperature Control Proper cooling methods used; adequate equipment for	_	-	46 O G	oves used properly	c 00
temperature control	Pf/C	00	Q-J-OF	Utensils and Equipment and non-food contact surfaces cleanable,	
34 O O Plant food properly cooked for hot holding	Pf	00		operly designed, constructed, and used	P/P1000
35 O Approved thawing methods used		00	18 O V	arewashing facilities: installed, maintained and used;	Pf/C O O
36 Thermometers provided and accurate  Food Identification	Pf/C	00	C	eaning agents, sanitizers, and test strips available on-food contact surfaces clean	The second second
Food properly labeled; original container	Pf/C	00	Sal Aliv	Physical Facilities	000
Prevention of Food Contamination				ot and cold water available; adequate pressure	Pf   0   0
38 Insects, rodents, and animals not present 39 Contamination prevented during food preparation, storage & display		00			P/Pf/C O O
40 Personal cleanliness	-	00			PIPIC O O
41 O Wiping cloths: properly used and stored	C	00		arbage and refuse properly disposed; facilities maintained	C 00
42 Washing fruits and vegetables	P/Pf/C	00	55 O P	nysical facilities installed, maintained, and clean	P/Pf/C O O
Permit Holder shall notify customers that a copy of the most recent inspection repo	rt is ava	ailable.	56 O A	dequate ventilation and lighting; designated areas used	000
(A)A		7 0	7 Violation	atural rubber latex gloves not used per CGS §19a-36f s documented  Date corrections due	#
Person in Charge (Signature) Date Z	. /	1-2	Priority Ite	m Violations 3 days 12 10 23	2
Person in Charge (Printed)		,		undation Item Violations 10 days 12 117/23	
11.72		<u></u>	Risk Fact	or/Public Health Intervention Violations	12
Inspector (Signature) Date 2	110	21	Repeat R	sk Factor/Public Health Intervention Violations	
Inspector (Printed) 5050 RamifeZ	1			ail Practices Violations Reinspection - check box if you intend to reinspect	13
Appeal: The owner or operator of a food establishment aggrieved by th	is orde	er to cor	rect any ins	pection violation identified by the food inspector or to h	nold destroy
or dispose of unsafe food, may appeal such order to the I	Directo	or of He	alth, not lat	er than forty-eight hours after issuance of such order.	, accardy,

Rein Spection 12/13/23

Food Establishment Inspection Report LHD Manchester Inspection Report Continuation Sheet Date Establishment Al Madina Restaurant ein Sper Marchaster Town TEMPERATURE OBSERVATIONS Item/Location/Process Temp Item/Location/Process Item/Location/Process Temp Temp 1705 WIC handsink 390F 1200F -bay sink basmat no hathroom sink heavy creen YOUF 4) shredded mozz **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 OWNES 640 microwave on area count by stone bread in container

on right side unclean

15 P jumbled foods in "Imperial" freezer, raw shicken over
carrots, and in chest freezer COS

45 P to-go bags used to wrap food in freezer, not approved,
not food safe COS

49 C bay marie, not in use, interior unclean
49 C floors, walls, ceilings in bath room unclean

53 C leaking faucet in bath room
10pfl interior of hadsink by 3-bay unclean and no paper towels
49 C undercounter shelving unclean throughout 1 COS

49 C wall behind grill unclean
47 C chest freezer by grill w/ gasket damaged
49 c exterior of fryers by work unclean
47 c 2 chest freezers in basement - damaged gaskets
notex Pest Control (A1) every 3 months; no evidence of pests
notex Discussed need for deep cleaning throughout Kitchen

Distribution: 1st - White - Health Department 2nd - Yellow - Owner/Operator/Person in Charge

Date

Date

Person in Charge (Signature)

Inspector (Signature)

Risk Category: 2 Food Establ	lishm	nen	t In	spec	tion	Rej	oort	Page 1 o	of 2		
Establishment type: Permanent Temporary Mobile Other		- Da	te· I	2/13/2	13						
Establishment Burger Class		arlar	Connect	Time In 2:00 AM/PM) Time C					SO AMIZIN		
Address 94 Buckland Hills Dr. #2060		า้	DI	4		LHD Manchester					
Town/City Manchester						Purpose of Inspection: Routing Pre-op					
11	Co	nnectic	ut Dep	artment	Re	inspe	ction	Other			
	ACTO	a chiale district	Control of Control	511.520 ···		LLCONI, BLOOM		379 70 519 81 .			
FOODBORNE ILLNESS RISK F.  Risk factors are important practices or procedures identified as the most prevalent cont	9500 TV S				7,50				ess or injury		
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered if			tradition of	complian		Part of the Part o	ot in compliance	Variety and the second	O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type	1977								R=repeat violation		
IN OUT N/A N/O Supervision	v	cos			OUT	ALCOHOL: NAME OF TAXABLE PARTY.		on from Contamination	V COS R		
1 Person/Alternate Person in charge present,	Pf			15			Food separated	and protected	(A)(C) (O)		
demonstrates knowledge and performs duties	Pi	0		<b>16)</b>	10			urfaces: cleaned & sanitized	PPIJC O O		
2 Certified Food Protection Manager for Classes 2,	С	0		17	0			on of returned, previously	POO		
3, & 4 Employee Health		لــــا	-		/			tioned, and unsafe food			
Management food employee and conditional employee:		П	-	18	0		A STATE OF THE STA	time and temperatures	P/Pf/C O O		
knowledge, responsibilities and reporting	P/Pf	0	이	19				g procedures for hot holding			
4 Proper use of restriction and exclusion	Р	0	0	20 🗘				ime and temperatures	POO		
5 Written procedures for responding to vomiting and	Pf	0		21	10	00	Proper hot hold	ing temperatures	POO		
diarrneal events			$\preceq$	22	10	90	Proper cold hold	ding temperatures	POO		
Good Hygienic Practices  6 Proper eating, tasting, drinking, or tobacco products us	- 100	Tat		23 40				rking and disposition	P/Pf O O		
6 Proper eating, tasting, drinking, or tobacco products us 7 No No discharge from eyes, nose, and mouth	e P/C	0		24 🔿	0	<b>1</b> 0	and records	c health control: procedures	P/Pf/C O O		
Preventing Contamination by Hands		101	$\stackrel{\smile}{-}$		باللما	/	PERMITTED TRANSPORTED TO BEST TO	ımer Advisory			
8 Ø Ø Hands clean and properly washed	P/Pf	0	0	25 🔾	10	\$		provided: raw/undercooked food	Pf OO		
9 No bare hand contact with RTE food or a	P/Pf/C					/	Highly Sus	ceptible Population			
pre-approved alternative procedure properly followed				26 🔾	0	\$	Pasteurized foods	used; prohibited foods not offered	P/C O O		
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	0	9	1-	1 - 1	/		ves and Toxic Substances			
Approved Source  11	DIDGO			27 0	0	3		approved and properly used			
11  Food obtained from approved source 12  Food received at proper temperature	P/Pf/C	0	100	28)	100		stored & used	es properly identified,	PPIC O		
13 C Food in good condition, safe, and unadulterated		0	-		لــــــــــــــــــــــــــــــــــــــ	/ C		th Approved Procedures			
14 O Required records available: molluscan shellfish	P/Pf/C		0	20	0	36		h variance/specialized	DIDIG O		
identification, parasite destruction				29 🔿		W	process/ROP cr	iteria/HACCP Plan	P/Pf/C O		
	OD RE										
Good Retail Practices are preventative measures t											
Mark OUT if numbered item is not in compliance V=violation type Mark i OUT N/A N/O Safe Food and Water	in approp	cos			Control of the last	R		on-site during inspection	R=repeat violation		
30 Pasteurized eggs used where required	P	0		OUT 43		utana	ils: properly store	e of Utensils	C O O		
31 O Water and ice from approved source	P/Pf/C	-	_	44	Utens	ls/eaui	oment/linens: prop	erly stored, dried, & handled	Pf/C O O		
32 O Variance obtained for specialized processing methods	Pf	0	0	A5) X	Single	-use/si	ngle-service article	es: properly stored & used	PO 00		
Food Temperature Control				46	Glove	s used	properly		C 00		
Proper cooling methods used; adequate equipment for	Pf/C	0	$\circ$		T			and Equipment			
temperature control  34 O Plant food properly cooked for hot holding	Df			4700	2			urfaces cleanable,	P/Pf(C) 0		
35 O Approved thawing methods used	Pf/C	00	읭	000 0000	prope		igned, construct	lled, maintained and used;			
36 C Thermometers provided and accurate		0		48				and test strips available	Pf/C O O		
Food Identification				49 X	Non-f	ood co	ntact surfaces cl	ean	1000		
37  Food properly labeled; original container	Pf/C	0	0				Phys	ical Facilities			
Prevention of Food Contamination		,						; adequate pressure	Pf OO		
38 Insects, rodents, and animals not present		0					stalled; proper ba		PIPFIC O O		
39 Contamination prevented during food preparation, storage & display  40 Personal cleanliness	P/Pf/C	0	-				waste water pro		P/Pf/C O O		
41 Wiping cloths: properly used and stored	C	_	-					structed, supplied, & clean sposed; facilities maintained	Pf/C 0 0		
42 Washing fruits and vegetables	P/Pf/C			/55 X	Physi	cal fac	ilities installed, n	naintained, and clean	P/P(C) O		
Permit Holder shall notify customers that a copy of the most recent inspection rep								nting; designated areas used	1 600		
Termit router state routy customers that a copy of the most recent hispection rep	OIL IS ava	illable	•					ot used per CGS §19a-36f			
Person in Charge (Signature) Minm him Date 12/1	10/0	79		Violati		_		Date corrections due	#		
Date ( -/ )	210	2		Priority			ns tem Violations	12-16-23	4-		
Person in Charge (Printed) Mirrol Liver				Core It				3-13-23			
Inspector (Signature) 1 Date 2	12/	2 <		Risk Fa	actor/F	ublic F	lealth Intervention		6		
0.3 . 0	مهد	/_					es Violations	erveriuori violations	8/		
Inspector (Printed) Sose Kamicez	his .			Requir	res Re	inspec	tion - check box	if you intend to reinspect			
Appeal: The owner or operator of a food establishment aggrieved by to or dispose of unsafe food, may appeal such order to the	nis orde	or of	corre Heal	th, not	insped later th	ction vi	ty-eight hours a	d by the food inspector or a after issuance of such order	to hold, destroy,		
		-	-	-			,				

Rein Spection 12/18/23

	Foo	d Esta	blishment l	Inspec	tion F	Report	Page 2	of 2
LHD MA	inchester		Inspection Report Cont	inuation Sheet	Date 12/13/23			
Establishn	nent <u>Burger</u> C	ispection 1	2/18/23					
			TEMPERATURE	OBSERVA"	TIONS			
11 -1	Location/Process	Temp	Item/Location/Pro	ocess	Temp		cation/Process	Temp
C	er table	- 11				3 Bal)		150ppm
	reduce cheese	341				Hand Sink	5 by 3 bay	loof
	liced tomates	33F						
	Maljo	331						
	of burger cooked to	2004						
Hot h	old fries	175+						
								_
		OB	SERVATIONS AND	CODDECT	VE ACTIO	MC		
	Violations cited in this		SERVATIONS AND corrected within the time				5 11 & 8-406 11 of the	e food code
Item Number		1 1	M5 on site					
	Damaged							
55C	Water heate	r, deli	Slicer, and	Fryer s	stored	by rear	door.	
49c	Wall behind.	54rup 5-	tation unclean	· ·				
16PF	Interior of	ice m	achine uncle	an Co	5			
16PF	Ice Scoop	Stored	in unclean	containe	s.Co.	5		
47c	Card board u	15ed to	line Shelves	s above	3 Ba	У		
16PF	unclean ware	s store	ed on clean	wares s	hoff al	ove 3ba	4.005	
519	No running h	vater/h	st and cold a	t prep s	Sio K. P	1C Stat	es that -	the Cos
159	3 ball 511	1k is	being used	to was	h. lety	tuce &	tomatoes	. උංර
47C	2 Dags Gr	ista 1	RIF Door d	amaged	(falls	s off w	hen opened	)
159	Raw Beef 5							COS
47c	1 Door Ins	ignia R	UF NOT 1)S	force	aviva le	ent Co	5	
47C	Gaskers	Jamage a	1 throughout	51	0		the square of th	
288	Unlabeled	Sprall	bottle of	pesticie	Je una	ler from	t service a	conter
45C	to-go knive	5 not	inverted	1				05
	. 5							
_			14					
Note	Instructed P	1C to n	of use 3 ho	u/ 🙈	for Fo	od fred		
	WIF not we	xkina	not being 1)	Sed		- (-)	in a lice	
Note	thermometer &	test.	Strips availah	le				
Note	Discussel	FDA F	nd code					
	Charge (Signature)						Data 10 /12 /	07
. Groom iii	a.go (Oigilatale)	John					Date /2/13/	y <u> </u>

Inspector (Signature)

	7										
Risk Category: 2 Food Establ	Food Establishment Inspection Report Page 1 of 3										
Establishment type: Permanent Temporary Mobile Other				Date: 11 27 23							
Establishment Cheeks Chicken & Waffles		resums Con	meeticut Healing	Time In_	2:15 A	M/M Time Out 3:	50 AM/Fin				
Address 648 Center St.	DPH)			LHD /	1anche	ster					
Town/City Manchester				Purpose	of Inspection:	Koutine Pre	-ор				
Permit Holder Mohamed Ali		of Public		Reinspec	Neglectic Co. F.	Other					
FOODBORNE ILLNESS RISK FA											
Risk factors are important practices or procedures identified as the most prevalent cont			and the second s								
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	0777 777 77		n compliance	- Total - T	ot in compliance		=not observed				
P=Priority item Pf=Priority foundation item C=Core item V=violation type						ed on-site during inspection					
IN OUT N/A N/O Supervision Person/Alternate Person in charge present,	V	COS R		OUT N/A N/O	Food separated	on from Contamination	V COS R				
Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	00	160	00		urfaces: cleaned & sanitized	P/PI/C O O				
Certified Food Protection Manager for Classes 2,	0	00			Proper dispositi	on of returned, previously	P 00				
5, 44						tioned, and unsafe food					
Employee Health  Management, food employee and conditional employee;	1		18 0			ture Control for Safety time and temperatures	P/Pf/C O O				
knowledge, responsibilities and reporting	P/Pf	00				g procedures for hot holding	POO				
4 Proper use of restriction and exclusion	Р	00				time and temperatures	P 0 0				
Writton propedures for responding to vemiting and	- Control		21 0			ing temperatures	P 0 0				
d/arrheal events	Pf	0	22	000	Proper cold hold	ding temperatures	POO				
Good Hygienic Practices						rking and disposition	P/Pf O O				
6 Proper eating, tasting, drinking, or tobacco products us			- 174 ( ) 1		and the second s	c health control: procedures	P/Pf/C				
7 No discharge from eyes, nose, and mouth	С	00			and records						
Preventing Contamination by Hands	DIDE		25/0			ımer Advisory	T (0)0				
8   W   Hands clean and properly washed   No bare hand contact with RTE food or a	PP	00	25 0	0 0		y provided: raw/undercooked food	Pf   O   O				
pre-approved alternative procedure properly followed	P/Pf/C	00	26 0/	00		ceptible Population used; prohibited foods not offered	P/C   O   O				
10 Adequate handwashing sinks, properly supplied/accessible	Pf/C	00				ves and Toxic Substances	1.10				
Approved Source	1					approved and properly used	POO				
11 Food obtained from approved source	P/Pf/C	00		E Walk		es properly identified,					
12 O O Food received at proper temperature	P/Pf		- 1 / 8 / ) I		stored & used		PIPFIC O				
Food in good condition, safe, and unadulterated	(P/Pf	00				th Approved Procedures					
Required records available: molluscan shellfish	P/Pf/C	00	29	00		h variance/specialized	P/Pf/C O O				
identification, parasite destruction	Vittada I wasa		PRACTICE		process/ROP ci	riteria/HACCP Plan					
Good Retail Practices are preventative measures to					icals and nhysica	I objects into foods					
			ox for COS ar				R=repeat violation				
OUT N/A N/O Safe Food and Water	V	COS R		TOTAL TO	Committee of the second	e of Utensils	V COS R				
30 Pasteurized eggs used where required	P	00		n-use utens	ils: properly stor		c 00				
31 O Water and ice from approved source	P/Pf/C	00	44 0 1	Jtensils/equip	ment/linens: prop	perly stored, dried, & handled	Pf/C O O				
32 O Variance obtained for specialized processing methods	Pf	00				es: properly stored & used	P/C O O				
Food Temperature Control			46 0	Gloves used			C 00				
Proper cooling methods used; adequate equipment for temperature control	Pf/C	00				and Equipment					
34 O Plant food properly cooked for hot holding	Pf	00	_ 1270/XXI'		igned, construct	surfaces cleanable,	P/P(C)00				
35 O Approved thawing methods used		00				lled, maintained and used;					
36 C Thermometers provided and accurate		00				and test strips available	Pf/C O				
Food Identification			49)001	Non-food co	ntact surfaces cl	lean	(C)00				
37 🏂 Food properly labeled; original container	PIC	00				ical Facilities					
Prevention of Food Contamination	2	17/1	50 0 1			; adequate pressure	Pf O O				
Insects, rodents, and animals not present		00			stalled; proper ba		P/Pf/C O O				
Contamination prevented during food preparation, storage & display		)OC			waste water pro		P/P(O) O				
40 Personal cleanliness 41 Wiping cloths: properly used and stored		00		general contract of the second		structed, supplied, & clean	Pf/C O O				
42 Wiping dours, properly used and stored	P/Pf/C	000				sposed; facilities maintained naintained, and clean	P/PfCOO				
						nting; designated areas used	c 0 0				
Permit Holder shall notify customers that a copy of the most recent inspection rep	ort is ava	ailable.				not used per CGS §19a-36f	, , , , ,				
11/-	27/	5-	Violatio	ns docume	nted	Date corrections due	#				
Person in Charge (Signature) Date	<u>-//</u>	43		tem Violation			4				
Person in Charge (Printed)	/			oundation If Tolations	tem Violations	12-8-23	183				
100000	1-1	17	Risk Fac	tor/Public H	lealth Intervention	on Violations	6				
Inspector (Signature)	44	人>			Public Health Int es Violations	tervention Violations	16/				
Inspector (Printed) 505E RamiceZ			Require	s Reinspec	tion - check bo	x if you intend to reinspect					
Appeal: The owner or operator of a food establishment aggreed by t			rrect any ir	spection vi	olation identifie	d by the food inspector or to					
or dispose of unsafe food, may appeal such order to the	Directo	or of He	ealth, not la	ter than for	ty-eight hours a	after issuance of such order					

ReinSpection 12/8/23

Food Establishment Inspection Report Page \_d LHD\_Manchester Inspection Report Continuation Sheet Date \ Establishment Cheek 5 Chicken & Waffe Sown Manchester TEMPERATURE OBSERVATIONS Item/Location/Process Temp Item/Location/Process Item/Location/Process Temp Temp LOOF RIC by 3 bay Hand Sink by 3 bay 38F aw chicken WIC ambient 34F sliced tomatoes iced cheese 384 kel bacon 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 on site after employee called him Number 39C Waterin Mop bucket 15 P - Sugar discarded hung over opened drinks Stored on oresen not containers of white granulers 150 5. Breading d. kitchen rollina 41C unclean

Date

Date

Person in Charge (Signature)

Inspector (Signature)

Foo	od Estal	olishment Inspe	ction R	eport Page 3	_of_3_
LHD Manchester		Inspection Report Continuation She	Date_11/27	1/23	
Establishment Cheek 5 C	chicken	Town Manch	_	1	
		TEMPERATURE OBSERV	ATIONS		
Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Violations cited in th	OBS	ERVATIONS AND CORREC	TIVE ACTION	NS .	
Item Number	is report must be o	corrected within the time frames belo	w, or as stated in	sections 8-405.11 & 8-406.11 of th	ne food code.
Non-things-section		1.11			
55c Storage	(00m &	utility room Fol	1 of in	used clutter	
	•	. /		V 11000	
Note Instructed	1 Pat 1	or CFPM Class by 1/27/2 carded 50 pound be	nentation	of employee	
being regi	stered f	or CFPM Class	5 by 12	127123. Em	olovee
MUST Pas	s exam	by 1/27/2	A. 1		1
Vote Pat voluntar	ilu Disc	arded 50 pound be	ag of Ms	59.3 lacas tota	95 pf
dry breading	Mix. an	ld bag of Sugar	7	1) = 100	
Note overall in	nclean				
Note Tackarte	1 00 L 4	to remove all c	1 4	1	- (-
10010 3/15/10010	TAY	is teldone all C	AUTTE	and unleasy home	s Hom
Storage (	00142	1 1			
Note All core	violations	to be correct	ed by	1/27/24	
				1	
	7. A				
Person in Charge (Signature)	Mund	Turs		Date	
nspector (Signature)	5/1			Date \\	27/23

Risk Category: 3 Food Establ	ishm	nent	t In	specti	on Rep	ort	Page 1 o	of 2		
Establishment type: Permanent Temporary Mobile Other		Date: (	2/11/23	3						
Establishment Chilis Bar & Grill		<u> </u>						45 AMPM		
Address 250 Buckland St.		NI			Time In 2:30 AM/EM Time Out 3:45 AM/EM) LHD Manchester					
Town/City Manchester						of Inspection:		e-op		
Permit Holder Debbie Curtis	Co	onnecticu of Pub	at Depa	artment alth	Reinspec	tion	Other			
FOODBORNE ILLNESS RISK FA	ACTO	RS A	AND	PUBLI	C HEAL	TH INTERVE	ENTIONS			
Risk factors are important practices or procedures identified as the most prevalent conti	100.12		11/2/21							
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered it	Control Control			compliance	The state of the s	t in compliance		O=not observed		
P=Priority item Pf=Priority foundation item C=Core item V=violation type  IN OUT N/A N/O Supervision	V	cos		T - T/-	UT N/A N/O		on from Contamination	R=repeat violation v cos R		
Person/Alternate Person in charge present						Food separated		P/C 0 0		
demonstrates knowledge and performs duties	Pf	0		1600			urfaces: cleaned & sanitized	P/OCOO		
2 Certified Food Protection Manager for Classes 2, 3, & 4	С	0		17 00 9			ion of returned, previously itioned, and unsafe food	P 0 0		
Employee Health		-		1			ture Control for Safety			
Management, food employee and conditional employee;	P/Pf	0		18 🕏 🤇	000	Proper cooking	time and temperatures	P/Pf/C O O		
knowledge, responsibilities and reporting	In Solids			19 0		Proper reheatin	g procedures for hot holding			
Written procedures for responding to vamiting and	P	0	익				time and temperatures ling temperatures	P O O		
diarrheal events	Pf	0		22 0/			ding temperatures	P 0 0		
Good Hygienic Practices		-		-			rking and disposition	P/Pf O O		
6 Proper eating, tasting, drinking, or tobacco products us		_		24 0 0			c health control: procedures	P/Pf/C O O		
7 No discharge from eyes, nose, and mouth	С	0	2	27		and records		FIFIIC		
Preventing Contamination by Hands  8 Hands clean and properly washed	DIDE			25 0			umer Advisory	7 57 575		
No hare hand contact with RTE food or a		0	$\exists$	25 00 0			y provided: raw/undercooked food ceptible Population	Pf OO		
pre-approved alternative procedure properly followed	P/Pf/C	0		26 0	00		used; prohibited foods not offered	P/C 00		
Adequate handwashing sinks, properly supplied/accessible	Pf	0					ves and Toxic Substances	11.5		
Approved Source				27 0			approved and properly used	POO		
11 T Food obtained from approved source 12 Food received at proper temperature	P/Pf/C			28 6			es properly identified,	P/Pf/C		
13 Food in good condition, safe, and unadulterated		00				stored & used	ith Approved Procedures			
Required records available; molluscan shellfish					1000		h variance/specialized	La grande La constitución		
identification, parasite destruction	P/Pf/C						riteria/HACCP Plan	P/Pf/C O		
GOO	OD RE	TAIL	PR	ACTICES						
Good Retail Practices are preventative measures to  Mark OUT if numbered item is not in compliance V=violation type Mark it										
OUT N/A N/O Safe Food and Water	v v	-	R	or COS and	J/OF R		on-site during inspection se of Utensils	R=repeat violation		
30 Pasteurized eggs used where required	Р			43/20 In	-use utensi	ls: properly stor		7000		
31  Water and ice from approved source	P/Pf/C	0					perly stored, dried, & handled	Pf/C O O		
32 O Variance obtained for specialized processing methods	Pf	0		45 O Si	ngle-use/sin	gle-service article	es: properly stored & used	P/C O O		
Food Temperature Control Proper cooling methods used; adequate equipment for	-	1		46   O   G	loves used			000		
133 Proper cooling methods used; adequate equipment for temperature control	Pf/C	0		a Fo	ood and not		s and Equipment surfaces cleanable,			
34 O O Plant food properly cooked for hot holding	Pf	0	5	4///		gned, construct	(C)	P(50)00		
35 O Approved thawing methods used		0		18 W	arewashing	facilities: insta	lled, maintained and used;	Disc O		
Thermometers provided and accurate	Pf/C	0		Cle	eaning age	nts, sanitizers, a	and test strips available	Pf/C O O		
Food Identification  Food properly labeled; original container	Dr.	0		(49/12 No	on-food cor	ntact surfaces cl	50.000	000		
Prevention of Food Contamination	IFIG			50 O H	nt and cold	water available	ical Facilities ; adequate pressure	Pf   0   0		
88 Insects, rodents, and animals not present	PAC	0	5	51 O PI	umbing ins	talled: proper ba	ackflow devices	P/Pf/C O O		
Contamination prevented during food preparation, storage & display	P/Pf/C	0		52 O Se	ewage and	waste water pro	perly disposed	P/Pf/C O O		
40 Personal cleanliness 41 Wiping cloths: properly used and stored		0	의	53 O To	oilet facilitie	s: properly cons	structed, supplied, & clean	Pf/C O O		
42 Washing fruits and vegetables	P/Pf/C	0	위	54 O Ga	arbage and r	efuse properly di	sposed; facilities maintained	C 0 0		
			- 1	56 O Ac	lysical lacii leguate ver	ntiles installed, in	naintained, and clean nting; designated areas used	P/Pf/C ( ) ( )		
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is ava	ilable.					not used per CGS §19a-36f	C   O   O		
Borrow in Charge (Signature) (0/1/1/ - 12/1-	2/	70		Violations	s documen	ited	Date corrections due	#		
Person in Charge (Signature)	01.	<u> </u>	_		m Violation			0.		
Person in Charge (Printed) Michael Almeida					violation Ite Violations	em Violations	12-21-23	15		
111111111111111111111111111111111111111	211	13		Risk Facto	or/Public He	ealth Intervention	n Violations	-3		
0. 3	0	د.				oblic Health Int S Violations	ervention Violations	0		
Inspector (Printed) Jose Kamilez				Requires	Reinspect	ion - check box	x if you intend to reinspect			
Appeal: The owner or operator of a food establishment aggrieved by the	nis orde	er to c	orre	ct any ins	pection vic	plation identifie	d by the food inspector or to	hold, destroy.		
or dispose of unsafe food, may appeal such order to the	Directo	or of H	lealt	h, not late	er than fort	y-eight hours a	fter issuance of such order			

Rein spection 12/21/23

1 Out Establishment inspection Report Page of										
LHD_Manchester Inspection Report Continuation Sheet Date_12/11/23										
Establishment_	<u>Chili's Ba</u>	r& Gr	Tow	n Manches	ster	Rain	, (	/21/23		
			TEMPERA	TURE OBSERV	ATIONS	I VOIII.	Spection 12	121/22		
	ion/Process	Temp		tion/Process	Temp	Item/Loc	cation/Process	Temp		
Hot hold	heese	150F	WIC COW	chicken	364	Hand Sink	@ Bail	100 F		
whit	echeese	150F		d Pasta	39.F		@ soda startion			
	which cooked to	185F		ees patties		Dish mach	ine anal	2000an		
Chicken Onco	dilla costed to	180F		ed cheese	38F	VISIT 190011	1112 g.041	aceppin		
	table a cookline		J 1142	o Unaw	100		H+7.			
Shreddec		394								
5005	CIPAM	388								
100	1 tomates	39F								
		OB	SERVATIONS	AND CORREC	TIVE ACTIO	ONS				
Item Vi	olations cited in this	report must be	corrected within th	ne time frames belov	v, or as stated	in sections 8-405	5.11 & 8-406.11 of the f	ood code.		
	ebbie Cf									
	// <b>*</b>		The state of the s	cooler at b	ac (25.	ted/out	barable			
38PF F6	vit flies a	resent a	t bar too	eatment	Mani	100 100	Editabe			
37c un	labeled con	tainers >	of white or	arulars (Sug	r C at	- 5				
990 cm	clear cei	ling tile	< throws	out kitch	100	Lai				
430 TC	e cream	scmo d	ipper Well 1	w/ standing	e water					
49c Sh	olvina at a	costlin	0 11/ 1/	as contain	2005/12	20/0.0				
THE REST CONT. IN CO. LEWIS CO.	iterior of	hand "	sinkats	da Static	on uncle	en (1	7			
16PF 50	da Statio	$\Lambda$ $\Lambda \sim 2$	0< 1200 000	n C	AT OTICIC	ar cc				
49C FR	P Wall was	lean th	anhost b	itchen & 1	2001205	h a coa				
47PF RU	2h hor 50		a shall	For Clean w	ac 1	. I	105			
	terior of	too and	100 000	a Clean h	wes a	amages	200			
1 1 1	Shold.	no logo	The Unclear	t kitche	<u> </u>					
Aar To	Lociac ac	coch:	nagia	1 RICHE	<u>()</u>					
431 La	100 12000	of hotel	eso es visa	rawers by	trye 3	CHERT	2			
49C- TA	lector of	cooling	Carlo Carlo	cookline	0 × 1/1/10		>			
370 (20	lahela 1 4	0020	1113 a	t a lilia	ONCIEA!	VI .				
49C TO	locio de	POLE (	offies a	t cookline	2					
990 X	prior d	onvala ove	n unclean	ave a coof	11:	1 .				
49 C 110h	I fill -	1	MICION	ace (a) coof	tine un	alean.				
496 191	11x701e	& WILL	ig in wi	c unclear	0					
Moto C	FFOOX	1 L	un Judu	1 - 1	11 -	1 1	1 1 1	.1.17		
Note Dia	scussed F	DA To	1 Cala	observed,	thermor	neter & -	test strips au	malable,		
		1/1 100	a code				1- 1-1			
Person in Charg	/	14					Date 12/12/			
nspector (Signa	ture)						Date 12/12	127		